



**BOARD MEETING
10TH JUNE 2026 AT 4.00 P.M. (TEAMS MEETING)**

PUBLIC AGENDA

Item	
1.	Apologies
2.	Declarations for Interest
3	CEO Presentation (For information)
4.	Performance
4.1	2025/2026 Year End Performance Summary (for Approval)
4.2	PRIP Year end Performance (For Assurance)
4.3	H & S Landlord Compliance & Controls Year End (For Assurance)
5.	BH Annual Business Action Plan Update (for Assurance)
6.	Annual Complaints Handling and Learning Report (For Approval)
7.	Quarterly Risk Update (For Approval)
8.	Corporate Governance Annual Report (For Approval)
9.	BH Annual Investment Strategy (For Approval)
10	Equality Diversity and Inclusion – Equality Pay Gap Reporting and Be Inclusive Action Plans (For Approval)
11.	Probation Policy and Procedure (For Approval)

12.	Board Member Fact Sheet (For information)
13	Minutes of previous Board Meeting held 26 March 2026

Date of Next Meeting – 30th July 2026 at 4.00 p.m.

Chief Executives Report



Early Impressions

- a) A warm and friendly organisation
- b) Good alignment with Barnsley MBC
- c) A determination to provide great services to customers
- d) Talented and committed staff
- e) Some areas of really good performance
- f) Some areas where performance needs to improve
- g) A fragmented whole organisation despite some strong team working
- h) A high degree of frustration within colleagues, relating to:
 - i. Other colleagues
 - ii. Systems
 - iii. Data
 - iv. Information and communication
- i) Uncertainty



Areas of focus

- a) Organisational culture
 - b) Strategic planning processes
 - c) Data management and usage
 - d) ICT/Systems
 - e) Managing transformation successfully
 - f) Financial management
 - g) Stakeholder management
 - h) Governance
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- g) Awaabs Law compliance
 - h) Empty Homes
 - i) Repairs and maintenance
 - j) Safeguarding and domestic violence



Emerging Issues

a) Change of Council administration

- i. 42 out of 63 elected members from Reform UK giving them overall control
- ii. Berneslai Homes part of new member induction
- iii. Annual council on 29th May
- iv. Process for appointment of council nominees to the Board being considered

a) Middle East Crisis and risk of fuel shortages

- a) Business continuity plan reviewed
- b) Co-ordinated approach with Barnsley MBC
- c) No significant fuel shortages have arisen as yet

a) Policy updates detailed within the NFA briefing document



Staffing Update

- a) Executive Director of Property
- b) Head of Finance
- c) Head of Repairs and Maintenance
- d) Green Project formal consultation commenced
- e) Sickness absence management



Today's Meeting

- a) Focus on year end outturns
 - i. Performance
 - ii. Financial
 - iii. Compliance
 - iv. Tenant Satisfaction Measures
 - v. Business Action Plan

- b) Asset Management
 - i. Investment Strategy
 - ii. Empty Homes
 - iii. Building Safety

- c) Governance



Report Title	2025/26 Year End Performance Summary	Confidential	No
Report Author	Head of Strategy, Governance and IT	Report Status	For Approval
Report To	Board	Officer Contact Details	Sarah Drafz Sarahdrafz3@berneslaihomes.co.uk

1. Executive Summary	<p>This report:</p> <ul style="list-style-type: none"> a) Informs Board of Berneslai Homes' 2025/26 year end performance including the full Annual Tenant Satisfaction Perception Survey Report. b) Highlights key areas of strength (section 4.2), areas of focus (section 4.3) and the actions being taken to improve outcomes. c) Includes the draft 2026/27 TSM Pulse and Council Pulse KPI targets. <p>At 2025/26 year end, 20 key performance indicators (KPIs) met or exceeded target (rated green), eight narrowly missed (rated amber), and six did not achieve targets (rated red). Four KPIs were not RAG rated. (see 4.1) Overall, Berneslai Homes' performance compares favourably with that of similar social housing providers.</p> <p>Key areas of strength include: (section 4.2)</p> <ul style="list-style-type: none"> i. Building safety compliance ii. Repairs completed in target iii. Complaints responded to in target iv. Rent collection levels. <p>Keys areas of focus include: (section 4.3)</p> <ul style="list-style-type: none"> i. Empty home rent loss ii. Proportion of homes non-decent
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2. Recommendation/s	<p>2.1 Board is asked to consider 2025/26 year end performance, approve the publication of the TSM perception survey results and note the results will be submitted to the RSH by 30th June 2026.</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 is asked to consider whether there are any tenant perception areas where they would like the Customer Services Committee to undertake a deeper review and provide further assurance.</p> <p>2.4 Board is asked to note the draft 2026/27 TSM Pulse and Council Pulse KPI targets.</p>
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3. Background

- 3.1 Berneslai Homes' performance is measured to help us monitor delivery of our Strategic Plan commitments, understand how well services are performing, and assess the difference we are making for our customers.
- 3.2 Performance targets are agreed annually with the Council following customer consultation.
- 3.3 A quarterly assessment of Berneslai Homes performance against Key Performance Indicator (KPI) targets is made. We have 38 KPIs split into three pulses; 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 the sector using peer group benchmarks from Housemark.
- 3.4 The RSH requires all landlords to gather the prescribed TSMs (12 tenant perception measures and 10 landlord measures) in line with agreed methodology and submit to their central portal by 30th June each year. TSMs provide tenants with clear, comparable performance measures. Following a value for money procurement process and to strengthen assurance, the TSM perception survey is outsourced to an accredited market research consultant. The survey for 2025/26 was undertaken in two waves (summer and autumn 2025) and the results (which were presented by the consultant at a workshop attended by the leadership team, Board, tenants and BMBC officers) are presented in their entirety in the attached TSM report (Appendix B). The attached performance report (Appendix A) includes TSM benchmarks taken from the Housemark 2025/26 mid-year report, reflecting the peer group median (Local Authorities and ALMOs, excluding London, with over 15k stock). For measures expressed as rates per 1,000, the benchmark reflects the 2025/26 Q2 position. For Council and Company Pulse KPIs, benchmarks reflect the 2024/25 peer group median. Benchmark colour coding is included to show how the current quarter's performance compares, light green indicates performance in line with or above the median, while light red indicates performance below the median. Overall, year end performance compares favourably to our peer group.

3.5 Complaints, ASB and building safety data are independently validated on a monthly basis, with Decent Homes data validated quarterly. Data relating to the proportion of emergency and non-emergency repairs completed within target (RP02 1 & 2) have been externally validated by 3C, with a finding of full assurance. Tenant perception data has been validated by the Performance and Improvement Manager.

4. Current Position/Issues for Consideration

4.1 At 2025/26 year end, 20 KPIs met or exceeded targets (green), eight narrowly missed (amber), and six did not achieve target (red). Four KPIs were not RAG-rated as their targets are set to be in line with peer group performance, and full-year peer benchmarking data are not yet available. In addition, these measures have dual polarity, meaning that movements can indicate either positive or negative performance depending on context.

4.2 **2025/26 year end performance areas of strength:**

4.2.1 TSM KPIs

- i. BS01- 05 Building safety: we achieved 100% compliance across all five building safety TSMs demonstrating our commitment to tenants' safety.
- ii. CH01/02 Complaints: 95.7% of stage one and 100% of stage two complaints were responded to within target timescales (target: 100%) (amber and green rated). We have received 14.1% fewer stage one complaints compared with 2024/25, with a higher proportion responded to within target timescales (93.0% at 2024/25). Stage two complaint volumes are 10.2% lower than in 2024/25, with a higher proportion responded to in target (97.9% at 2024/25).
- iii. Repairs: 94.3% of emergency and 89.7% of non-emergency repairs were completed within target (targets 92% and 86% respectively). Data has been externally validated by 3C with a full assurance finding.
- iv. Perception data: our final 2025/26 perception results show statistically significant improvement for five of the 12 measures. Key strengths include:
 - a. Overall tenant satisfaction: 77.0% of tenants were satisfied, exceeding the peer group median of 72.7%. While overall satisfaction has remained relatively stable over time, we have seen a significant improvement in satisfaction among tenants aged under 50.
 - b. Satisfaction with repairs: 76.3% of tenants were satisfied, exceeding the peer group median of 75.6%. There has been a statistically significant improvement of 2% points for this measure, with an increased proportion of tenants reporting that they were very satisfied with the overall repairs service.

- c. Satisfaction with time taken to complete the most recent repair: 73.1% of tenants were satisfied with time taken to complete their last repair, representing a 5% point improvement on last year with a 7% point increase in the proportion of tenants who were very satisfied. Our data shows a high proportion of repairs are completed within target timescales of 24 hours for emergency repairs and 3-25 working days for non-emergency repairs.
- d. Complaint handling: while rated as amber against target, performance compares favourably with other providers. 43.4% of tenants were satisfied, exceeding the peer group upper quartile of 35.9%. The TSM perception survey is likely to capture views across a wide range of interactions, many of which relate to service requests rather than formal complaints. We also issue a transactional survey to 100% of tenants who go through our formal complaints process to capture valuable insight.

4.2.2 Council KPIs

- i. Income: We collected 100.3% of rent due against a target of 98%. Rent collection performance is strong despite ongoing cost of living pressures and the increased number of Universal Credit claimants. The collective effort, commitment and resilience of the Income Team, supported by effective use of Voicescape technology and robust operational procedures have resulted in strong performance.
- ii. Local spend: We spent 64% (£9.06m) of influenceable spend locally in 2025/26, demonstrating our commitment to supporting the local economy.

4.2.3 Company KPIs

- i. Disability: 13.8% of the workforce defined as disabled under the Equality Act definition of disability against a target of 13.2%. This data is collected as staff join the organisation and periodic reminders are issued to staff to ask they ensure demographic data remains up to date.

4.3 **2025/26 year end key areas of focus:**

4.3.1 TSM KPIs

- i. RP01 decent homes: 103 properties (0.58% of stock) managed by Berneslai homes were classed as non-decent at year end. 67 properties could not be accessed despite repeated attempts. These homes will be prioritised for enhanced engagement during 2026/27 to secure access and complete a full review of any outstanding elements.

4.3.2 Council KPIs

- i. Empty home rent loss: 1.72% of income (£1.45m) was lost due to empty properties, against a target of 1.5% or less. Empty homes remain a key priority for Berneslai Homes. In August 2025 there were 377 empty properties, by the end of Q4 this had reduced to 273. This led to an overall improvement of 0.14% (£114k) compared to the previous year. The Empty Homes Recovery Plan has generated positive outcomes and seen a significant increase in the number of lettings throughout the year. By year-end, more than 200 additional empty homes had been let compared to the

previous year, having a significant positive impact on housing homeless families, reducing pressure on Bed and Breakfast accommodation, providing homes for kinship carers and care leavers, and resolving delayed hospital discharges. In addition, the increased number of transferring tenants has released limited larger and specially adapted properties to meet acute housing need. An updated Empty Homes Plan is under development to ensure these positive trends continue in 2026/27.

- ii. EPC Ratings: 44.7% of properties had an EPC rating of C or above, performance is rated red against a target of 50%. Performance improvement is linked to our 1,000 solar homes project, where solar panels are fitted to our properties to increase the energy efficiency of the property. We have seen marginal progress throughout the year, attributable to the solar homes project, though there remains a lag between the fitting of solar arrays and EPC surveys. A new contractor is to be appointed in 2026/27 to assist in the completion of surveys to advance progress. We are working towards our 2030/31 strategic plan commitment of 100% of properties having EPC C or above.
- iii. Perception Measures areas of focus:
 - a) Satisfaction that home is safe: 73.0% of tenants were satisfied. Performance is rated as amber against the target of 73.5% and sits within the peer group lower quartile. We are keen to better understand the reasons for dissatisfaction and have proposed that involved tenants explore this in more detail before we agree key actions needed to improve performance.
 - b) Keeping tenants informed about what matters to them: while there has been a statistically significant improvement of 3% points, performance of 65.7% is rated as amber against the target of 66.5%. Compared with similar housing providers, performance sits within the lower quartile. This is an area we are keen to investigate further before agreeing key actions for improvement.
 - c) Satisfaction with the landlords approach to handling anti-social behaviour: 50.9% of tenants were satisfied with our approach to handling ASB. This is below the target of 55% and the peer group median of 54.2%. This remains an area of focus for Berneslai Homes, working in partnership with the Council and the Police.

4.3.3 Company KPIs

- i. Staff sickness: in 2025/26, 4.59% of working time was lost due to staff sickness, against a target of 3.56% or less. This equates to an estimated cost of £1.038m, representing a reduction of £261k compared to 2024/25, when 5.83% of working time was lost due to sickness absence. A range of improvement actions have been in place throughout the year, including manager training and weekly sickness monitoring meetings. These have resulted in significant improvements in performance, particularly within Customer and Estates services.

- ii. Minority ethnic staff in total workforce: at 3.0% performance remains below the target of 4.1%. Ongoing actions to workforce diversity include ensuring that our promotion and awareness calendar campaigns are representative of the community, reviewing imagery used on social media and recruitment promotion to ensure these are representational and diverse. We continue to have a presence at engagement events, such as local job fairs and school events. We also conduct an annual review of equality pay and implement a subsequent action plan.
 - iii. Priority calls: in 2025/26 as a whole, 73.1% of priority calls were answered by the council Contact Centre within three minutes, against a target of 80% (red rated). The average wait time was 2 minutes and 36 seconds. While the target was not met, performance improved by 15% points compared to 2024/25, with consistent improvement seen throughout the year. Tenant satisfaction with contact centre performance is monitored through a transactional survey and satisfaction remains high. Tenant feedback is used to support continuous improvement. Actions taken include the introduction of a dedicated team for repair enquiries, faster call transfers, and additional resource to support during peak periods.
- 4.4 Performance targets for TSM and Council pulse KPIs are set annually by the council, with tenant input. The 2026/27 draft targets are currently awaiting formal council sign off and are included at Appendix C for Board awareness.
5. Customer Voice/Impact
- 5.1 Considering key performance measures and the outcomes from tenant surveys provides Board with valuable insight into how services are being delivered to tenants and how they feel about the service they receive. This insight should be used to inform areas for further consideration or where improvements are required.
- 5.2 On a quarterly basis, two to three key performance areas will be selected and featured in a communications piece. This initiative aims to celebrate areas of strong performance while highlighting opportunities for improvement.
6. Risk and Risk Appetite
- 6.1 Customer satisfaction, along with the reputation and perception of Berneslai Homes, are recorded on the Strategic Risk Register and are currently rated as red and amber risks, with a risk appetite of averse and cautious respectively. Mitigating actions are in place to manage these risks, and it is noted that statistically significant improvements have been achieved across five of the 12 customer satisfaction perception measures compared with the previous year. The improvement actions identified and set out in section 4.3 of this report are expected to have a positive impact on both risk areas.
7. Strategic Alignment
- 7.1 Our KPIs are aligned to our strategic priorities; excellent customer services, sustainable communities and neighbourhoods, partnership working and successful well-managed company. These priorities support our vision of 'Creating great homes and communities with the people of Barnsley.' We work closely with the council to ensure our services and Strategic Plan remain

aligned with the challenges and opportunities set out in its Corporate Plan and the Barnsley 2030 vision.

7.2 The performance report aligns with all the Barnsley 2030 Strategic Ambitions (listed below) as it is one of the key mechanisms used to monitor progress against our plan.

- Healthy Barnsley
- Growing Barnsley
- Learning Barnsley
- Sustainable Barnsley

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

9.2 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.

9.3 We publish our full quarterly performance report on our website as part of our approach to ensuring transparency and supporting effective scrutiny by tenants.

9.4 We have a duty to publish the TSM results to our tenants which we do on a bespoke section of our website, via social media and in our annual report. We must upload the results to the RSH by 30th June 2026.

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.

12.2 The results of the perception survey have been analysed by specific tenant groups, including those who share protected characteristics. This provides valuable insight into variations in satisfaction levels and helps to inform targeted actions to improve satisfaction for specific groups. The results for 2025/26 follow a similar pattern from previous surveys and other consumer survey results in that younger people are generally less satisfied. However, for the first year we have seen a significant increase in satisfaction from those under 50 across most measures. Satisfaction from ethnically diverse groups is higher

than that of white British tenants, which is a similar pattern to previous years but as returns are lower due to only a small proportion of tenants being from ethnically diverse backgrounds, the results have less statistical soundness. Satisfaction across most measures is lower for those tenants with a disability. We use these differences in satisfaction as we consider improvement actions and where we are proposing changes to service delivery we will actively target those groups where satisfaction is lower.

13. Sustainability Implications

13.1 There are no net zero or sustainability strategy implications arising directly from the recommendations set out in this report.

14. Associated Background Papers

None.

15. Appendices

Appendix A – 2025/26 Year End Performance Report

Appendix B – 2025/26 TSM Perception Measures Report

Appendix C – Draft 2026/27 TSM Pulse and Council Pulse KPI targets



























Quarterly Performance Report Year End-2025/2026



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2025/26 - 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	
 Empty Home 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	 Contact Centre








TSM KPIs

TSM		YEAR END 24/25	YEAR END COMPARISON	Q1	Q2	Q3	Q4	YEAR END 25/26	TARGET 25/26	BENCHMARK (Median)	
		100.0%	→	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	BS01: Gas Gas safety checks
Gas Safety Checks	Fire Safety Checks	100.0%	→	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	BS02: Fire Fire safety checks
		100.0%	→	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	BS03: Asbestos Asbestos safety checks
Asbestos Safety Checks	Water Safety Checks	100.0%	→	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	BS04: Water Water safety checks
		100.0%	→	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	BS05: Lift Lift safety checks
Lift Safety Checks	Stage One Complaints	67.1	↓	15.8	30.0	44.5	58.2	58.2	In line with peer group median	21.8 Q2	CH01 1: Stage One Complaints Stage one complaints relative to the size of the landlord
		15.9	↓	3.9	7.5	10.3	14.4	14.4	In line with peer group median	4.5 Q2	CH01 2: Stage Two Complaints Stage two complaints relative to the size of the landlord
Stage Two Complaints	Stage One Response Time	93.0%	↑	96.9%	97.0%	96.5%	95.7%	95.7%	100.0%	80.5%	CH02 1: Stage One Response Time Stage one complaints response time
		97.9%	↑	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.7%	CH02 2: Stage Two Response Time Stage two complaints response time
Stage Two Response Time											

TSM KPIs

TSM		YEAR END 24/25	YEAR END COMPARISON	Q1	Q2	Q3	Q4	YEAR END 25/26	TARGET 25/26	BENCHMARK (Median)	
 ASB Cases	 ASB Cases Hate Incidents	35.0	↓	9.2	18.8	24.6	34.7	34.7	In line with peer group median	35.0 Q2	NM01 1: ASB Cases Anti-social behaviour cases
		0.7	↓	0.2	0.4	0.5	0.6	0.6	In line with peer group median	0.9 Q2	NM01 2: ASB Cases Hate Incidents Anti-social behaviour cases that involve hate incidents
 DHS Compliance	 Non-Emergency Repairs	0.2%	↓	1.3%	1.4%	0.9%	0.6%	0.6%	0.0%	3.5%	RP01: DHS Compliance Homes that do not meet the Decent Homes Standard
		85.7%	↑	88.9%	90.1%	90.2%	89.7%	89.7%	86.0%	80.5%	RP02 1: Non-Emergency Repairs Repairs completed within target timescale
 Emergency Repairs	 Tenant Satisfaction	89.1%	↑	91.4%	93.1%	93.1%	94.3%	94.3%	92.0%	97.1%	RP02 2: Emergency Repairs Repairs completed within target timescale
		75.2%	↑	75.9%		78.1%		77.0%	75.9%	72.7%	TP01: Tenant Satisfaction Overall satisfaction
 Tenant Satisfaction with Repairs	 Time Taken Recent Repair	74.4%	↑	74.1%		78.7%		76.3%	75.4%	75.6%	TP02: Tenant Satisfaction with Repairs Tenant Satisfaction with repairs
		67.5%	↑	71.2%		75.1%		73.1%	69.0%	73.1%	TP03: Time Taken Recent Repair Satisfaction with time taken to complete most recent repair
 Well Maintained Home		70.7%	↑	71.3%		72.9%		72.1%	70.9%	73.5%	TP04: Well Maintained Home Satisfaction that the home is well maintained







TSM KPIs

TSM		YEAR END 24/25	YEAR END COMPARISON	Q1	Q2	Q3	Q4	YEAR END 25/26	TARGET 25/26	BENCHMARK (Median)	
 Satisfaction Home is Safe	 Listening to Tenants	71.5%	↑	72.3%		73.7%		73.0%	73.5%	79.1%	TP05: Home is Safe Satisfaction that the home is safe
		62.3%	↑	66.9%		63.4%		65.2%	65.0%	62.2%	TP06: Listening to Tenants Landlord listens to tenants views and acts upon them
 Keeping Tenants Informed	 Treating Tenants Fairly	62.5%	↑	64.7%		66.9%		65.7%	66.5%	71.0%	TP07: Keeping Tenants Informed Landlord keeps tenants informed about things that matter to them
		77.9%	↑	79.3%		81.0%		80.1%	80.9%	78.2%	TP08: Treating Tenants Fairly Landlord treats tenants fairly and with respect
 Handling Complaints	 Satisfaction with Communal Areas	44.5%	↓	43.2%		43.7%		43.4%	45.0%	32.9%	TP09: Satisfaction Handling Complaints Satisfaction with the landlords approach to handling complaints
		61.7%	↑	64.1%		62.9%		63.6%	63.9%	64.1%	TP10: Satisfaction with Communal Areas Satisfaction that the landlord keeps communal areas clean and well maintained
 Positive Contribution	 Satisfaction with Handling ASB	55.0%	↑	56.5%		61.2%		58.9%	59.8%	60.5%	TP11: Positive Contribution Satisfaction that the landlord makes a positive contribution to neighbourhoods
		47.6%	↑	49.4%		52.4%		50.9%	55.0%	54.2%	TP12: Satisfaction Handling ASB Satisfaction with the landlords approach to handling anti-social behaviour

Year End Comparison Key


- ↑ Improvement over time
- ↓ Deterioration over time
- No change
- ↕ Measure with dual polarity - reduction in volume over time

Council KPIs

Council KPIs		YEAR END 24/25	YEAR END COMPARISON	Q1	Q2	Q3	Q4	YEAR END 25/26	TARGET 25/26	BENCHMARK (Median)	
 Empty Home Rent Loss	 Rent Collection	£1,570,692 (1.86%)	↑	£352,658 (1.78%)	£757,325 (1.83%)	£1,120,260 (1.78%)	£1,455,978 (1.72%)	£1,455,978 (1.72%)	1.5%	1.28%	Empty Home Rent Loss (BH1) Income lost due to void properties
		100.5%	↓	99.7%	100.2%	99.7%	100.3%	100.3%	98.0%	100.2%	Rent collection (BH2) Rent collected as a proportion of rents owed on Housing Revenue Account dwellings.
 Proportion of Apprentices	 Barnsley Pound	3.6%	↑	3.3%	3.7%	3.3%	4.0%	4.0%	3.5%	N/A	Apprentices (BH3) Proportion of apprentices in workforce
		68.0%	↓	68.0%	67.0%	64.0%	64.0%	64.0%	60.0%	N/A	Local Spend (BH4) Spend funds locally supporting the Barnsley economy.
 EPC C or Above	Annual indicator  Management Fee	43.1%	↑	43.9%	44.2%	44.4%	44.7%	44.7%	50.0%	66.6%	EPC Ratings (BH5) Percentage of Properties with an EPC C or above.
		Achieved	→	Achieved				Achieved	1.0%	N/A	Management Fee (BH6) Management Fee Efficiency target as part of annual Value For Money report.

Year End Comparison Key
 ↑ Improvement over time
 ↓ Deterioration over time
 → No change

Company KPIs

Company KPIs		YEAR END 24/25	YEAR END COMPARISON	Q1	Q2	Q3	Q4	YEAR END 25/26	TARGET 25/26	BENCHMARK (Median)	
Annual Indicator		New	-	0.0%				65.7%	65.0%	N/A	Staff Satisfaction (KPI 1) Employee satisfaction with Berneslai Homes as an employer
Staff Satisfaction	Staff Attendance	6.1%	↑	4.57%	3.87%	4.30%	4.12%	4.59%	3.6%	N/A	Staff Attendance (KPI 2) Percentage of working days lost due to sickness
Equality Act	Minority Ethnic	13.2%	↑	13.7%	13.7%	13.8%	13.8%	13.8%	13.2%	N/A	Diversity (KPI 3) Percentage of staff defining under the Equality Act definition of disability.
		2.8%	↑	2.9%	3.1%	3.1%	3.0%	3.0%	4.1%	N/A	Diversity (KPI 4) Percentage of minority ethnic staff in total workforce.
Current Tenant Arrears	Contact Centre	3.6%	↑	3.71%	3.54%	3.52%	3.27%	3.27%	3.5%	3.26%	Current Tenant Arrears (KPI 5) Percentage of Current Tenant Arrears.
		58.1%	↑	49.8%	75.3%	89.1%	78.9%	73.1%	80.0%	N/A	Contact Centre (KPI 6) We will answer priority calls in less than 3 minutes (Contact Centre).

Year End Comparison Key
 ↑ Improvement over time



TSM Survey **2025/26**

for:



berneslai
homes

Report by Scott Rumley & Adam Payne

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1. Introduction

Background

This report details the results of Berneslai Homes' 2025/26 TSM tenant satisfaction survey, delivered by ARP Research. The aim of the survey is to allow tenants to have their say about their home, the services they receive, and how these could be improved in the future. This survey meets the requirements of The Regulator of Social Housing's guidance for tenant satisfaction measures (TSMs). All social landlords are required to report TSMs annually.

Throughout the report the survey data has been broken down and analysed by various categories, including by area and various equality groups. Where applicable the current survey results have also been compared against the 2024/25 TSM survey, including tests to check if any of the changes are *statistically significant*. Finally, the results have also been benchmarked against Berneslai Homes' peer group in the Housemark 2024/25 TSM database.

About the survey

The survey was conducted by ARP Research over the course of two fieldwork periods, the first in early summer and the second in winter. The first period was between 14 May and 25 June 2025, the second between 06 October and 09 December 2025. A computer-generated randomly selected 3,752 general needs households and a half census of 48 temporary units (total 3,800) were invited to take part in the survey split equally between the two tranches.

The first part of each tranche involved email invitations and reminders to every selected household with a valid email address (2,180 across both waves), with a paper questionnaire sent in the post to the remaining 1,620. This was followed by invitations and reminder by text message to every member of the sample with a mobile number that had not already taken part (2,956 across both waves). Finally, a full reminder was sent by post to every household that had not already taken part via any method (3,273 across both waves).

Overall, 1,176 LCRA (low cost rental accommodation) tenant households took part in the TSM survey, which represented a response rate of 31% (error margin +/- 2.8%). This exceeds the stipulated TSM target error margin of +/- 3.0%. The final survey data was weighted by interlaced age group and property type, plus area, to ensure that the survey was representative of the tenant population as a whole.

Understanding the results

Most of the results are given as percentages, which may not always add up to 100% because of rounding and/or multiple responses. It is also important to take care when considering the results for groups where the sample size is small. Where there are differences in the results over time, or between groups, these are subjected to testing to discover if these differences are *statistically significant*. This tells us that we can be confident that the differences are real and not likely to be down to natural variation or chance.

For a full summary of the approach, including detailed methodology, please see appendix A.



2. Executive summary

Housemark
bench
mark*

2024/25
result

change
over time

2025/26
result



Tenant Satisfaction Measure

Housemark bench mark*	2024/25 result	change over time	2025/26 result
73%	75%	↑	77%
76%	74%	↑	76%
73%	68%	↑	73%
74%	71%	↑	72%
79%	72%	↑	73%
62%	62%	↑	65%
71%	63%	↑	66%
78%	78%	↑	80%
33%	45%	↓	43%
64%	62%	↑	64%
61%	55%	↑	59%
54%	48%	↑	51%

- TP01 satisfaction overall
- TP02 repairs service in last 12 months
- TP03 time taken to complete last repair
- TP04 home is well maintained
- TP05 home is safe
- TP06 listens to views and acts on them
- TP07 being kept informed
- TP08 treated fairly and with respect
- TP09 approach to handling complaints
- TP10 communal areas clean and maintained
- TP11 makes a positive contribution to area
- TP12 approach to handling ASB

* Mid-year 25/26: LAs & ALMOs (excl London)

statistically significant improvement
 no statistically significant change
 statistically significant decline

2. Executive summary

Overall satisfaction

1. Overall satisfaction with the service provided by Berneslai Homes is broadly stable at 78%, with a variation of just 2% over the first three Tenant Satisfaction Measure (TSM) regulatory surveys. Consequently, Berneslai Home's score also remains above the median score of 73% from amongst its peer group of similar landlords.
2. Nevertheless, five out of the twelve TSM regulatory measures demonstrate significant increases, seeing improvements in the scores for repairs (section 5) and communication with tenants (section 6). There has also been an improvement in the non-regulatory customer effort question (section 7).
3. Although retirement age tenants continue to be significantly more satisfied than other age groups (85% amongst those aged 65+), it is positive to see a significant 4% improvement in overall satisfaction amongst the under 50s (now 71%).
4. A key 'driver' statistical test has been used to highlight the combination of other survey questions that together are the best predictors of how tenants rate the overall satisfaction score. They are listed here in descending order of strength. Note that the strongest key driver has been the same for the last three years.
 - Provide a home that is well maintained (72% satisfied, section 4)
 - Repairs service received over the last 12 months (76%, section 5)
 - Listens to and acts on tenants' views (65%, section 6)
 - Treated fairly and with respect (80%, section 6)
 - Provide a home that is safe (73%, section 4)

The home

5. The level of satisfaction amongst tenants that Berneslai Homes provides a well maintained home is broadly unchanged at 72%, compared to the benchmark median of 74% (section 4).
6. Nevertheless, its strong correlation with overall tenant satisfaction suggests that improving stock condition continues to be the most reliable route to improving the headline score.
7. The assessment of building safety is also unchanged with 73% satisfaction, although this is in the benchmark bottom quartile. This rating is lowest for tenants living in houses and/or those aged under 50.
8. Similar consistency is also to be found in the perception of communal repairs and maintenance which remains at 64% (benchmark 64%), a question answered by only a quarter of total respondents.

Repairs

9. Three quarters of those that had received a repair over the last 12 months are satisfied with the service they received (76%), which is a significant improvement since last year due to a 5% increase in the 'very satisfied' group, who now represent over half of respondents (51%, section 5).
10. Furthermore, when tenants are asked about the time taken on the last repair the 73% satisfaction score demonstrates an even stronger improvement, including a 7% boost in the proportion who are 'very satisfied'.

2. Executive summary

11. This is consistent with the repairs service moving up to become the second strongest key driver of overall satisfaction and keeps Berneslai Homes' scores at or above the benchmark averages.
12. Although ratings are lower for Wates compared to the in-house team, Wates has significantly closed the gap to just 3% for repairs overall and 5% for timeliness.
13. The improvement in scores is concentrated amongst the under 50s, including a 6% improvement in perceptions of the repairs service over the last 12 months.

Communication

14. In keeping with the repairs scores, which is a common pattern, survey respondents are also now significantly more likely than before to feel that they are being listened to, and their views acted upon (65% v 62%, section 6).
15. This continues to be a key driver of overall satisfaction and slightly above the benchmark target of 61%.
16. The pattern is the same for the extent to which tenants feel they are being treated fairly and with respect (80% agree).
17. Despite also demonstrating a significant improvement, the rating for keeping tenants informed about things that matter to them is a relative weakness, being in the benchmark bottom quartile (66% v 71% median).

Customer service

18. The 'customer effort' score for how easy Berneslai Homes is to deal with has improved significantly from 77% to 80%, with this being most evident amongst the under 50s (section 7).
19. The gap in the customer effort score between those who last repair was by Wates versus in-house is now much reduced (3% v 9% last year).
20. Over two thirds of those that have an opinion are happy with online service provision (69%). This score is reasonably consistent across the different age categories.

Neighbourhoods

21. The neighbourhood management scores have remained relatively stable over the past three surveys, although this means they have yet to return to the slightly higher ratings in 2022/23 (section 8).
22. Nevertheless, the positive contribution that Berneslai Homes makes to the neighbourhood is a few percentage points higher than last year (now 59%), including statistically significant increases in satisfaction on the South area and/or amongst tenants aged under 50.
23. The rating for how Berneslai Homes handles anti-social behaviour is even more consistent over time (now 51%), but with the same pattern of improvement by age and area.
24. Both scores are below the peer group benchmarks, but they tend to be lower anyway for self-completion surveys such as this one, and the Regulator has cautioned against drawing too many conclusions when comparing these scores to other landlords.

Complaints

25. Survey respondents are to decide for themselves if they have recently complained to their landlord rather than limiting it to a narrow definition of what constitutes a formal complaint. This means that most are likely to be escalated service requests (section 9).
26. The benchmark average is for over a quarter of survey respondents to have made a self-defined complaint. The equivalent proportion for Berneslai is similar at 25%, but it has dropped by six points, potentially due to improvements in repairs and communication. This is especially noticeable amongst younger tenants.
27. Satisfaction with how complaints are handled has varied by just two percentage points across all three TSM surveys (now 43%). This score is 10% higher than the peer group benchmark, placing it firmly in the top quartile.



3. Services overall

77%

satisfied
overall



top 'key
drivers'

1. home that is well maintained
2. repairs service in last 12 months
3. listen and act on views
4. treated fairly and with respect
5. home that is safe



Overall satisfaction is broadly stable, albeit with significant improvements in some of the other TSM measures



However, overall satisfaction has significantly increased amongst the under 50s and/or in the North East area



For the fourth year in a row, a home that is well maintained is the clear number one predictor of overall satisfaction

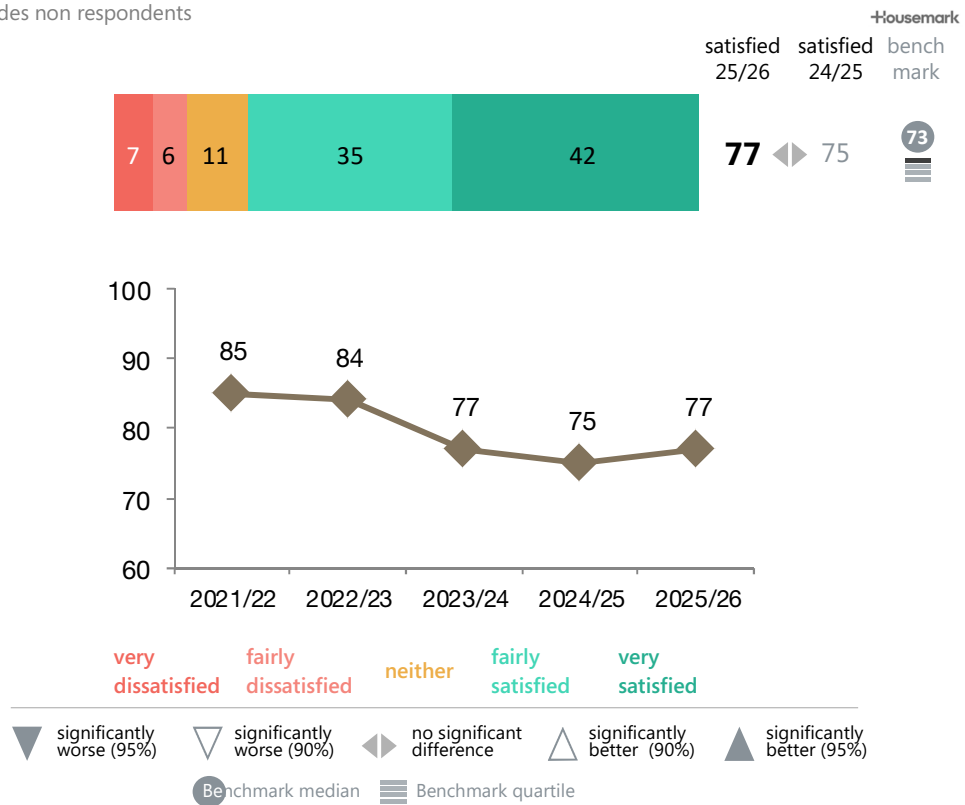
Housemark

Berneslai Homes' overall satisfaction rating continues to be above average compared to similar landlords

3. Services overall

3.1 Overall satisfaction

% Base 1160 | Excludes non respondents



Overall satisfaction with the service provided by Berneslai Homes is broadly **stable** at 78%, with a variation of just 2% over the first three Tenant Satisfaction Measure (TSM) regulatory surveys. The same is true for the opposite end of the scale where as before, 13% are actively dissatisfied.

The reflects the national picture, with recently published finding from the Regulator of Social Housing that there has only been a marginal increase this year, primarily due to methodology. Consequently, Berneslai Home’s score also remains **above** the median score of 73% from amongst a peer group of similar landlords in the Housemark benchmark database.

The 2% variation in overall satisfaction since last year is **not statistically significant**, which means that the results of a standard statistics test on these results tell us that the difference is likely to be down to chance. This doesn’t come with absolute certainty, and it doesn’t automatically mean that non-significant differences are meaningless, but it does highlight those differences that we can be the most confident about.

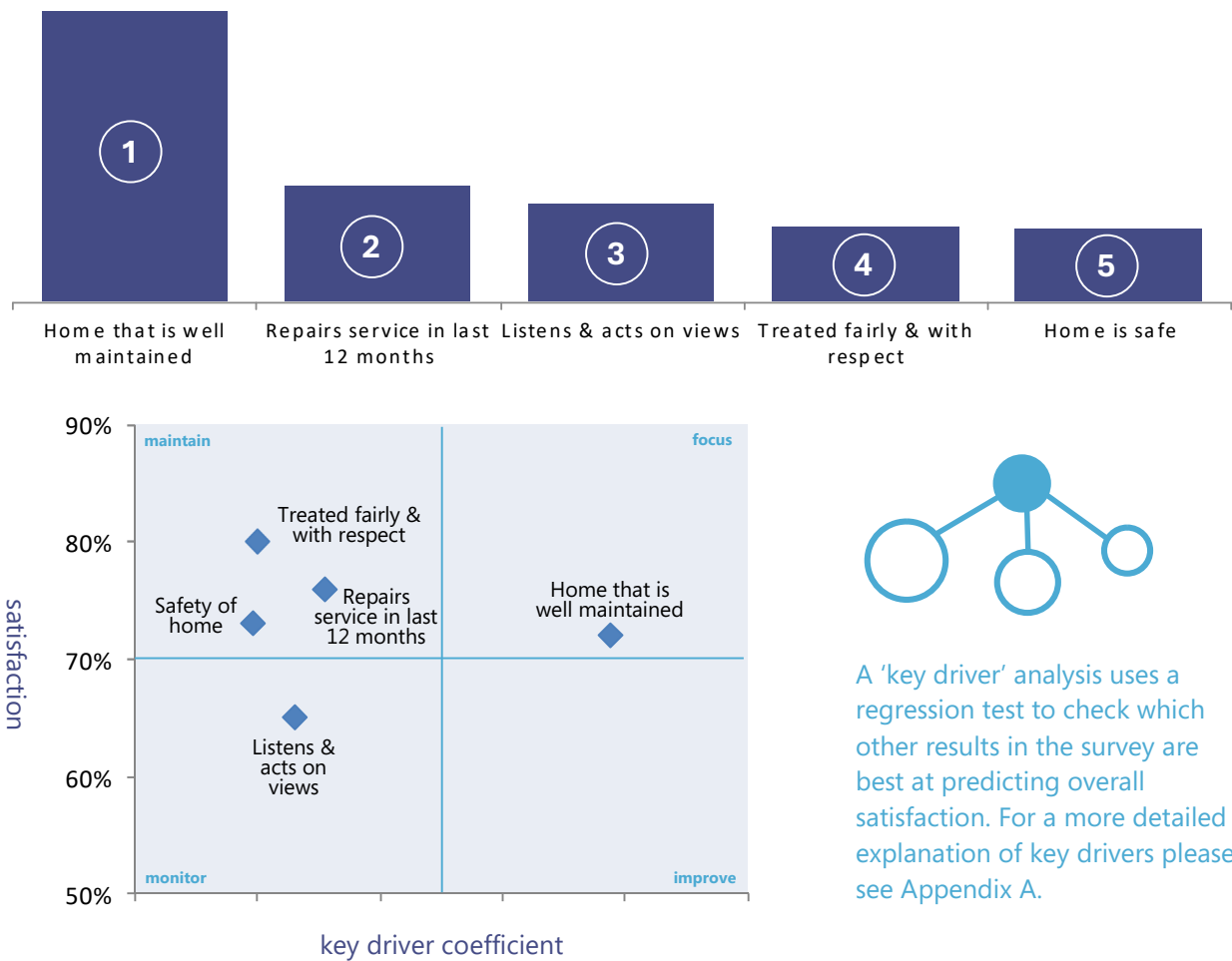
Indeed, elsewhere in the survey there are **improvements in satisfaction** that do exceed this threshold, notably in the performance of the repairs service (section 5) and in how Berneslai Homes communicates with tenants (section 6). There has also been an improvement in the non-regulatory customer effort question (section 7).

Key drivers

To help in our understanding of tenant satisfaction we use another statistical test that highlights the combination of other survey questions that together are the best predictors of how tenants score the overall satisfaction score. This is known as a **key driver** analysis and is useful in identifying hidden links that respondents may not even be conscious of. This simple statistical model provides useful insight into the results, although note that there will be many other factors that it is unable to take into account.

3. Services overall

3.2 Key drivers - overall satisfaction



The results of this analysis also show a degree of continuity, to the extent that providing a **home that is well maintained** is once more the best predictor of overall satisfaction, being well clear of the remainder of the list. This pattern has been true for the last three surveys, four if including the last STAR where quality of the home was the primary key driver. The rating itself is stable, albeit slightly below the average for peer landlords (section 4).

This year it is also joined as a key driver by the **safety of the home**, albeit the latter having a weaker correlation against overall satisfaction. Nevertheless, this is the first time safety has emerged as a key driver, which serves to highlight this rating's relative weakness when compared against similar landlords (section 4).

Second place on the key driver list is taken by satisfaction with the **recent experience of repairs**. There was a repairs item on the same list last year, but the predictive value of this question is stronger in 2025. This is presumably a positive relationship in light of the significant improvements in repairs satisfaction this year (section 5).

The final two key drivers are questions related to communication, namely **listening** to tenant's views and treating tenants with **fairness and respect**. (section 6). Both ratings have also improved significant this year, to the extent that they are now above average compared to the Housemark peer group. The former was also a key driver last year, albeit somewhat stronger at that point.

3. Services overall

By people

- The normal variation by **age group** by is once again apparent in these results. It is typified by a significantly higher overall level of satisfaction amongst those aged 65+ (85%), whilst 35-49 year olds are again significantly less satisfied than all other tenants with a score of 70%. This pattern is evident across the majority of other survey questions, as can be seen in table 10.10.
- However, there was been a general narrowing of the gap between the under and over 50s when compared to last year across the majority of survey questions, as typified by the overall satisfaction score. Last year the gap was 13% (67% and 80% respectively), but is now down to 9% (71% v 80%). This represents a statistically significant improvement amongst the under 50s .
- Respondents from a **racially or ethnically diverse** background are significantly more satisfied overall than other tenants (87% v 76%), which is a bigger gap than last year. Indeed, this group are more positive than average on the majority of topics such as engagement, neighbourhood and how ASB is handled (table 10.12).
- This year there is a notable difference in overall satisfaction between those that have recently received a **recent repair** and those that have not (76% v 86%), which is a wider gap observed last year (was 75% v 77%). However, unlike last year there is no significant difference by repairs contractor, with those whose last repair was completed in-house only slightly more satisfied than those whose repair was completed by Wates (77% v 76%). There was a notable improvement of 6% seen for the latter, a pattern very much in evidence throughout all of the survey findings.
- **Length of tenancy** is again a factor; the 3-10 years group are less satisfied than average, most notably in the 6-10 years group where satisfaction is 74%. In contrast, new tenants are significantly more satisfied (80%), a pattern very much evident throughout the findings (see table 10.15).
- As seen previously, there is a statistically significant gap in satisfaction between respondents with a household member **with a disability** and those without (75% and 82% respectively), which is another pattern that extends throughout the survey findings (see table 10.11).

By place

- There are two statistically significant differences in overall satisfaction between the four main **areas**. The first is that with respondents in the South area are once again significantly less satisfied than other groups, mainly due to the fact only 34% of this group are 'very' satisfied, but this has improved by 4% since last year.
- The second is that there has been a significant increase in satisfaction in the North East area from 72% to 79%, including 48% 'very' satisfied, taking it significantly higher than other areas (table 10.13).
- When analysed by **property type** those living in bungalows are unsurprisingly still the most satisfied group (82%) followed closely by flats (80%), leaving residents in houses as the least satisfied group (74%). However, the latter are significantly more satisfied than they were a year ago (was 71%), with other similar increases seen for this group throughout the survey findings (table 10.15).



4. The home

73% 
safe

72% 
well maintained



Maintenance of the home has been the strongest predictor of overall satisfaction for the last four surveys



It is rated very consistently over time, each year being broadly on par with the benchmark

Housemark

However, the home safety rating compares unfavourably against peer landlords, being in the bottom quartile



Although only a minority of tenants receive communal cleaning and maintenance, satisfaction of 64% matches the benchmark

4. The home

The broad level of satisfaction amongst tenants with the ability of Berneslai Homes to provide them with a **home that is well maintained** has been fairly consistent over the last few surveys. On each occasion that has included just under three quarters of the sample that are generally satisfied in this regard (72% this year), compared to fewer than a fifth that are dissatisfied (17% this year).

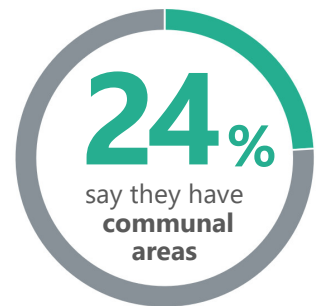
Over that period the score has also remained broadly in line with comparable benchmarks, with the current year's benchmark median score being 74%.

Nevertheless, over the same period this rating has also retained its dominant position on the **key driver** list, thereby indicating a strong correlation with overall tenant satisfaction (see section 3). This would suggest that efforts to improve the perception of property maintenance beyond this level would be the most likely way that overall satisfaction itself could be increased.

This perception is obviously both influenced or otherwise linked to other elements of the service, including the assessment of **building safety**, which is also broadly unchanged since last year (73% v 72%). However, this specific element appears to be one of Berneslai Homes' main weaknesses relative to its peer group as it is in the **bottom quartile** (median 79%). The survey findings unfortunately don't reveal exactly why this might be the case, other than the fact that this rating is lowest for tenants living in houses and/or those aged under 50 (see below).

Lastly, a similar year on year consistency is to be found in the perception of **communal repairs and maintenance** which at 64% is the same as the median average amongst Berneslia Homes' peers.

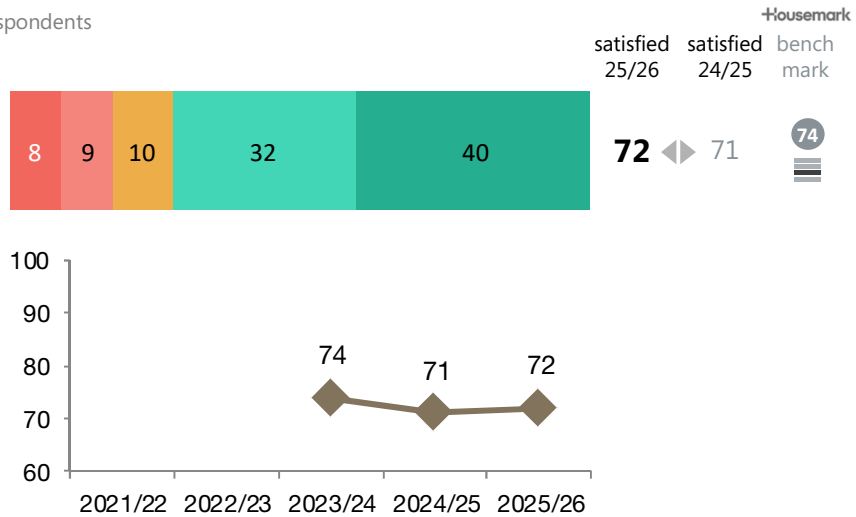
It should also be remembered that only a minority of the total survey sample are asked this question (24%), which is restricted to only those that say they live in a building with communal areas, either inside or outside, that their landlord is responsible for maintaining.



4. The home

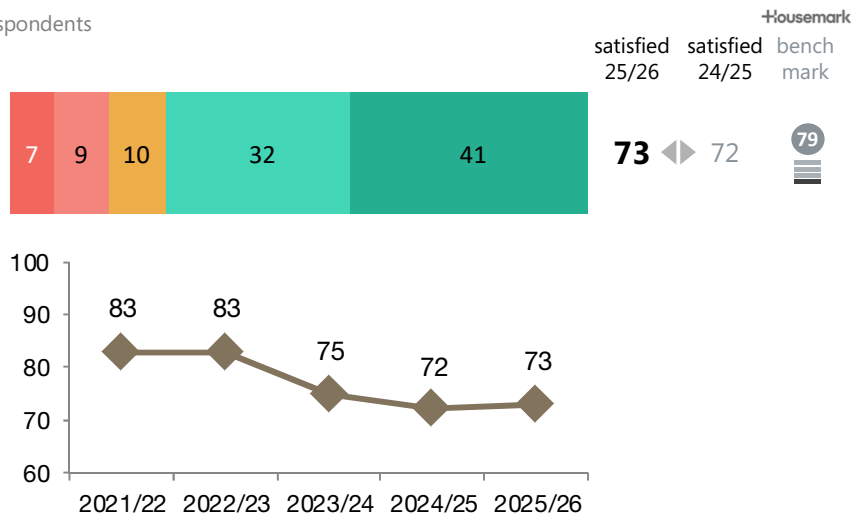
4.1 Home is well maintained

% Base 1159 | Excludes non respondents



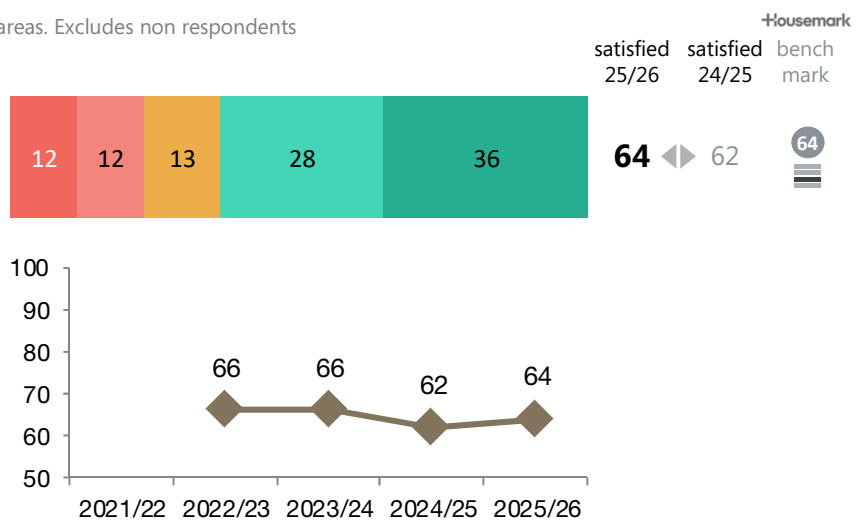
4.2 Home that is safe

% Base 1153 | Excludes non respondents



4.3 Cleanliness & maintenance of communal areas

% Base 279 | Have communal areas. Excludes non respondents



very dissatisfied fairly dissatisfied neither fairly satisfied very satisfied

▼ significantly worse (95%)
 ▽ significantly worse (90%)
 ◄ no significant difference
 △ significantly better (90%)
 ▲ significantly better (95%)
● Benchmark median ▬ Benchmark quartile

4. The home



By people

- The under 50s remain the least satisfied with both property maintenance and safety, most notably the 35-49 **age group** who are significantly less satisfied than average with both maintenance (57%), and safety (60%, see table 10.10).
- Satisfaction amongst the under 35s has improved for both measures; maintenance (68%, up 18%) and safety of their home (64%, up 9%).
- However, this youngest age group are distinct in being far less satisfied with communal cleaning and maintenance than the rest of the sample (54%), including 32% actively dissatisfied.
- The highest ratings for maintenance and safety of the home are again to be seen amongst the over 64s (82% and 84%, respectively).
- When the **length of tenure** reaches 3-5 years, satisfaction is significantly lower than average (68% 'maintenance', 64% 'safety').
- With the caveat that the sample size for **racially and ethnically diverse** tenants is reasonably small, their ratings on all three measures in this section are significantly better than they were before, being on average 13% higher.
- The maintenance of the home is again rated slightly higher by respondents whose **last repair** was completed in-house compared to Wates (74% v 69%), however the latter is up 4% from a year ago.
- The gap in satisfaction between households with or without a member with **a disability** is again at its greatest for the communal cleaning and maintenance question, being 59% and 71% respectively (see table 10.11).



By place

- By **property type**, respondents in houses remain the least satisfied with its maintenance (74%), compared to 82% in bungalows and 80% in flats, however satisfaction has improved significantly for this group (was 63%).
- Respondents in houses are also once again the least likely to be satisfied with safety (67%), including exactly a fifth that are actively dissatisfied. Satisfaction with safety is significantly higher for bungalows (82%), but only 73% in houses.
- Once again, South **area** residents are the least satisfied with both the maintenance and safety of their homes (67% and 71%). However, they are far more satisfied with the communal maintenance and cleaning than they were previously (64%, was 58%), with this service also rated better than a year ago in the North East area (71%, was 53%).



5. Repairs service

76%
▲



service in last
12 months

73%
▲



time taken to
complete repair



Both ratings have improved significantly, including by 5% for the time taken on the last repair



The repairs service received in the last 12 months is now the second strongest key driver of satisfaction



Although ratings are lower for Wates compared to the in-house team, Wates has significantly closed the gap



The improvement in scores is concentrated amongst the under 50s

5. Repairs service

One of the primary candidates that might explain the uptick in satisfaction scores across the survey is whether tenants feel satisfied with the **repairs service they received** over the last 12 months, which demonstrates a statistically significant improvement from 74% to 76%, including a 5% increase in the proportion that are 'very satisfied' (now 51%).

This is also consistent with this score now being the second strongest **key driver** of overall satisfaction, being behind only property maintenance which itself is on a similar topic.

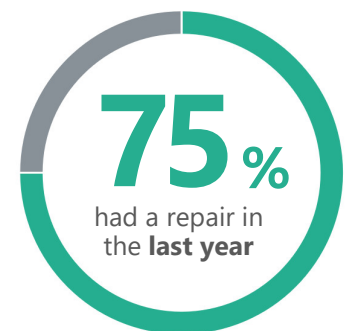
The pattern is even stronger for the second regulatory measure that asked about the **time taken** on the last repair. In this case the 73% satisfaction score is now 5% higher than it was last year, with a seven-point improvement in the proportion that are very satisfied (now 47%) and a 4% reduction in those actively dissatisfied (now 20%). This mostly reverses the significant drop in this score observed last year.

In both instances it keeps Berneslai Homes' score **at or above the benchmark** averages amongst peer landlords. The improvement in timeliness is also probably a factor in the better communication scores this year, as the two are often interlinked and three quarters of the sample had made contact about a repair in the last year.

There is also a significant difference depending on who delivered the last repair, being below average if completed by **Wates** (74% generally and 70% timeliness), compared to 77% and 75% respectively for the in-house team.

That said, scores for Wates have improved significantly since last year, being up 8% for the service overall and 9% for the time taken.

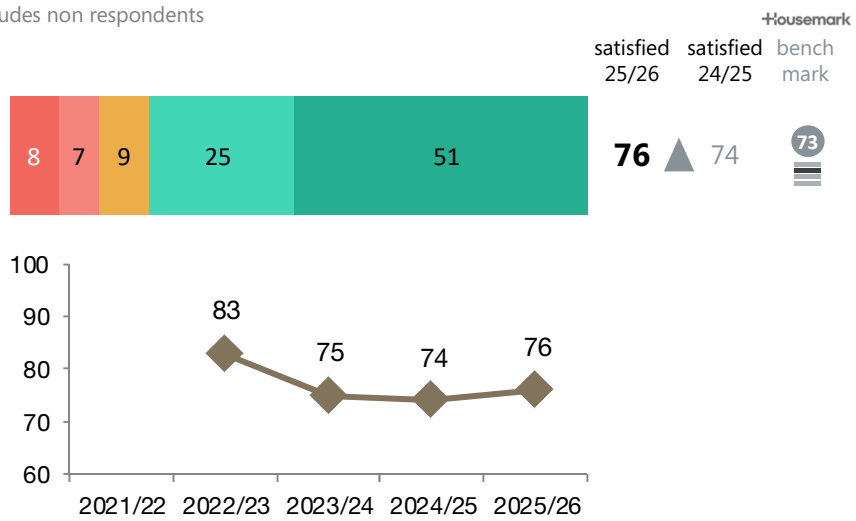
There are also some interesting variations by **age group** with improvements in the scores being concentrated amongst the typically least satisfied younger tenants (see below).



5. Repairs service

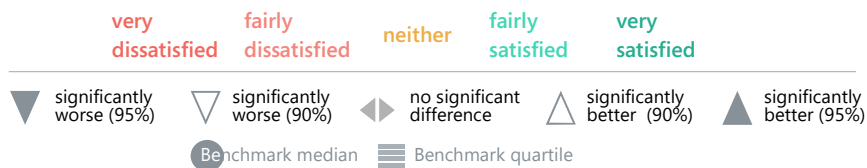
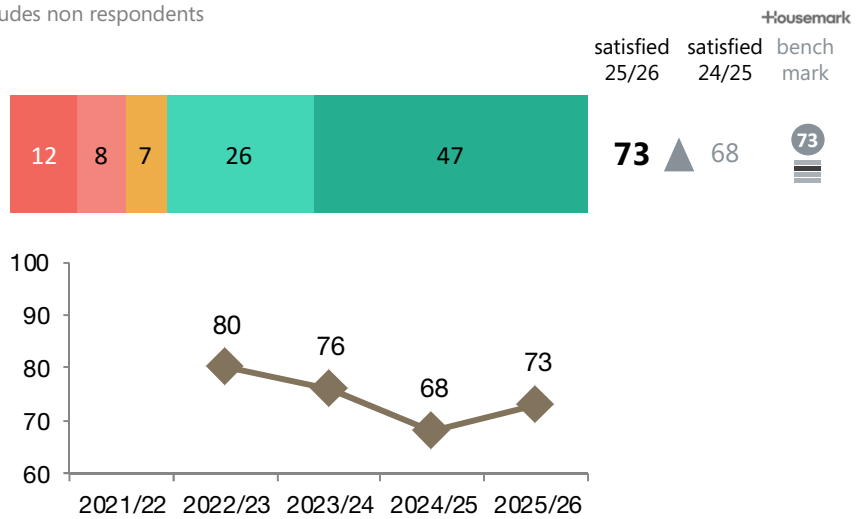
5.1 Repairs service in the last 12 months

% Base 873 | Had a repair. Excludes non respondents



5.2 Time taken to complete repair after reported

% Base 868 | Had a repair. Excludes non respondents





By people

- There is an even greater improvement in satisfaction with repairs overall amongst the **under 35s** (69%, was 61%), but those aged 65+ are still the most satisfied group (87%). This pattern repeats for the time taken to complete the last repair where satisfaction is up fifteen points for this group (see table 10.10).
- The 35-49 age group remain significantly less satisfied with both the repairs service overall (66%) and the time taken (65%), but they are more positive than they were a year ago (was 61% and 56% respectively).
- Respondents from an **ethnically diverse** background are again significantly more satisfied than the rest of the sample with the time taken on their last repair (83%).
- Repairs ratings are higher than average amongst **new tenants** (82% and 76% respectively) but drop during the 3-10 year period, most notably down to 66% for the 6-10 year group on the time taken to complete the last repair (see table 10.15).

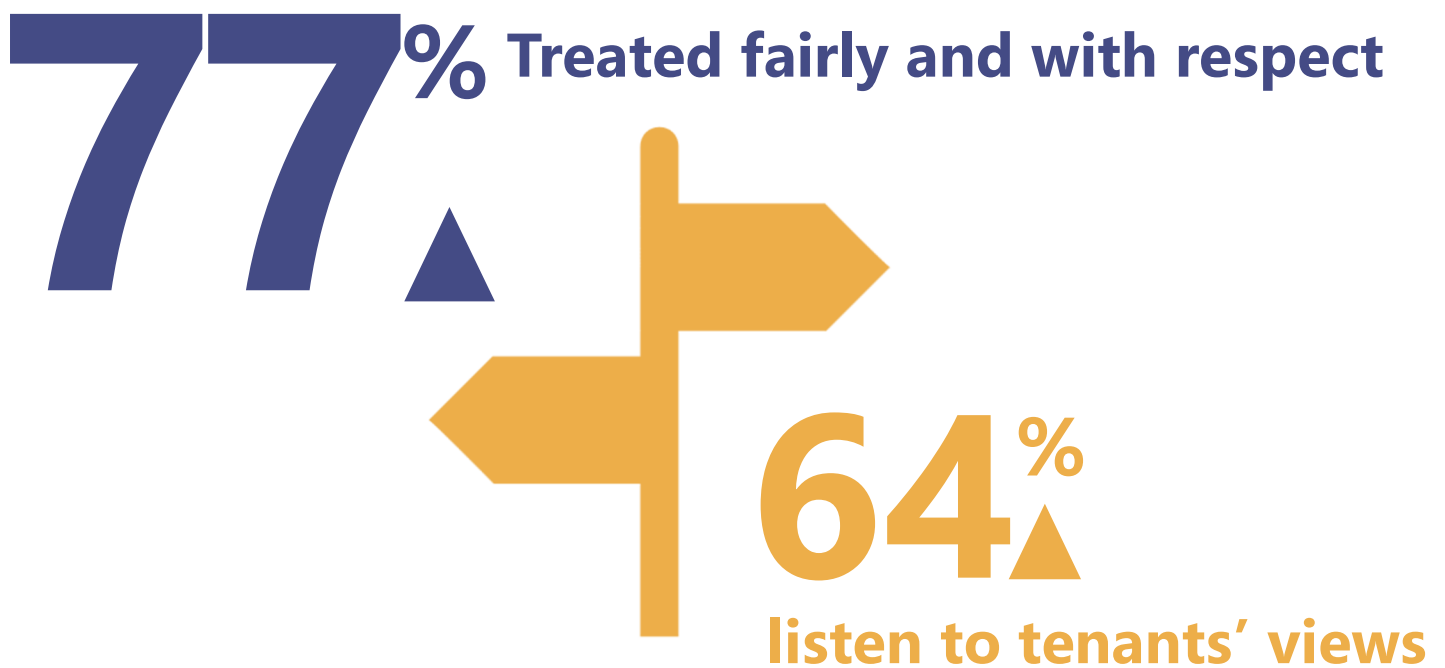


By place

- There is only one statistically significant difference from the norm by **area** with those living in the South being significantly less satisfied than average with both service in the last 12 months (73%) and the time taken (70%). However, both scores have improved by 6% and 10% respectively.
- Whilst not statistically significant, the rating for the service received in the last year has fallen from 80% to 75% in the North area, the only area where satisfaction has fallen. This is also the only area where satisfaction has not improved with the time taken to complete their last repair (still 73%).
- Both scores are also significantly below average for tenants who live in **houses** (74% service, 71% time taken) despite improving 7% and 12% respectively. Tenants in bungalows remain significantly more satisfied with both (82% 'service', 78% 'time taken').



6. Communication



All three ratings in this section have improved by a statistically significant margin since last year



Listening to tenants, and doing so fairly and respectfully, are both key drivers of satisfaction

Housemark

Both measures are above the benchmark average, but in contrast keeping tenants informed of things that matter to them is a relative weakness, being in the bottom quartile



Tenants in the South are again less positive than average, whilst the improvements are strongest in the North East area

6. Communication

The two main topics for which Berneslai Homes' TSM scores have improved this year are those concerning the responsive repairs service, and those in this section of survey that deal with communication.

This pattern isn't unusual because the two are often **interlinked**, with the majority of customer contacts being related to **repairs**. Indeed, three quarters of the survey sample have used the repairs service in the last 12 months (see section 5).

However, regardless of the precise mechanisms at work, survey respondents are now significantly more likely than before to feel that they are being **listened to and their views acted upon**, which is once more a key driver of overall satisfaction (65% v 62%). This change also keeps the score above the benchmark target of 62%.

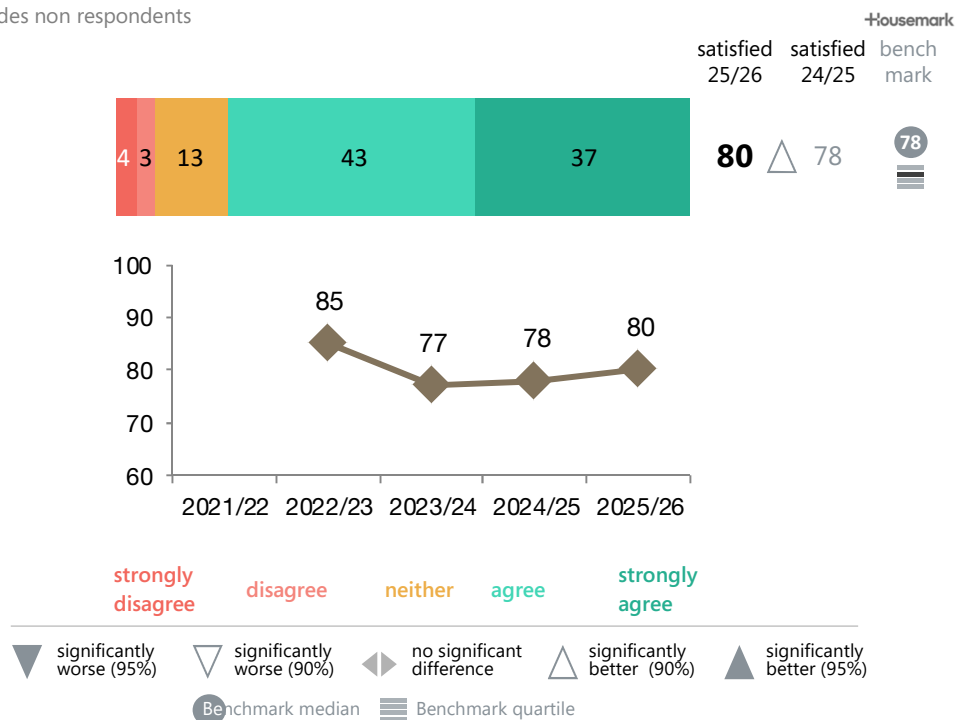
The fourth strongest predictor of overall satisfaction is the extent to which tenants feel they are being treated **fairly and with respect**, so it is positive to find that this rating has also improved from 78% to 80%, also keeping it above the benchmark average. However, it still remains 5% lower compared to the high watermark in the 2022 survey.

The last question in this section asks tenants if they are being **kept informed** about things that matter to them. Despite also demonstrating a significant improvement, this is the odd one out insofar as it is out of step with the benchmark (66% v 71% median), so much so that it is in the **bottom quartile** of the peer group. However, it should also be noted that it is also the only question in this section not to be a key driver, meaning that it doesn't correlate strongly with overall satisfaction.

Nevertheless, this year's results still confirm that tenant communication and engagement is important to how tenants perceive Berneslai Homes as their landlord, and central to the improvements it has made over the last year.

6.1 Treat tenants fairly and with respect

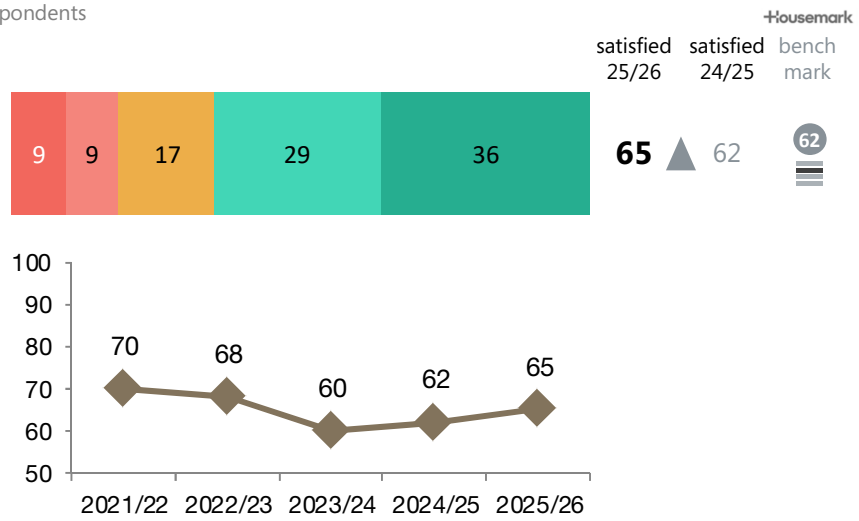
% Base 1137 | Excludes non respondents



6. Communication

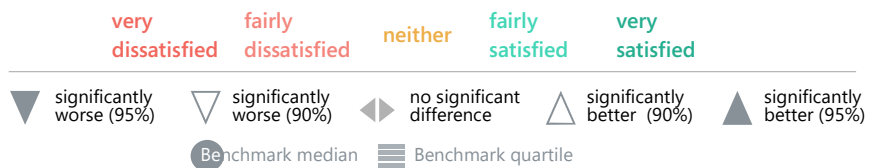
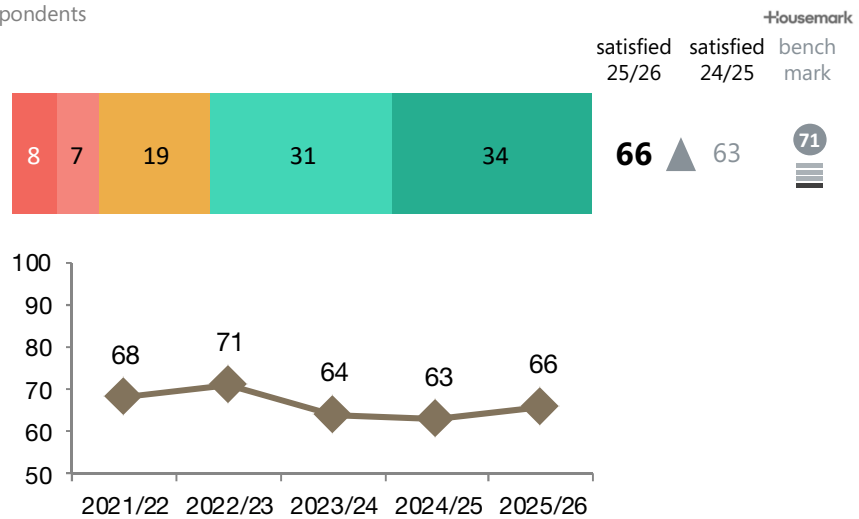
6.2 We listen to your views and act upon them

% Base 1140 | Excludes non respondents



6.3 Keep tenants informed

% Base 1126 | Excludes non respondents





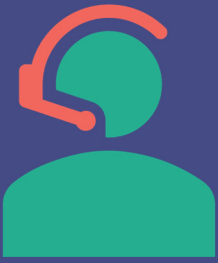
By people

- All scores are once again generally lower than average for the under 50s, significantly so for 35-49 year olds, and above average for those of retirement age (see table 10.10).
- Nevertheless, it is noted that the under 35s are now far more satisfied that they are being kept informed than a year ago (61%, was 45%) and they are also far more satisfied that they are listened to and have their views acted upon than they were previously (60%, was 45%).
- Once again there is a difference between **ethnically diverse** respondents and those that are White British, with satisfaction amongst the former being on average sixteen points higher than the latter on the three TSM measures (see table 10.12).
- **New tenants** are typically more positive than average with most aspects, especially being listened to and having their views acted upon (76% satisfied), which is eleven points above average.
- Respondents with a **disability** in their household are significantly less positive with every rating in this section compared to the rest of the sample (table 10.11).
- All three are rated higher by respondents who have had a repair carried out by the in-house team compared to those who have had a repair by **Wates**, including significant differences in 'being kept informed' (67% v 63%) and 'being listened to' (67% v 62%).



By place

- One notable geographic difference is that respondents in the South **area** are significantly less satisfied than average with being kept informed (60%) and being listened to (60%, table 10.13).
- Scores have improved more dramatically amongst residents in the North East area, so much so that they are now significantly more satisfied that they are listened to (71%, up 11%) and are significantly more likely to agree that they are treated fairly and with respect than the rest of the sample (84%, up 8%).
- Respondents in **houses** are less positive than the rest of the sample on all these ratings, significantly so for their views being listened to (62%) and being kept informed (63%), although both scores are nevertheless up 7% from the previous survey. Similarly, respondents in houses are less likely to agree that they are treated fairly and with respect compared to those in other property types (79%), which is also 6% higher than before.



7. Customer service



The 'customer effort' score for how easy Berneslai Homes is to deal with has improved significantly



This includes a 5% increase in satisfaction amongst the under 50s



The gap in customer effort score between those whose last repair was by Wates versus in-house is now much reduced



Two thirds are satisfied with Berneslai Homes' online service, which is around the same proportion as last year, and is relatively consistent across age group

7. Customer service

Whether or not Berneslai Homes is **easy to deal with** isn't one of the twelve TSM questions required by the regulator but is instead focused specifically on the customer service experience, being considered a way of scoring the level of **customer effort** required to interact with a service provider.

As is evident from chart 7.1 opposite, this score has followed a similar path to the results in the communication section, having **increased** by a statistically significant margin over the last year (80% v 77%), including a five-point increase in the proportion that are 'very' satisfied. Just like those communication scores, the better repairs performance is likely to be a factor here.

The other non-standard survey question asks survey respondents to rate how satisfied they are with Berneslai Homes' **online** service provision. Over two thirds of respondents are satisfied in this regard (69%), which is more than the 65% who felt this way last year. However, this isn't a statically significant change as it comes from an equivalent reduction in the proportion who claim to be neither satisfied not dissatisfied, rather than any shift in the 12% that are actively unhappy.

By people

- Around three quarters of tenants aged **under 50** say Berneslai Homes are easy to deal with (73%), which is up from 68% a year ago. However, retirement age respondents remain significantly more satisfied than average (89%).
- The 35-49 group remains significantly less satisfied with the digital services (66%), however this is an improvement of 9% from a year ago. This rating is otherwise consistent by age.
- **New tenants** remain significantly more satisfied than the rest of the sample that Berneslai Homes are easy to deal with (83%), compared to 76% of those who have been a tenant for 3 – 5 years (was 72%).
- Respondents with a speech **impairment** seem to have fewer difficulties dealing with Berneslai Homes than they did a year ago (83% satisfied, was 70%), as do those with mental health issues (76% v 70%).
- Respondents whose last repair was carried out by **Wates** remain a little less satisfied that Berneslai Homes is 'easy to deal with' than if it was completed in-house (78% v 81%). However, only three-points separate the two groups compared to nine-points a year ago.

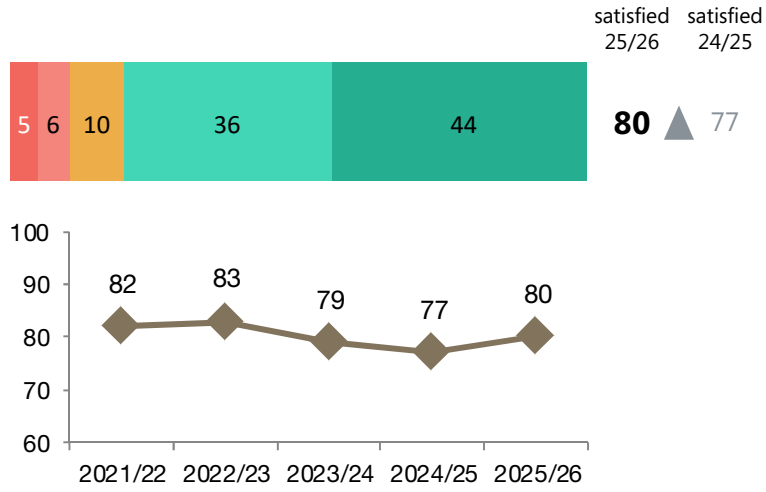
By place

- Tenants living in the South **area** are again significantly less satisfied than other areas on the customer effort score (76%), but this has improved from 71%. Satisfaction is now significantly higher than average in the North East area thanks to a 7% increase in satisfaction from 77% to 84%.
- Satisfaction with the online service has improved by ten-points in both the North East and South **areas**, however it has fallen from 72% to 65% in the North.

7. Customer service

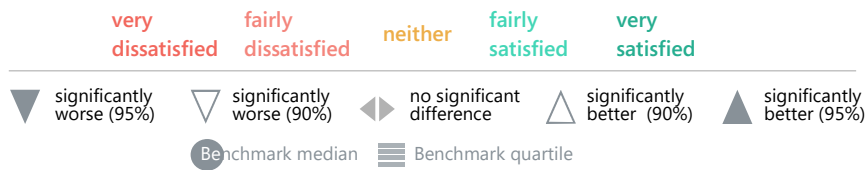
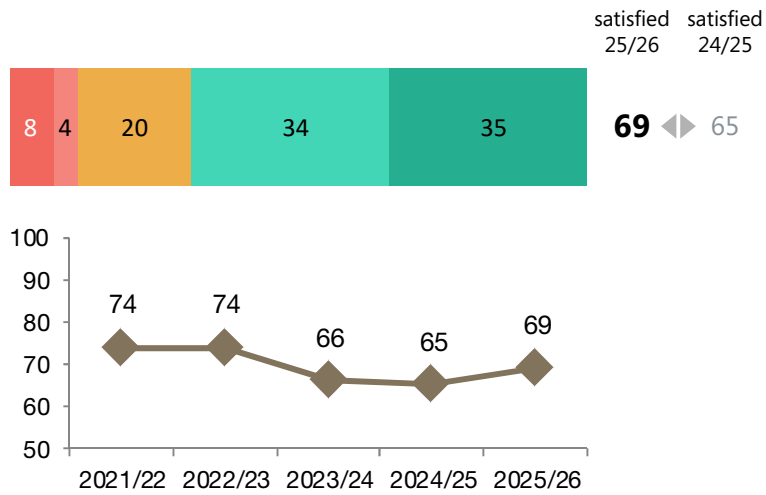
7.2 Easy to deal with

% Base 1124 | Excludes non respondents



7.2 Online services provided by Berneslai Homes

% Base 871 | Excludes non respondents





8. Neighbourhood

59 % a positive contribution to the neighbourhood



approach to handling ASB

51 %



Both scores have been consistent across all three TSM surveys, albeit lower than they were in 2022

Housemark

Although the scores are below the peer group benchmarks, they tend to be lower anyway for self completion surveys



Satisfaction has recovered in the South area, have dropped last year



There are also significant improvements in both amongst the under 50s, especially the under 35s

8. Neighbourhood

The neighbourhood management scores have remained relatively **stable** over the past three TSM surveys, although this means they have yet to return to the slightly higher ratings in 2022/23.

The **positive contribution** that housing services makes to the neighbourhood initially dropped by statistically significant margin between 2022 and 2023, but neither this survey nor last detected a significant change compared to the year prior. Indeed, 59% of this year's sample are satisfied, compared to 60% in the first official year of TSMs.

The same is true for how Berneslai Homes handles **anti-social behaviour**, having also fallen notably in the first year of surveys, but levelled out with no more than 3% variation over the three TSM surveys completed so far (currently 51% satisfied).

Unfortunately, this also means that the scores in this section remain **below average** compared to their respective benchmarks, although the Regulator has cautioned against drawing too many conclusions from such comparisons, due to the wider than normal variation in these scores, some of which are related to survey methodology.

Indeed, around a quarter of those that responded to either of these questions chose the middle point on the scale, which is normally indicative of a **lack of knowledge or certainty** on a topic. The questions in this section are prone to such a pattern, particularly for self-completion surveys such as this one.

By people

- Satisfaction with the contribution to the neighbourhood is rated highest for the **65+ age group** (68%), whilst only 52% of the 35-49 year olds say the same. However, satisfaction levels have increased by around 10% both for this latter group, and the under 35s (see table 10.10).
- Similarly, satisfaction with ASB handling has improved by 7% for 35-39 year olds (now 46%), and 11% for the under 35 group (now 53%). This increase amongst the youngest tenants is such that their score is now significantly higher when compared to the remainder of the sample, including 38% 'very' satisfied which is 13% higher than the for the sample overall.
- **New tenants** (under 1 year) are significantly more satisfied than average with Berneslai Homes contribution to their neighbourhood (74%), with satisfaction falling to 62% for 1-2 years tenure and even further at 3-5 years (54%).
- Respondents from a **racially and ethnically diverse** background are more satisfied than White British respondents with their landlord's contribution to where they live (79% and 57% respectively). A similar pattern is evident in how they rate the approach to handling ASB (71% v 49%), with racially and ethnically diverse respondents notably 13% more satisfied than they were a year ago (was 58%).
- Once again, both scores are significantly below average for respondents with a disability than those with none (see table 10.11).

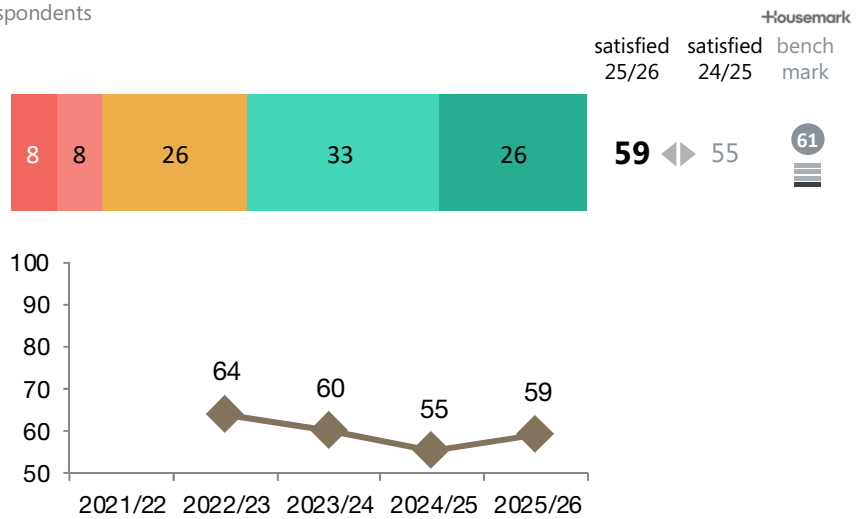
By place

- Residents in the South **area** again have lower than average levels of satisfaction with Berneslai Homes' contribution to their neighbourhood (53%), however this has significantly improved by 7% since last year and is no longer significantly different to the rest of the sample. They are also the least satisfied with how ASB is dealt with (48%), but this too has improved by 5% (table 10.13).

8. Neighbourhood

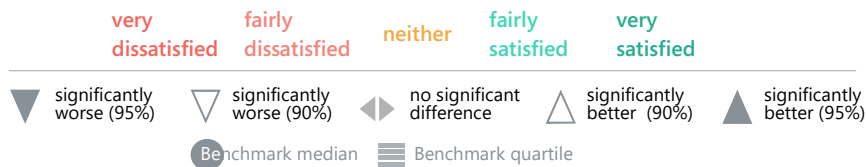
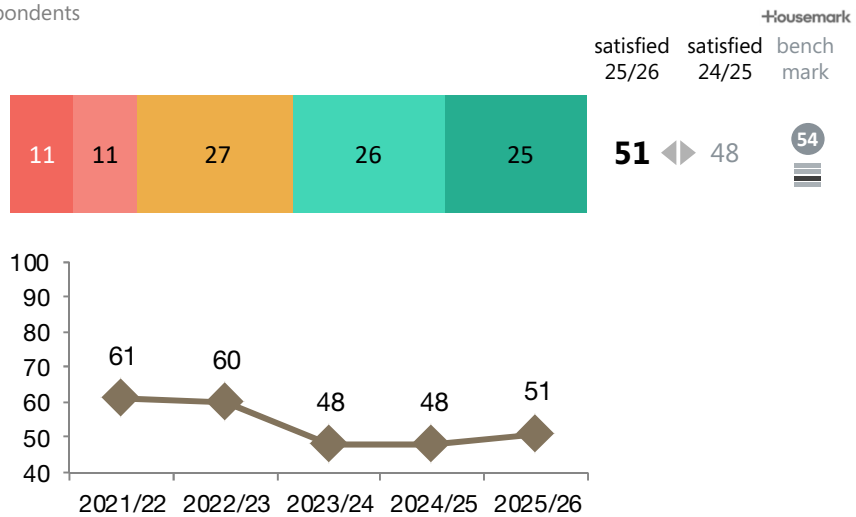
8.1 Positive contribution to neighbourhood

% Base 1057 | Excludes non respondents



8.2 Approach to handling ASB

% Base 972 | Excludes non respondents



- Central area residents are the only group to rate their landlord’s contribution to their neighbourhood lower than a year ago (56%, was 60%) and are now also significantly less satisfied than average with how ASB is dealt with (48%, was 53%).
- Respondents living in **houses** are again significantly less satisfied with both their landlord’s contribution to their neighbourhood (57%) and with how ASB is dealt with (48%). Both ratings in this section remain significantly higher than average amongst those in bungalows despite both ratings falling slightly compared to a year ago (was 69% and 59%).



9. Complaints

43%



complaints handling

25%



said they complained



Respondents decide for themselves what constitutes a complaint, so most are in fact escalated service requests



The proportion of such complaints has fallen this year, especially amongst younger tenants, possibly in part due to improved repairs and communication scores

Housemark

The way complaints and escalated service requests are handled is still rated well above average

8. Complaints

The Tenant Satisfaction Measures framework was designed to cover the most widespread concerns amongst social housing tenants, including using language that relates to the everyday experiences of using these services. This includes asking survey respondents to **decide for themselves** if they have recently complained to their landlord rather than limiting it to a narrow definition of what constitutes a formal complaint.

Accordingly, for tenants this covers a wide range of interactions, few of which are typically formal complaints, with many more being **escalated service requests** such as following up on issues with previously reported repairs.

Indeed, from 2024/25 data for local authority landlords published by the regulator, an average of 27% of survey respondents say they have **made a complaint** using this less formal definition.

In Berneslai Homes' case, the 25% who claimed to make a complaint is therefore **consistent with the national average**, representing significantly fewer survey respondents than last year (was 31%) and reversing the increase observed between 2023 and 2024.

Satisfaction with how complaints are handled has varied by just two percentage points across all three TSM surveys, with 43% of those who answered this question claiming to have has a positive experience, compared to 40% that are dissatisfied with how it was dealt with. Indeed, although still low compared to other survey questions, Berneslai Homes' score nevertheless continues to be on average ten percentage points more than similar landlords manage to achieve, placed it firmly in the benchmark **top quartile**.

By people

- Tenants aged **35-49** are more likely to have complained to Berneslai Homes than any other age group (33%, down 5%), followed by 28% of the under 35s, which for this group is down a notable 16% (was 44%). In comparison, around a fifth of the 65+ age group have made a complaint (19%) which is 3% fewer than last year.
- Despite making fewer complaints compared to a year ago, the under 35s remain the least satisfied with how complaints are handled (35%). In contrast, more than half of the over 65s who complained say that are satisfied (53%), although this is down by 11% compared to last year.
- Respondents from an **ethnically diverse** background remain slightly more satisfied than White British respondents with complaints handling (44% v 41%), The proportion of this group that are satisfied is 12% lower than last year, but the base size is small, and the proportion actively dissatisfied is far more consistent across the two years.

- The proportion of complaints amongst **new tenants** continues to fall from 31% a year ago to 25% for the current sample, compared to a high of 40% two years ago.

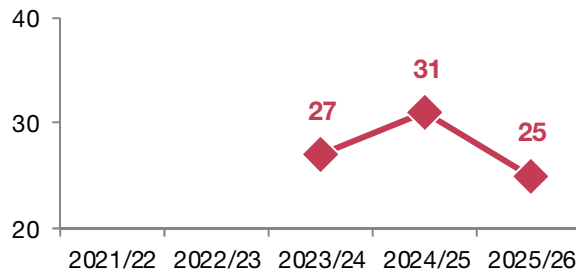
By place

- By **property type** complaints from residents in flats are now the most common (27%), followed by 26% in houses, which is down a notable 9%. Around a fifth of respondents in bungalows have made a complaint (22%). Tenants in flats and houses now have similar experiences with how their complaint is handled (41% and 42% respectively), although this equates to 12% fewer for flats but 6% more for houses.
- There is a nine-point spread across the four main **areas** on the proportion making a complaint – ranging from 21% in the North East area to 30% in the Central area. Due to the small sample sizes there are no significant differences in satisfaction with how such complaints are handled by area but is highest in the North East and lowest in the North (48% and 36%).

9. Complaints

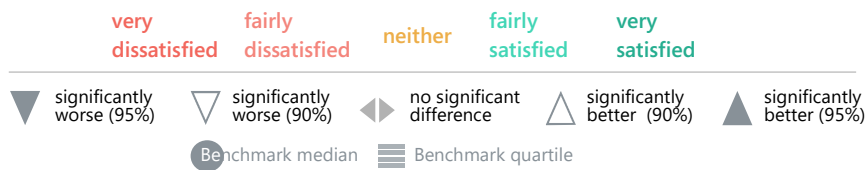
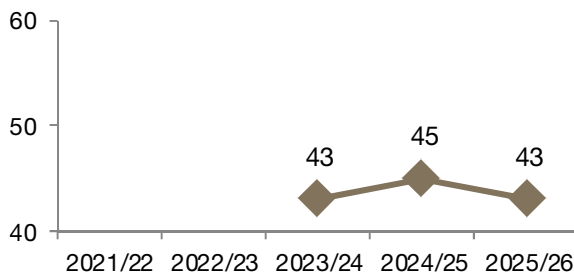
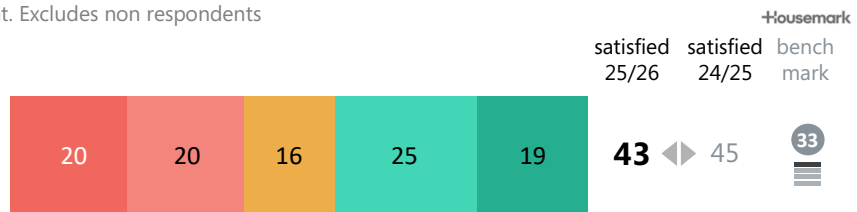
9.1 Made a complaint

% Base 1176 | Excludes non respondents



9.2 Approach to handling complaints

% Base 293 | Made a complaint. Excludes non respondents





10. Respondent profile

In addition to documenting the demographic profile of the sample, tables 10.10 - 10.13 in this section also display the core survey questions according to age group, disability and ethnic background. When considering these tables it is important to bear in mind that some of the sub groups are small, so many observed differences may simply be down to chance. To help navigate these results they have been subjected to statistical tests, with those that can be confidently said to differ from the rest of the sample being highlighted in the tables.

10.1 Area

% Base 1176

	Total	% 25/26	% 24/25
N1 - North East Area Neighbourhood Team	371	31.5	28.1
N2 - South Area Neighbourhood Team	241	20.5	20.4
N3 - Central Area Neighbourhood Team	289	24.6	25.6
N4 - North Area Neighbourhood Team	275	23.4	25.8

■ 2025/26
■ 2024/25

10.2 Estate

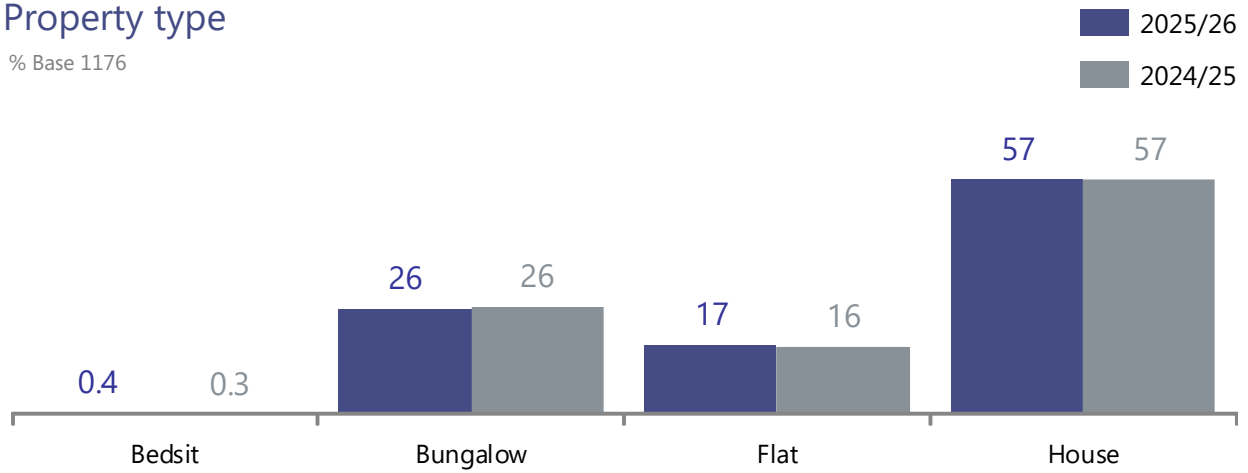
% Base 1176 | Estates with ten or more respondents

	Total	% 25/26	% 24/25		Total	% 25/26	% 24/25
Aldham House	22	1.9	1.7	Kendray	43	3.7	6.7
Athersley North	53	4.5	4.2	Kexborough	18	1.6	1.3
Athersley South	29	2.5	3.1	Kings Road	15	1.2	1.7
Birdwell	13	1.1	1.1	Kingstone	15	1.3	0.7
Bolton On Dearne	31	2.6	1.9	Lundwood	22	1.8	0.8
Broadway	10	0.8	0.5	Monk Bretton (Monk Bretton Ward)	25	2.1	2.1
Burton Grange	28	2.4	2.5	Morrison Road	11	0.9	0.9
Cloughfields	13	1.1	1.1	New Lodge	21	1.8	1.9
Copeland Road	39	3.3	1.9	North Street	10	0.8	0.7
Crown	10	0.8	1.0	Penistone	20	1.7	2.1
Cundy Cross	13	1.1	0.3	Rosetree	10	0.8	0.8
Darton	13	1.1	1.6	Royston	65	5.5	4.6
Dodworth	16	1.4	1.3	Staincross	15	1.3	1.4
Elsecar	17	1.4	1.4	Thurnscoe	50	4.2	4.0
Gilroyd	17	1.5	1.6	Town (Central Ward)	29	2.4	2.3
Goldthorpe (Dearne North Ward)	12	1.0	0.4	Town (Kingstone Ward)	27	2.3	1.9
Goldthorpe (Dearne South Ward)	18	1.5	1.9	Upperwood	15	1.2	0.6
Grimethorpe General	16	1.3	0.8	Ward Green	14	1.2	0.8
Honeywell	24	2.0	1.4	Wilson Street	14	1.2	1.1
Hoyland Central (Milton Ward)	10	0.9	1.0	Worsborough Bridge	30	2.5	3.6
Hoyland Common	28	2.4	1.9	Worsborough Common	23	1.9	1.4
Hoyland St Peter's (Rockingham Ward)	11	0.9	1.3	Worsborough Dale	36	3.0	2.5

10. Respondent profile

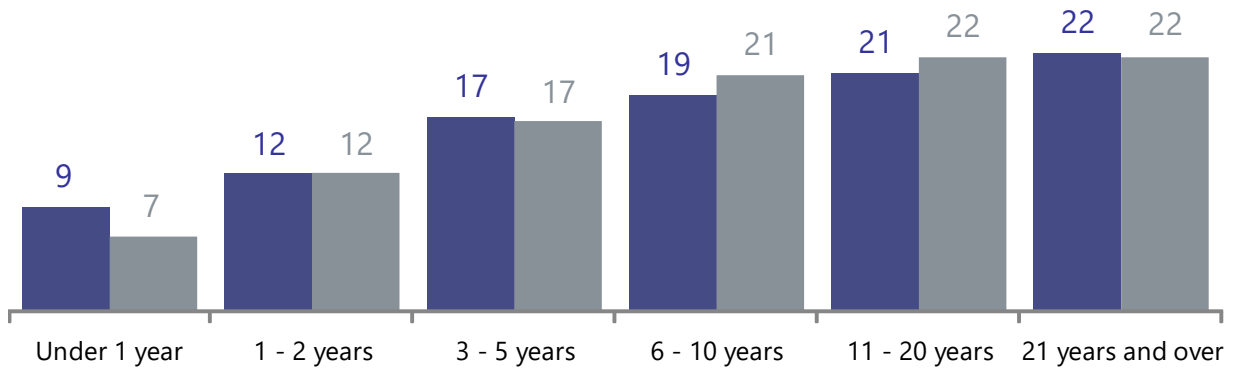
10.3 Property type

% Base 1176



10.4 Length of tenancy

% Base 1176



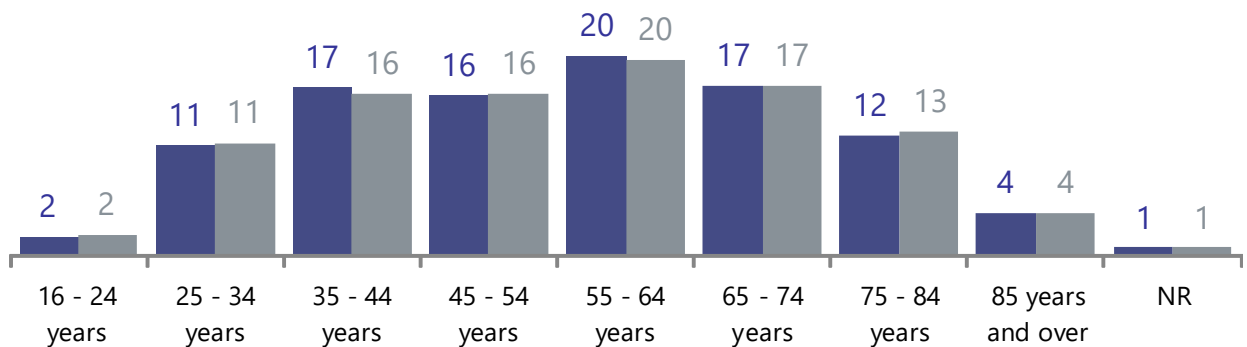
10.5 Pay a service charge

% Base 1176



10.6 Age

% Base 1176

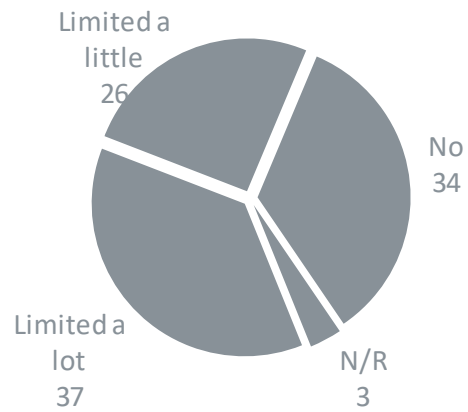
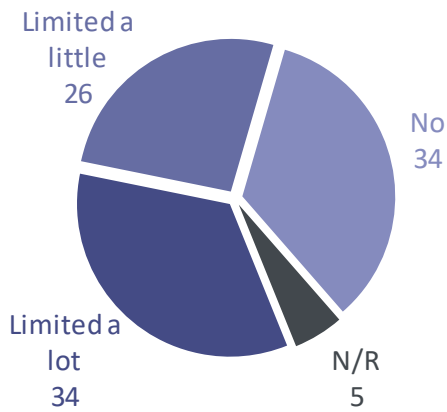


10. Respondent profile

10.7 Disability in household

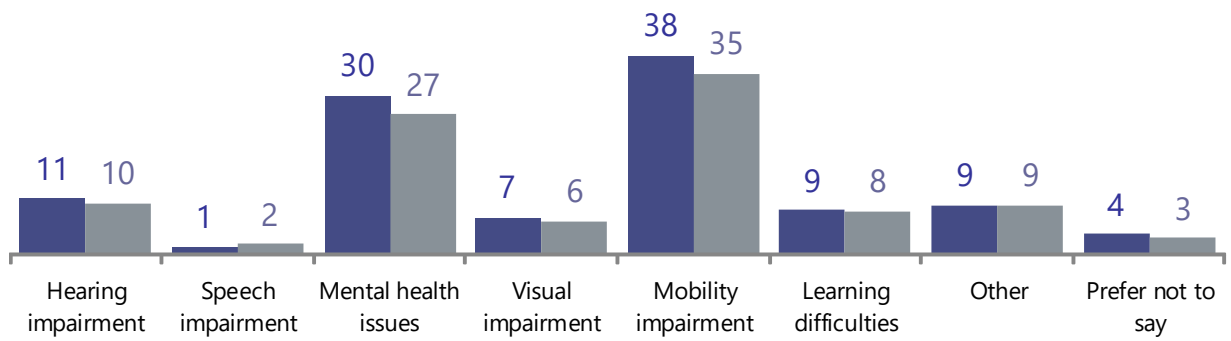
% Base 1176

2025/26
2024/25



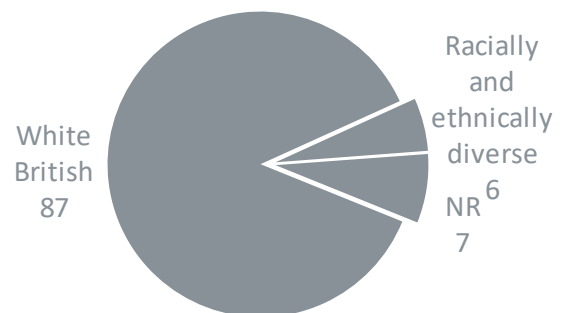
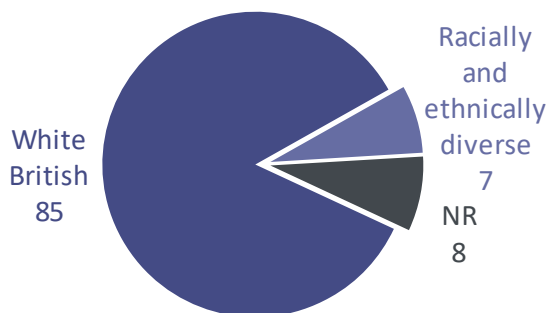
10.8 Type of disability

% Base 713



10.9 Ethnic background

% Base 1176



10. Respondent profile

10.10 Core questions by age group

	Overall	% positive			
		16 - 34	35 - 49	50 - 64	65+
Sample size	1176	154	278	343	391
Service overall	77	73	70	75	85
Repairs in last 12 months	76	69	66	77	87
Time taken to complete last repair	73	70	65	74	80
Home is well maintained	72	68	57	74	82
Home is safe	73	64	60	75	84
Listens to views and acts upon them	65	60	56	62	76
Being kept informed	66	61	57	67	73
Treated fairly and with respect	80	79	73	79	86
Approach to handling complaints	43	35	43	39	53
Communal areas clean & well maintained	64	54	70	64	63
Positive contribution to neighbourhood	59	57	52	54	68
Approach to handling ASB	51	53	46	47	57

10.11 Core questions by disability in household

	Overall	% positive	
		Disability	No disability
Sample size	1176	713	402
Service overall	77	75	82
Repairs in last 12 months	76	75	79
Time taken to complete last repair	73	71	77
Home is well maintained	72	70	76
Home is safe	73	71	77
Listens to views and acts upon them	65	63	69
Being kept informed	66	62	73
Treated fairly and with respect	80	78	86
Approach to handling complaints	43	41	50
Communal areas clean & well maintained	64	59	71
Positive contribution to neighbourhood	59	56	63
Approach to handling ASB	51	48	55

Key

- Better @ 95% confidence
- Better @ 90% confidence
- Worse @ 90% confidence
- Worse @ 95% confidence

*see appendix for more detail

10. Respondent profile

10.12 Core questions by ethnic background

	% positive		
	Overall	White British	Racially & ethnically diverse
Sample size	1176	999	84
Service overall	77	76	87
Repairs in last 12 months	76	75	80
Time taken to complete last repair	73	72	83
Home is well maintained	72	71	86
Home is safe	73	72	81
Listens to views and acts upon them	65	63	81
Being kept informed	66	64	85
Treated fairly and with respect	80	79	89
Approach to handling complaints	43	41	44
Communal areas clean & well maintained	64	61	90
Positive contribution to neighbourhood	59	57	79
Approach to handling ASB	51	49	71

Key

- Better @ 95% confidence
- Better @ 90% confidence
- Worse @ 90% confidence
- Worse @ 95% confidence

*see appendix for more detail

10.13 Core questions by area

	% positive				
	Overall	North East Area NT	South Area NT	Central Area NT	North Area NT
Sample size	1176	371	241	289	275
Service overall	77	79	76* <small>* only 34% v. sat</small>	75	78
Repairs in last 12 months	76	77	73	79	75
Time taken to complete last repair	73	74	70	74	73
Home is well maintained	72	75	67	75	71
Home is safe	73	75	71	72	73
Listens to views and acts upon them	65	71	61	63	64
Being kept informed	66	69	60	65	67
Treated fairly and with respect	80	84	79	77	78
Approach to handling complaints	43	48	46	43	36
Communal areas clean & well maintained	64	71	64	58	61
Positive contribution to neighbourhood	59	62	53	56	63
Approach to handling ASB	51	53	48	48* <small>* 28% dissatisfied</small>	54

10. Respondent profile

10.14 Core questions by property type

	Overall	% positive		
		Bungalow	Flat	House
Sample size	1176	301	200	671
Service overall	77	82	80	74
Repairs in last 12 months	76	82	77	74
Time taken to complete last repair	73	78	74	71
Home is well maintained	72	81	76	67
Home is safe	73	82	73	69
Listens to views and acts upon them	65	72	68	62
Being kept informed	66	70	69	63
Treated fairly and with respect	80	83	81	79
Approach to handling complaints	43	51	40	42
Communal areas clean & well maintained	64	60	54	86
Positive contribution to neighbourhood	59	62	62	57
Approach to handling ASB	51	56	54	48

10.15 Core questions by length of tenancy

	Overall	% positive					
		<1yr	1-2 yrs	3-5yrs	6-10 yrs	11-20 yr	21+ yrs
Sample size	1176	108	141	199	222	243	263
Service overall	77	80	78	75	74	77	79
Repairs in last 12 months	76	82	77	71	72	78	80
Time taken to complete last repair	73	76	78	70	66	75	77
Home is well maintained	72	75	75	68	69	72	76
Home is safe	73	77	75	64	70	74	79
Listens to views and acts upon them	65	76	68	60	59	65	68
Being kept informed	66	75	64	65	63	68	64
Treated fairly and with respect	80	87	78	80	74	81	83
Approach to handling complaints	43	36	36	47	38	50	46
Communal areas clean & well maintained	64	66	76	49	60	80	58
Positive contribution to neighbourhood	59	74	62	54	55	56	61
Approach to handling ASB	51	69	55	46	45	55	48

Key

- Better @ 95% confidence
- Better @ 90% confidence
- Worse @ 90% confidence
- Worse @ 95% confidence

*see appendix for more detail



Appendix A. Summary of approach

Overview

The survey was conducted by ARP Research over the course of two fieldwork periods, the first in early summer and the second in winter. The first period was between 14 May and 25 June 2025, the second between 06 October and 09 December 2025. The survey meets the requirements of The Regulator of Social Housing's guidance for tenant satisfaction measures survey (TSMs).

Responses

Overall, 1,176 LCRA (low cost rental accommodation) tenant households took part in the TSM survey, which represented a response rate of 31% (error margin +/- 2.8%). This exceeds the stipulated TSM target error margin of +/- 3.0%. There were 707 postal completions (60%) and 469 online completions (40%).

Sampling

A computer-generated randomly selected 3,752 general needs households and a half census of 48 temporary units (total 3,800) were invited to take part in the survey split equally between the two tranches.

Fieldwork

The first part of each tranche involved email invitations and reminders to every selected household with a valid email address (2,180 across both waves), with a paper questionnaire sent in the post to the remaining 1,620. This was followed by invitations and reminder by text message to every member of the sample with a mobile number that had not already taken part (2,956 across both waves). Finally, a full reminder was sent by post to every household that had not already taken part via any method (3,273 across both waves).

This methodology was chosen to be consistent with previous successful TSM annual surveys conducted by Berneslai Homes. This mixed-method self completion approach offers good value for money whilst helping to maximise returns and ensure responses from a range of different age groups.

The survey was incentivised with a free prize draw of £100, £50 and 2x £25 in shopping vouchers

Population

The population for the TSM survey was all 17,463 Berneslai Homes LCRA households on 02 May 2025. None were removed from the sample frame.

The survey used paper and online methods to ensure accessibility from a wide range of tenants. The online survey was available in alternative languages via Google translate. The paper survey included helpline information in the eight most common community languages. Large print questionnaires were sent to 160 households and 3 were sent on yellow paper where this was the tenant's communication preference.

Representativeness

The final survey data was weighted by interlaced age group and property type, plus area, to ensure that the survey was representative of the tenant population as a whole. The characteristics by which representativeness was determined were:

Area	Population	Unweighted survey	Weighted survey
North East	30.3	29.3	31.5
South	20.5	20.9	20.5
Central	24.8	23.3	24.6
North	24.4	26.4	23.4

Property type	Population	Unweighted	Weighted
Bedsit	0.7	0.5	0.4
Bungalow	25.9	33.2	25.6
Flat	16.6	19.3	17.0
House	56.8	47	57.0

Length of tenancy	Population	Unweighted survey	Weighted survey
Under 1 year	5.8	8.2	9.2
1 - 2 years	9.9	10.5	12.0
3 - 5 years	16.3	15.3	16.9
6 - 10 years	21.3	17.7	18.8
11 - 20 years	23.3	21.5	20.7
21 years and over	23.4	26.7	22.4

Age group	Population	Unweighted survey	Weighted survey
16 - 24 years	2.1	2.0	2.0
25 - 34 years	11.0	7.6	11.1
35 - 44 years	16.8	11.3	16.8
45 - 54 years	15.9	11.7	16.0
55 - 64 years	19.7	18.1	19.9
65 - 74 years	16.9	21.0	16.9
75 - 84 years	12.3	20.4	12.1
85 years and over	4.4	6.3	4.3
No record	0.9	1.5	0.9

Ethnic background	Population	Unweighted	Weighted
White British	86.7	86.3	84.9
Racially & ethnically diverse	5.4	5.6	7.2
No record	7.8	8.1	1.9

Stock type	Population	Unweighted survey	Weighted survey
General needs	99.7	99.3	99.3
Temporary	0.3	0.7	0.7

Data presentation

Readers should take care when considering percentage results from some of the sub groups within the main sample, as the base figures may sometimes be small.

Many results are recalculated to remove 'Don't know/not applicable' or similar responses from the final figures, a technique known as 're-basing'.

Error Margins

Error margins for the sample overall, and for individual questions, are the amount by which a result might vary due to chance. The error margins in the results are quoted at the standard 95% level, and are determined by the sample size and the distribution of scores. For the sake of simplicity, error margins for historic data are not included, but can typically be assumed to be at least as big as those for the current data. When comparing two sets of scores, it is important to remember that error margins will apply independently to each.

Tests of statistical significance

When two sets of survey data are compared to one another (e.g. between different years, or demographic sub groups), the observed differences are typically tested for statistical significance. Differences that are significant can be said, with a high degree of confidence, to be real variations that are unlikely to be due to chance. Any differences that are not significant *may* still be real, especially when a number of different questions all demonstrate the same pattern, but this cannot be stated with statistical confidence and may just be due to chance.

Unless otherwise stated, all statistically significant differences are reported at the 95% confidence level. Tests used were the Wilcoxon-Mann-Whitney test (rating scales), Fischer Exact Probability test (small samples) and the Pearson Chi Square test (larger samples) as appropriate for the data being examined. These calculations rely on a number of factors such as the base figure and the level of variance, both within and between sample groups, thereby taking into account more than just the simple difference between the headline percentage scores. This means that some results are reported as significant despite being superficially similar to others that are not. Conversely, some seemingly notable differences in two sets of headline scores are not enough to signal a significant change in the underlying pattern across all points in the scale. For example:

- Two satisfaction ratings might have the same or similar *total* satisfaction score, but be quite different when one considers the detailed results for the proportion *very satisfied* versus *fairly satisfied*.
- There may also be a change in the proportions who were *very* or *fairly* dissatisfied, or ticked the middle point in the scale, which is not apparent from the headline score.
- In rare cases there are complex changes across the scale that are difficult to categorise e.g. in a single question one might simultaneously observe a disappointing shift from *very* to *fairly* satisfied, at the same time as there being a welcome shift from *very dissatisfied* to *neither*.
- If the results included a relatively small number of people then the error margins are bigger. This means that the *combined* error margins for the two ratings being compared might be bigger than the observed difference between them.

Key driver analysis


“Key driver analyses” are based on a linear regression model. This is used to investigate the relationship between the overall scores and their various components. The charts illustrate the relative contribution of each item to the overall rating; items which do not reach statistical significance are omitted. The figures on the vertical axis show the standardised beta coefficients from the regression analysis, which vary in absolute size depending on the number of questionnaire items entered into the analysis. The *R Square* value displayed on every key driver chart shows how much of the observed variance is explained by the key driver model e.g. a value of 0.5 shows that the model explains half of the total variation in the overall score.

Benchmarking

The core TSM questions are benchmarked against the Housemark mid-year 2025/26 TSM database, with the benchmarking group being Berneslai Homes peer group selection of English LAs and ALMOs with 10,000 or more properties (excluding London). This includes 8 landlords.



Appendix B. Example questionnaire



Mr A B Sample
1 Sample Street
Sample District
Sample Town
AB1 2CD

9 May 2025

Dear {name}

Your Views Count

ARP Research has been asked by Berneslai Homes to carry out an independent and confidential survey of a sample of Berneslai Homes tenants. This is part of the government's Tenant Satisfaction Measures. Every year all social housing landlords must publish a range of standard tenant satisfaction information which will include some of the results from this survey.

By taking around 5 minutes to complete the enclosed survey, you will have the option to be entered into a **prize draw** with the chance of winning **1 x £100, 1 x £50 or 2 x £25** in shopping vouchers.

Please complete the survey by **Wednesday 28 May** and return it in the Freepost envelope provided, no stamp is required. Alternatively you can complete the survey online at www.arpsurveys.co.uk/berneslai or simply scan the barcode in the top right hand corner if you are using a smartphone. When prompted, type in our following unique code: **9999abcd**


If you'd like some help completing the survey or would prefer it in a different format, such as a large print version, please call **ARP Research** on 0800 020 9564. If you have any other questions about your tenancy please contact us on 01226 787 878.


Your name and contact details will not be linked to your responses unless you give your consent within the survey. For details on how your information is used at Berneslai Homes, how we maintain the security of this and your rights to access the information we hold about you, please refer to: www.berneslaihomes.co.uk/information-and-privacy. ARP Research's policy can be found here: www.arpsurveys.co.uk/privacy.

Thank you for taking part and good luck in the prize draw.


Yours sincerely,
A. J. Garrard
Amanda Garrard, Chief Executive

If you need a large print copy please call 0800 020 9564





Tenant Satisfaction Survey 2025



Services overall

1 Taking everything into account, how satisfied or dissatisfied are you with the service provided by Berneslai Homes?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

Your home

2 How satisfied or dissatisfied are you that Berneslai Homes provides a home that is well maintained?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied


3 Thinking about the condition of the property or building you live in, how satisfied or dissatisfied are you that Berneslai Homes provides a home that is safe?


Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable/don't know

Communication

4 How satisfied or dissatisfied are you that Berneslai Homes listens to your views and acts upon them?


Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable/don't know

 return by **28 May 2025**



www.arsurveys.co.uk/berneslai
your unique code: 9999mwmw

scan me



5 How satisfied or dissatisfied are you that Berneslai Homes keeps you informed about things that matter to you?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable/don't know

6 To what extent do you agree or disagree with the following "Berneslai Homes treats me fairly and with respect"?

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Not applicable/don't know

7 Have you made a complaint to Berneslai Homes in the last 12 months?

Yes go to Q8 ↓ No go to Q9 ↗

8 How satisfied or dissatisfied are you with Berneslai Homes' approach to complaints handling?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

9 How satisfied or dissatisfied are you:

a. That Berneslai Homes is easy to deal with? Very satisfied Fairly satisfied Neither Fairly dissatisfied Very dissatisfied No opinion

b. With the online services provided by Berneslai Homes? Very satisfied Fairly satisfied Neither Fairly dissatisfied Very dissatisfied No opinion

Repairs and maintenance

10 Has Berneslai Homes carried out a repair to your home in the last 12 months?

Yes go to Q11 ↓ No go to Q13 →

11 How satisfied or dissatisfied are you with the overall repairs service from Berneslai Homes over the last 12 months?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

12 How satisfied or dissatisfied are you with the time taken to complete your most recent repair after you reported it?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

13 Do you live in a building with communal areas, either inside or outside, that Berneslai Homes is responsible for maintaining?

Yes go to Q14 ↓ No go to Q15 ↗ Don't know go to Q15 ↗

14 How satisfied or dissatisfied are you that Berneslai Homes keeps these communal areas clean and well maintained?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

Neighbourhood

15 How satisfied or dissatisfied are you that Berneslai Homes makes a positive contribution to your neighbourhood?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable/don't know

16 How satisfied or dissatisfied are you with Berneslai Homes' approach to handling anti-social behaviour?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable/don't know

You and your household

17 Are you or any household member's day to day activities limited due to a physical or mental health condition or illness which has lasted, or is expected to last, at least 12 months?

Yes - limited a lot go to Q18 → Yes - limited a little go to Q18 → No go to Q19 →

18 Please tell us about any health condition(s) or illnesses you or a member of your household have:

Hearing impairment Mobility impairment tick all that apply

Speech impairment Learning difficulties

Mental health issues Other (write in) _____

Visual impairment Prefer not to say

And finally...

19 Are you happy for your identity and contact details to be used to be entered into the free prize draw? It will be Berneslai Homes that will contact you if you are a winner.

Yes No

20 Your answers are currently confidential. It may be useful for your name and contact details to be attached to your responses and passed to Berneslai Homes. Would that be ok?

Yes: I agree for my name and contact details to be linked to my responses go to Q21 ↓

No: I wish to remain anonymous finish ✓

21 Are you happy for Berneslai Homes to contact you about your feedback, if Berneslai Homes wish to do so?

Yes No

Thank you!

! This survey is to ask for general feedback from our tenants. To make a complaint about an issue with our service just email customerservices@berneslaihomes.co.uk or phone us on 01226 787878.

If you need help understanding this information, please ask one of our staff, or phone Customer Services on 01226 787878.

गर्नुवाइनेको लागि यो जानकारी बुझ्न आवश्यक छ, तपाईंको आवश्यकताहरूको लागि जानकारी प्राप्त गर्न, तपाईंको समस्याहरूको लागि जानकारी प्राप्त गर्न। यदि तपाईंको जानकारी चाहिएको छ भने, कृपया 01226 787878 नम्बरमा सम्पर्क गर्नुहोस्।

Если вам требуется помощь в понимании этой информации, обратитесь к нашим сотрудникам или позвоните в Отдел обслуживания клиентов по телефону 01226 787878.

गर्नुवाइनेको लागि यो जानकारी बुझ्न आवश्यक छ, तपाईंको आवश्यकताहरूको लागि जानकारी प्राप्त गर्न, तपाईंको समस्याहरूको लागि जानकारी प्राप्त गर्न। यदि तपाईंको जानकारी चाहिएको छ भने, कृपया 01226 787878 नम्बरमा सम्पर्क गर्नुहोस्।

如果您需要帮助，以便更好地理解此信息，请与我们的员工联系，或致电客户服务部。01226 787878

إذا كنت بحاجة للمساعدة على فهم المعلومات، يرجى الاتصال بعمالنا أو الاتصال بخدمات العملاء على الرقم 01226 787878.

Please now return in the enclosed freepost envelope.
Freepost RTKZ-RGZT-BSKU, ARP Research, PO Box 5928, SHEFFIELD, S35 5DN



Appendix C. Data summary

Please note that throughout the report the quoted results typically refer to the '*valid*' column of the data summary if it appears.

The '*valid*' column contains data that has been rebased, normally because non-respondents were excluded and/or question routing applied.

Weighting has been applied to this data to ensure that it is representative of the entire population (see Appendix A).

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
Q1 Taking everything into account, how satisfied or dissatisfied are you with the service provided by Berneslai Homes?												
	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
1: Very satisfied	490	41.7	42.3	77.0	258	42.9	43.4	75.9	232	40.3	41.0	78.1
2: Fairly satisfied	403	34.3	34.8		193	32.1	32.5		210	36.5	37.1	
3: Neither satisfied nor dissatisfied	123	10.5	10.6		62	10.3	10.5		61	10.6	10.8	
4: Fairly dissatisfied	69	5.8	5.9		46	7.6	7.7		23	3.9	4.0	
5: Very dissatisfied	75	6.4	6.5		35	5.9	5.9		40	6.9	7.1	
N/R	16	1.4			7	1.1			10	1.6		
Q2 How satisfied or dissatisfied are you that Berneslai Homes provides a home that is well maintained?												
	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
6: Very satisfied	466	39.6	40.2	72.1	246	41.0	41.6	71.3	220	38.2	38.8	72.9
7: Fairly satisfied	369	31.4	31.9		176	29.3	29.7		193	33.5	34.1	
8: Neither satisfied nor dissatisfied	121	10.3	10.4		57	9.5	9.6		64	11.2	11.3	
9: Fairly dissatisfied	106	9.0	9.1		61	10.1	10.3		45	7.8	7.9	
10: Very dissatisfied	97	8.3	8.4		53	8.8	8.9		45	7.7	7.9	
N/R	17	1.5			8	1.3			9	1.6		
Q3 Thinking about the condition of the property or building you live in, how satisfied or dissatisfied are you that Berneslai Homes provides a home that is safe?												
	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
11: Very satisfied	474	40.3	41.1	73.0	244	40.7	41.5	72.3	230	39.9	40.7	73.7
12: Fairly satisfied	367	31.2	31.8		181	30.2	30.8		186	32.3	32.9	
13: Neither satisfied nor dissatisfied	118	10.0	10.2		56	9.3	9.5		62	10.8	11.0	
14: Fairly dissatisfied	108	9.2	9.4		58	9.7	9.9		50	8.7	8.9	
15: Very dissatisfied	86	7.3	7.4		49	8.2	8.4		37	6.4	6.5	
16: Not applicable/ don't know	3	0.2			1	0.1			2	0.3		
N/R	20	1.7			10	1.7			10	1.7		
Q4 How satisfied or dissatisfied are you that Berneslai Homes listens to your views and acts upon them?												
	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
17: Very satisfied	414	35.2	36.3	65.2	219	36.6	37.8	66.9	195	33.8	34.7	63.4
18: Fairly satisfied	329	28.0	28.9		169	28.1	29.1		161	27.9	28.7	
19: Neither satisfied nor dissatisfied	188	16.0	16.5		84	14.1	14.5		103	18.0	18.5	
20: Fairly dissatisfied	104	8.8	9.1		59	9.8	10.1		45	7.8	8.1	
21: Very dissatisfied	105	8.9	9.2		49	8.1	8.4		56	9.8	10.1	
22: Not applicable/ don't know	18	1.5			11	1.9			7	1.1		
N/R	18	1.6			9	1.5			9	1.6		
Q5 How satisfied or dissatisfied are you that Berneslai Homes keeps you informed about things that matter to you?												
	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
23: Very satisfied	387	32.9	34.3	65.7	200	33.3	34.9	64.7	187	32.5	33.8	66.9
24: Fairly satisfied	354	30.1	31.4		171	28.5	29.8		183	31.8	33.1	
25: Neither satisfied nor dissatisfied	219	18.6	19.4		121	20.1	21.1		98	17.0	17.7	
26: Fairly dissatisfied	82	7.0	7.3		34	5.6	5.9		48	8.4	8.7	
27: Very dissatisfied	85	7.3	7.6		48	8.0	8.4		37	6.5	6.7	
28: Not applicable/ don't know	21	1.8			11	1.9			9	1.6		
N/R	29	2.5			16	2.7			13	2.3		
Q6 To what extent do you agree or disagree with the following 'Berneslai Homes treats me fairly and with respect'?												
	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
29: Strongly agree	423	36.0	37.2	80.1	217	36.1	37.5	79.3	206	35.8	37.0	81.0
30: Agree	488	41.5	42.9		242	40.3	41.8		246	42.6	44.0	
31: Neither agree nor disagree	145	12.3	12.8		79	13.1	13.6		66	11.5	11.9	
32: Disagree	38	3.2	3.3		21	3.5	3.6		17	2.9	3.0	
33: Strongly disagree	43	3.7	3.8		21	3.4	3.6		23	3.9	4.1	
34: Not applicable/ don't know	8	0.7			6	1.1			2	0.3		
N/R	31	2.6			15	2.5			16	2.8		

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
Q7 Have you made a complaint to Berneslai Homes in the last 12 months?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
35: Yes	295	25.0	26.4		154	25.6	27.0		141	24.4	25.8	
36: No	822	69.9	73.6		416	69.4	73.0		405	70.4	74.2	
N/R	60	5.1			30	5.0			30	5.2		
Q8 How satisfied or dissatisfied are you with Berneslai Homes' approach to complaints handling?	<i>Base: 294</i>				<i>Base: 154</i>				<i>Base: 141</i>			
37: Very satisfied	55	4.7	18.9	43.4	31	5.1	20.0	43.2	24	4.2	17.6	43.7
38: Fairly satisfied	72	6.1	24.6		36	5.9	23.1		36	6.3	26.1	
39: Neither satisfied nor dissatisfied	47	4.0	15.9		26	4.4	17.0		20	3.5	14.6	
40: Fairly dissatisfied	60	5.1	20.4		25	4.2	16.2		35	6.0	25.0	
41: Very dissatisfied	60	5.1	20.3		36	6.1	23.6		23	4.0	16.7	
N/R	883	75.1			446	74.4			437	75.9		
Q9a That Berneslai Homes is easy to deal with	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
42: Very satisfied	496	42.2	44.2	80.3	252	42.1	44.1	79.2	244	42.3	44.2	81.4
43: Fairly satisfied	406	34.5	36.1		201	33.5	35.1		205	35.6	37.2	
44: Neither	107	9.1	9.5		57	9.4	9.9		51	8.8	9.2	
45: Fairly dissatisfied	62	5.2	5.5		38	6.3	6.6		24	4.1	4.3	
46: Very dissatisfied	53	4.5	4.7		25	4.2	4.4		28	4.8	5.1	
47: No opinion	8	0.7			5	0.8			3	0.6		
N/R	44	3.8			23	3.8			21	3.7		
Q9b The online services provided by Berneslai Homes	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
48: Very satisfied	301	25.6	34.5	68.8	164	27.3	37.1	72.6	137	23.7	31.8	64.9
49: Fairly satisfied	299	25.4	34.3		156	26.0	35.4		142	24.7	33.1	
50: Neither	171	14.5	19.6		78	13.0	17.7		93	16.2	21.7	
51: Fairly dissatisfied	36	3.0	4.1		14	2.3	3.1		22	3.8	5.1	
52: Very dissatisfied	65	5.6	7.5		30	4.9	6.7		36	6.2	8.3	
53: No opinion	160	13.6			85	14.2			75	13.0		
N/R	145	12.3			74	12.3			71	12.4		
Q10 Has Berneslai Homes carried out a repair to your home in the last 12 months?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
54: Yes	877	74.6	78.5		462	77.1	81.3		415	72.0	75.6	
55: No	240	20.4	21.5		106	17.7	18.7		134	23.2	24.4	
N/R	59	5.0			31	5.2			28	4.8		
Q11 How satisfied or dissatisfied are you with the overall repairs service from Berneslai Homes over the last 12 months?	<i>Base: 877</i>				<i>Base: 462</i>				<i>Base: 415</i>			
56: Very satisfied	446	37.9	51.1	76.3	236	39.3	51.0	74.1	210	36.5	51.2	78.7
57: Fairly satisfied	220	18.7	25.2		107	17.9	23.2		113	19.7	27.6	
58: Neither satisfied nor dissatisfied	74	6.3	8.5		40	6.7	8.6		34	6.0	8.3	
59: Fairly dissatisfied	61	5.2	7.0		31	5.2	6.7		30	5.2	7.3	
60: Very dissatisfied	72	6.1	8.2		49	8.1	10.5		23	4.0	5.6	
N/R	303	25.7			138	22.9			165	28.7		
Q12 How satisfied or dissatisfied are you with the time taken to complete your most recent repair after you reported it?	<i>Base: 877</i>				<i>Base: 462</i>				<i>Base: 415</i>			
61: Very satisfied	410	34.9	47.3	73.1	210	35.1	45.9	71.2	200	34.7	48.9	75.1
62: Fairly satisfied	224	19.0	25.8		116	19.4	25.3		108	18.7	26.3	
63: Neither satisfied nor dissatisfied	62	5.3	7.1		33	5.5	7.2		29	5.0	7.0	
64: Fairly dissatisfied	72	6.1	8.3		38	6.3	8.2		34	6.0	8.4	
65: Very dissatisfied	100	8.5	11.5		61	10.2	13.3		39	6.7	9.4	
N/R	308	26.2			141	23.6			167	28.9		

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
Q13 Do you live in a building with communal areas, either inside or outside, that Berneslai Homes is responsible for maintaining?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
66: Yes	280	23.8	25.4		147	24.6	26.2		133	23.0	24.4	
67: No	714	60.7	64.6		361	60.1	64.2		353	61.3	65.1	
68: Don't know	111	9.4	10.0		54	9.0	9.6		57	9.8	10.5	
N/R	72	6.1			38	6.4			34	5.8		
Q14 How satisfied or dissatisfied are you that Berneslai Homes keeps these communal areas clean and well maintained?	<i>Base: 280</i>				<i>Base: 147</i>				<i>Base: 133</i>			
69: Very satisfied	99	8.4	35.5	63.6	55	9.2	37.6	64.1	44	7.7	33.2	62.9
70: Fairly satisfied	78	6.7	28.0		39	6.5	26.5		39	6.8	29.7	
71: Neither satisfied nor dissatisfied	37	3.1	13.2		20	3.3	13.4		17	3.0	13.0	
72: Fairly dissatisfied	33	2.8	11.6		18	3.0	12.1		15	2.6	11.2	
73: Very dissatisfied	32	2.7	11.6		15	2.5	10.4		17	3.0	12.9	
N/R	897	76.3			454	75.6			443	77.0		
Q15 How satisfied or dissatisfied are you that Berneslai Homes makes a positive contribution to your neighbourhood?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
74: Very satisfied	270	23.0	25.6	58.9	144	24.0	27.3	56.5	126	21.9	23.8	61.2
75: Fairly satisfied	352	29.9	33.3		154	25.7	29.2		198	34.3	37.4	
76: Neither satisfied nor dissatisfied	270	22.9	25.5		139	23.1	26.3		131	22.7	24.8	
77: Fairly dissatisfied	81	6.9	7.7		50	8.3	9.4		32	5.5	6.0	
78: Very dissatisfied	84	7.1	7.9		41	6.9	7.8		43	7.4	8.1	
79: Not applicable/ don't know	74	6.3			47	7.8			27	4.8		
N/R	45	3.8			25	4.2			19	3.4		
Q16 How satisfied or dissatisfied are you with Berneslai Homes' approach to handling anti-social behaviour?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
80: Very satisfied	240	20.4	24.7	50.9	132	21.9	26.6	49.4	109	18.9	22.8	52.4
81: Fairly satisfied	254	21.6	26.1		113	18.8	22.8		141	24.5	29.6	
82: Neither satisfied nor dissatisfied	265	22.6	27.3		141	23.5	28.6		124	21.5	26.0	
83: Fairly dissatisfied	108	9.1	11.1		53	8.8	10.7		55	9.5	11.4	
84: Very dissatisfied	105	8.9	10.8		56	9.3	11.3		49	8.5	10.3	
85: Not applicable/ don't know	159	13.5			81	13.5			78	13.6		
N/R	45	3.8			25	4.2			20	3.5		
Q17 Are you or any household member's day to day activities limited due to a physical or mental health condition or illness which has lasted, or is expected to last, at least 12 months?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
86: Yes - limited a lot	403	34.3	36.2		223	37.2	39.2		180	31.3	33.0	
87: Yes - limited a little	310	26.3	27.8		156	26.0	27.5		153	26.6	28.1	
88: No	402	34.1	36.0		189	31.6	33.3		212	36.8	38.9	
N/R	62	5.3			31	5.2			30	5.3		
R17 Disability - simple	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
89: Yes	713	60.6	64.0		379	63.2	66.7		334	57.9	61.1	
90: No	402	34.1	36.0		189	31.6	33.3		212	36.8	38.9	
N/R	62	5.3			31	5.2			30	5.3		
Q18 Please tell us about the health condition(s) or illnesses, you or a member of your household have:	<i>Base: 713</i>				<i>Base: 379</i>				<i>Base: 334</i>			
91: Hearing impairment	125	10.7	17.8		63	10.6	16.9		62	10.8	18.8	
92: Speech impairment	16	1.4	2.3		9	1.5	2.4		8	1.3	2.3	
93: Mental health issues	356	30.2	50.5		192	32.0	51.3		164	28.4	49.6	
94: Visual impairment	85	7.2	12.0		46	7.6	12.2		39	6.8	11.8	
95: Mobility impairment	448	38.1	63.6		244	40.6	65.2		204	35.5	61.9	
96: Learning difficulties	100	8.5	14.3		44	7.3	11.8		56	9.8	17.1	
97: Other	111	9.4	15.8		67	11.1	17.9		44	7.7	13.4	
98: Prefer not to say	46	3.9	6.6		16	2.7	4.3		30	5.2	9.1	

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
N/R	472	40.1			226	37.7			246	42.7		
Q19 Are you happy for your identity and your contact details to be used to be entered into the free prize? It will be Berneslai Homes that will contact you if you are a winner.	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
99: Yes	960	81.6	85.6		484	80.6	84.5		476	82.7	86.8	
100: No	161	13.7	14.4		89	14.8	15.5		73	12.6	13.2	
N/R	55	4.7			28	4.6			27	4.7		
Q20 Your answers are currently confidential. It may be useful for your name to be attached to your responses and passed to Berneslai Homes. Would that be ok?	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
101: Yes: I agree for my name and contact details to be linked to	828	70.4	74.4		421	70.1	74.2		408	70.8	74.6	
102: No: I wish to remain anonymous	285	24.2	25.6		146	24.3	25.8		139	24.1	25.4	
N/R	63	5.3			33	5.5			29	5.1		
Q21 Are you happy for Berneslai Homes to contact you about your feedback, if Berneslai Homes wish to do so?	<i>Base: 828</i>				<i>Base: 421</i>				<i>Base: 408</i>			
103: Yes	739	62.9	90.1		383	63.8	91.8		356	61.9	88.4	
104: No	81	6.9	9.9		34	5.7	8.2		47	8.1	11.6	
N/R	356	30.3			183	30.5			173	30.0		
D101 Area	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
105: N1 - North East Area Neighbourhood Team	371	31.5	31.5		187	31.2	31.2		183	31.8	31.8	
106: N2 - South Area Neighbourhood Team	241	20.5	20.5		128	21.4	21.4		113	19.6	19.6	
107: N3 - Central Area Neighbourhood Team	289	24.6	24.6		148	24.7	24.7		141	24.5	24.5	
108: N4 - North Area Neighbourhood Team	275	23.4	23.4		136	22.7	22.7		139	24.1	24.1	
N/R	0	0.0			0	0.0			0	0.0		
D102 Ward	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
109: Aldham House	22	1.9	1.9		13	2.2	2.2		8	1.5	1.5	
110: Ardsley	5	0.5	0.5		2	0.4	0.4		3	0.6	0.6	
111: Athersley North	53	4.5	4.5		29	4.8	4.8		24	4.2	4.2	
112: Athersley South	29	2.5	2.5		11	1.8	1.8		18	3.2	3.2	
113: Barugh Green	6	0.5	0.5		3	0.4	0.4		3	0.6	0.6	
114: Bellbrooke	5	0.5	0.5		1	0.2	0.2		4	0.7	0.7	
115: Billingley	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
116: Birdwell	13	1.1	1.1		6	0.9	0.9		7	1.2	1.2	
117: Birkwood	4	0.3	0.3		4	0.6	0.6		0	0.0	0.0	
118: Blacker Hill	6	0.5	0.5		4	0.7	0.7		2	0.3	0.3	
119: Bolton On Dearne	31	2.6	2.6		19	3.1	3.1		12	2.1	2.1	
120: Brierley General	5	0.4	0.4		2	0.3	0.3		3	0.5	0.5	
121: Broadway	10	0.8	0.8		6	1.1	1.1		4	0.6	0.6	
122: Burton Grange	28	2.4	2.4		13	2.1	2.1		15	2.7	2.7	
123: Carlecotes	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
124: Carlton	9	0.7	0.7		7	1.1	1.1		2	0.3	0.3	
125: Cawthorne	7	0.6	0.6		5	0.8	0.8		2	0.3	0.3	
126: Cloughfields	13	1.1	1.1		8	1.4	1.4		5	0.8	0.8	
127: Copeland Road	39	3.3	3.3		19	3.2	3.2		19	3.3	3.3	
128: Cover Drive/Norville	5	0.4	0.4		1	0.1	0.1		4	0.8	0.8	
129: Crane Moor	1	0.1	0.1		1	0.2	0.2		0	0.0	0.0	
130: Crowedge	2	0.2	0.2		1	0.1	0.1		1	0.2	0.2	
131: Crown	10	0.8	0.8		5	0.8	0.8		5	0.8	0.8	
132: Cubley	5	0.4	0.4		2	0.3	0.3		3	0.5	0.5	
133: Cudworth General	9	0.7	0.7		3	0.5	0.5		6	1.0	1.0	
134: Cundy Cross	13	1.1	1.1		4	0.7	0.7		8	1.4	1.4	
135: Darton	13	1.1	1.1		5	0.8	0.8		8	1.4	1.4	
136: Dodworth	16	1.4	1.4		6	1.0	1.0		10	1.7	1.7	
137: Dunford Bridge	1	0.1	0.1		1	0.1	0.1		0	0.0	0.0	
138: Elsecar	17	1.4	1.4		4	0.7	0.7		12	2.2	2.2	

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
139: Firth Avenue	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
140: Gawber (Darton West Ward)	2	0.2	0.2		2	0.3	0.3		0	0.0	0.0	
141: Gawber (Old Town Ward)	4	0.3	0.3		3	0.5	0.5		1	0.2	0.2	
142: Gawber(Dodworth Ward)	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
143: Gilroyd	17	1.5	1.5		7	1.2	1.2		10	1.7	1.7	
144: Goldthorpe	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
145: Goldthorpe (Dearne North Ward)	12	1.0	1.0		8	1.3	1.3		4	0.6	0.6	
146: Goldthorpe (Dearne South Ward)	18	1.5	1.5		10	1.7	1.7		8	1.3	1.3	
147: Great Houghton	8	0.7	0.7		5	0.9	0.9		3	0.5	0.5	
148: Green View	3	0.2	0.2		0	0.0	0.0		3	0.5	0.5	
149: Grimethorpe General	16	1.3	1.3		12	1.9	1.9		4	0.7	0.7	
150: Hemmingfield	5	0.4	0.4		4	0.7	0.7		1	0.2	0.2	
151: High Hoyland	3	0.3	0.3		3	0.6	0.6		0	0.0	0.0	
152: Higham	1	0.1	0.1		1	0.2	0.2		0	0.0	0.0	
153: Highgate	1	0.1	0.1		1	0.1	0.1		0	0.0	0.0	
154: Honeywell	24	2.0	2.0		15	2.4	2.4		10	1.6	1.6	
155: Honeywell(Central Ward)	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
156: Hood Green	1	0.1	0.1		0	0.0	0.0		1	0.1	0.1	
157: Hoyland Central (Milton Ward)	10	0.9	0.9		8	1.3	1.3		3	0.5	0.5	
158: Hoyland Central (Rockingham Ward)	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
159: Hoyland Common	28	2.4	2.4		20	3.4	3.4		8	1.3	1.3	
160: Hoyland St Peter'S(Milton Ward)	3	0.2	0.2		2	0.3	0.3		1	0.2	0.2	
161: Hoyland St Peter'S(Rockingham Ward)	11	0.9	0.9		3	0.4	0.4		9	1.5	1.5	
162: Hoylandswaine	1	0.1	0.1		1	0.1	0.1		0	0.0	0.0	
163: Ingbirchworth	2	0.1	0.1		0	0.0	0.0		2	0.3	0.3	
164: Jump	8	0.7	0.7		5	0.8	0.8		4	0.6	0.6	
165: Jump Farm	6	0.5	0.5		3	0.4	0.4		3	0.6	0.6	
166: Kendray	43	3.7	3.7		24	4.0	4.0		20	3.4	3.4	
167: Kexborough	18	1.6	1.6		5	0.8	0.8		13	2.3	2.3	
168: Kings Road	15	1.2	1.2		8	1.3	1.3		7	1.2	1.2	
169: Kingstone	15	1.3	1.3		7	1.2	1.2		8	1.4	1.4	
170: Little Houghton	6	0.5	0.5		3	0.5	0.5		3	0.6	0.6	
171: Lundwood	22	1.8	1.8		6	1.0	1.0		15	2.7	2.7	
172: Manor Crescent	1	0.1	0.1		0	0.0	0.0		1	0.2	0.2	
173: Manor View And Bleak	2	0.1	0.1		2	0.3	0.3		0	0.0	0.0	
174: Mapplewell	1	0.1	0.1		1	0.2	0.2		0	0.0	0.0	
175: Marran Avenue	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
176: Milefield	9	0.8	0.8		4	0.6	0.6		6	1.0	1.0	
177: Millhouse	4	0.4	0.4		1	0.1	0.1		4	0.6	0.6	
178: Monk Bretton	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
179: Monk Bretton (Cudworth Ward)	2	0.2	0.2		2	0.3	0.3		1	0.1	0.1	
180: Monk Bretton (Monk Bretton Ward)	25	2.1	2.1		12	1.9	1.9		14	2.4	2.4	
181: Morrison Road	11	0.9	0.9		7	1.2	1.2		4	0.7	0.7	
182: New Lodge	21	1.8	1.8		12	2.1	2.1		8	1.5	1.5	
183: Newlands	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
184: Newtown	1	0.1	0.1		0	0.0	0.0		1	0.1	0.1	
185: North Street	10	0.8	0.8		5	0.8	0.8		5	0.8	0.8	
186: Overdale	2	0.1	0.1		0	0.0	0.0		2	0.3	0.3	
187: Oxspring	3	0.3	0.3		1	0.1	0.1		3	0.5	0.5	
188: Park And Beech	2	0.2	0.2		2	0.4	0.4		0	0.0	0.0	
189: Park-Brierley	1	0.1	0.1		1	0.1	0.1		0	0.0	0.0	
190: Park-Grimethorpe	4	0.3	0.3		1	0.1	0.1		3	0.5	0.5	
191: Penistone	20	1.7	1.7		10	1.6	1.6		10	1.8	1.8	
192: Pilley/Tankersley/Wortley	6	0.5	0.5		1	0.2	0.2		5	0.9	0.9	
193: Platts Common	2	0.2	0.2		1	0.2	0.2		1	0.2	0.2	
194: Redbrook	2	0.1	0.1		0	0.0	0.0		2	0.3	0.3	
195: Regina	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	
196: Rosetree	10	0.8	0.8		8	1.3	1.3		2	0.3	0.3	
197: Royston	65	5.5	5.5		31	5.2	5.2		34	5.8	5.8	
198: Shafton General	9	0.8	0.8		4	0.6	0.6		6	1.0	1.0	
199: Silkstone	8	0.7	0.7		6	1.0	1.0		2	0.3	0.3	
200: Silkstone Common	3	0.2	0.2		2	0.3	0.3		1	0.2	0.2	
201: Smithies (Monk Bretton Ward)	7	0.6	0.6		3	0.5	0.5		4	0.7	0.7	
202: Smithies (Old Town Ward)	0	0.0	0.0		0	0.0	0.0		0	0.0	0.0	

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
203: Smithies (St. Helens Ward)	1	0.0	0.0		1	0.1	0.1		0	0.0	0.0	
204: Staincross	15	1.3	1.3		7	1.2	1.2		8	1.4	1.4	
205: Thurgoland	7	0.6	0.6		2	0.3	0.3		6	1.0	1.0	
206: Thurlstone	3	0.3	0.3		3	0.5	0.5		0	0.0	0.0	
207: Thurnscoe	50	4.2	4.2		24	4.0	4.0		26	4.5	4.5	
208: Town	1	0.1	0.1		1	0.2	0.2		0	0.0	0.0	
209: Town (Central Ward)	29	2.4	2.4		15	2.5	2.5		14	2.4	2.4	
210: Town (Kingstone Ward)	27	2.3	2.3		10	1.7	1.7		17	2.9	2.9	
211: Town (Old Town Ward)	4	0.3	0.3		2	0.3	0.3		2	0.3	0.3	
212: Upperwood	15	1.2	1.2		10	1.6	1.6		5	0.9	0.9	
213: Ward Green	14	1.2	1.2		8	1.3	1.3		7	1.2	1.2	
214: Wilson Street	14	1.2	1.2		8	1.3	1.3		6	1.1	1.1	
215: Wilthorpe	5	0.4	0.4		2	0.4	0.4		2	0.4	0.4	
216: Worsborough Bridge	30	2.5	2.5		16	2.7	2.7		14	2.4	2.4	
217: Worsborough Common	23	1.9	1.9		16	2.7	2.7		6	1.1	1.1	
218: Worsborough Dale	36	3.0	3.0		15	2.5	2.5		21	3.6	3.6	
N/R	0	0.0			0	0.0			0	0.0		
D103 Property type	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
219: Bedsit	5	0.4	0.4		3	0.6	0.6		2	0.3	0.3	
220: Bungalow	301	25.6	25.6		153	25.5	25.5		148	25.7	25.7	
221: Flat	200	17.0	17.0		102	17.0	17.0		98	16.9	16.9	
222: House	671	57.0	57.0		342	57.0	57.0		329	57.1	57.1	
N/R	0	0.0			0	0.0			0	0.0		
D104 Length of tenancy	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
223: Under 1 year	108	9.2	9.2		60	10.0	10.0		48	8.3	8.3	
224: 1 - 2 years	141	12.0	12.0		76	12.7	12.7		64	11.2	11.2	
225: 3 - 5 years	199	16.9	16.9		105	17.4	17.4		95	16.4	16.4	
226: 6 - 10 years	222	18.8	18.8		109	18.2	18.2		113	19.6	19.6	
227: 11 - 20 years	243	20.7	20.7		120	20.0	20.0		123	21.4	21.4	
228: 21 years and over	263	22.4	22.4		130	21.7	21.7		133	23.1	23.1	
N/R	0	0.0			0	0.0			0	0.0		
D105 Repairs contractor	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
229: In House	782	66.5	66.9		385	64.2	64.7		396	68.8	69.1	
230: Wates	387	32.9	33.1		210	35.0	35.3		177	30.7	30.9	
N/R	8	0.7			5	0.8			3	0.5		
D106 Pay a service charge	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
231: Yes	104	8.8	8.8		57	9.5	9.5		47	8.1	8.2	
232: No	1069	90.9	91.2		543	90.5	90.5		526	91.4	91.8	
N/R	3	0.3			0	0.0			3	0.5		
D107 Age group	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
233: 16 - 24 years	23	2.0	2.0		12	2.0	2.0		11	2.0	2.0	
234: 25 - 34 years	131	11.1	11.2		66	11.1	11.1		65	11.2	11.3	
235: 35 - 44 years	198	16.8	17.0		101	16.8	16.9		97	16.9	17.1	
236: 45 - 54 years	188	16.0	16.2		96	16.1	16.2		92	15.9	16.1	
237: 55 - 64 years	234	19.9	20.1		121	20.1	20.3		114	19.7	19.9	
238: 65 - 74 years	198	16.9	17.0		101	16.8	16.9		98	16.9	17.1	
239: 75 - 84 years	143	12.1	12.2		73	12.1	12.2		70	12.1	12.3	
240: 85 years and over	50	4.3	4.3		26	4.3	4.3		24	4.2	4.2	
N/R	11	0.9			5	0.9			6	1.0		
D108 Age group [summary]	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
241: 18-34	154	13.1	13.2		78	13.0	13.1		76	13.2	13.3	
242: 35-49	278	23.6	23.8		143	23.8	24.0		135	23.5	23.7	

Appendix C. Data summary

	Full sample				Wave 1				Wave 2			
	Weight by age, property & area				Weight by age, property & area				Weight by age, property & area			
	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve	Count	% raw	% valid	% +ve
243: 50-64	343	29.1	29.4		175	29.2	29.4		168	29.1	29.4	
244: 65+	391	33.2	33.5		199	33.2	33.5		192	33.3	33.6	
N/R	11	0.9			5	0.9			6	1.0		
D109 Ethnic background	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
245: White British	999	84.9	92.2		507	84.6	92.7		492	85.4	91.7	
246: Racially and ethnically diverse	84	7.2	7.8		40	6.7	7.3		44	7.7	8.3	
N/R	93	7.9			53	8.8			40	6.9		
D110 Stock type	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
247: General needs	1168	99.3	99.3		595.1	99.2	99.2		573	99.5	99.5	
248: Temporary	8	0.7	0.7		4.9	0.8	0.8		3	0.5	0.5	
N/R	0	0.0			0	0.0			0	0.0		
D111 Wave	<i>Base: 1176</i>				<i>Base: 600</i>				<i>Base: 576</i>			
249: Wave 1	600	51.0	51.0		600	100.0	100.0		0	0.0	0.0	
250: Wave 2	576	49.0	49.0		0	0.0	0.0		576	100.0	100.0	
N/R	0	0.0			0	0.0			0	0.0		



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Appendix C

TSM Perception Measures	2024/25		2025/26		Housemark 2025/26 Mid Year		2026/27 Draft Target	Green (tolerance)	Amber (tolerance)	Red (tolerance)
	Result	Target	Result	Target	Peer Group Median	Peer Group Upper Quartile				
TP01: overall satisfaction	75.2%	77.0%	77.0%	75.9%	72.7%	76.3%	79.0%	79.0%	>/74.0%	<74.0%
TP02: satisfaction with repairs	74.4%	76.0%	76.3%	75.4%	75.6%	79.8%	77.3%	77.3%	>/72.3%	<72.3%
TP03: satisfaction with time taken most recent repair	67.5%	76.0%	73.1%	69.0%	73.1%	77.6%	74.1%	74.1%	>/69.1%	<69.1%
TP04: well maintained home	70.7%	74.0%	72.1%	70.9%	73.5%	75.5%	73.1%	73.1%	>/68.1%	<68.1%
TP05: home is safe	71.5%	77.0%	73.0%	73.5%	79.1%	80.4%	75.5%	75.5%	>/70.5%	<70.5%
TP06: listening to tenants	62.3%	61.0%	65.2%	65.0%	62.2%	67.2%	67.2%	67.2%	>/62.2%	<62.2%
TP07: keeping tenants informed	62.5%	68.0%	65.7%	66.5%	71.0%	74.8%	67.7%	67.7%	>/62.7%	<62.7%
TP08: treating tenants fairly	77.9%	81.0%	80.1%	80.9%	78.2%	82.6%	82.1%	82.1%	>/77.1%	<77.1%
TP09: handling complaints	44.5%	43.0%	43.4%	45.0%	32.9%	35.9%	45.0%	45.0%	>/40.0%	<40.0%
TP10: satisfaction with communal areas	61.7%	66.0%	63.3%	63.9%	64.1%	69.0%	64.9%	64.9%	>/59.9%	<59.9%
TP11: positive contribution to neighbourhoods	55.0%	64.0%	58.9%	59.8%	60.5%	69.7%	61.0%	61.0%	>/56.0%	<56.0%
TP12: handling ASB	47.6%	55.0%	50.9%	55.0%	54.2%	61.3%	55.0%	55.0%	>/50.0%	<50.0%

TSM Management Measures	2024/25		2025/26		Housemark 2025/26 Mid Year		2026/27 Draft Target	Green (tolerance)	Amber (tolerance)	Red (tolerance)
	Result	Target	Result Q2	Target	Peer Group Median	Peer Group Upper Quartile				
BS01: gas safety checks	100%	100%	100%	100%	99.9%	100.0%	100%	100%	-	Less than 100%
BS02: fire risk assessments	100%	100%	100%	100%	100.0%	100.0%	100%	100%	-	Less than 100%
BS03: asbestos management	100%	100%	98.3%	100%	100.0%	100.0%	100%	100%	-	Less than 100%
BS04: legionella risk assessments	100%	100%	100%	100%	100.0%	100.0%	100%	100%	-	Less than 100%
BS05: lift safety checks	100%	100%	100%	100%	100.0%	100.0%	100%	100%	-	Less than 100%
RP01 Decent Homes Standard	0.2%	0%	1.40%	0%	3.5%	1.9%	0%	0%	-	Greater than 0%
RP02 1 non-emergency repairs	85.7%	96.0%	91.2%	86.0%	80.5%	91.4%	90%	90%	>/85%	Less than 85%
RP02 2 emergency repairs	89.1%	99.0%	96.8%	92.0%	97.1%	99.4%	97%	97%	>/92%	Less than 92%
NM01 ASB cases per 1,000 properties	35.0	In line with peer group median	18.8	In line with peer group median	35.0 Q2		In line with peer group median	In line with peer group median	-	Above peer group upper quartile or below lower quartile
NM01 2 hate related ASB per 1,000 properties	0.7	In line with peer group median	0.4	In line with peer group median	0.9 Q2		In line with peer group median	In line with peer group median	-	Above peer group upper quartile or below lower quartile
CH01 1 stage one complaints per 1,000 properties	43.1	In line with peer group median	29.7	In line with peer group median	21.8 Q2		In line with peer group median	In line with peer group median	-	Above peer group upper quartile or below lower quartile
CH01 2 stage two complaints per 1,000 properties	10.2	In line with peer group median	7.4	In line with peer group median	4.5 Q2		In line with peer group median	In line with peer group median	-	Above peer group upper quartile or below lower quartile
CH02 1 stage one complaints completed in target timescale	93.0%	100%	97.0%	100%	80.5%	96.3%	100%	100%	95-99.99%	Less than 95%
CH02 2 stage two complaints completed in target timescale	97.9%	100%	100%	100%	86.7%	99.0%	100%	100%	95-99.99%	Less than 95%

	2024/25		2025/26		Housemark 2024/25		2026/27 Draft Target	Green (tolerance)	Amber (tolerance)	Red (tolerance)
	Result	Target	Q2 Result	Target	Peer Group Median	Peer Group Upper Quartile				
Council Pulse										
BH1: Void rent loss	1.86%	1.05%	1.83%	1.50%	1.28%	0.97%	1.50%	1.5% or less	1.51% to 1.6%	Greater than 1.6%
BH2: Rent collected as a proportion of rents owed on HRA dwellings	100.5%	97.0%	100.2%	98%	100.2%	100.5%	99%	99% or greater	97% to 98.99%	Less than 97%
BH3: Proportion of apprentices in workforce	3.6%	4.0%	3.7%	3.5%	N/A		suggest removal as monitored through PRIP			
BH4: To spend influenceable funds locally supporting the Barnsley economy	68%	60%	67%	60%	N/A		65%	65%	60 - 64.9%	Less than 60%
BH5: Percentage of Properties with an EPC C or above	43.1%	45%	44.2%	50%	66.6%	80.9%	45%	45%	40 - 44.9%	Less than 40%
BH6: Mtg Fee Efficiency target as part of annual VFM report	Achieved	1%	Achieved	1%	N/A		suggest removal			
NEW: Electrical Safety	New				N/A		100%	100%	-	Less than 100%

Report Title	2025/26 Q4 PRIP Performance Report - Summary	Confidential	No
Report Author	Anthony Spencer	Report Status	For Assurance
Report To	Board	Officer Contact Details	anthonyspencer@berneslaihomes.co.uk

1. Executive Summary	<p>1.1 This report outlines Quarter 4 performance under the Property Repairs Improvement Partnership, delivered by Berneslai Homes' Property Services Repairs Team and Wates Living.</p> <p>1.2 Core service delivery remains stable, with continued strength in statutory compliance, repairs delivery, and void management, alongside ongoing improvements in the customer experience.</p> <p>1.3 A small number of areas remain below expected standards, particularly in relation to customer satisfaction, subcontracting, and environmental performance, and will require sustained management focus</p> <p>1.4 Robust governance arrangements are in place, ensuring performance is actively monitored and improvement actions are progressing, providing assurance that underperformance is being effectively managed.</p>
2. Recommendation/s	<p>That the Board</p> <p>a) Consider Q4 2025/26 PRIP Performance Report update summary report.</p> <p>b) Endorse the controls and actions put in place to address non achievement of performance targets</p> <p>c) Identify any areas where more detailed consideration is required by Customer Services Committee.</p>

3. Background

- 3.1 The Property Repairs Improvement Partnership (PRIP) contract delivers repairs and maintenance services to the Council's 18,000 homes.
- 3.2 Under the terms of the Services Agreement, Berneslai Homes is delegated responsibility for the operational delivery and management of the contract.
- 3.3 Berneslai Homes Property Services Repairs Team and Wates Living operate on a two-thirds and one-third geographical split respectively for works across the Borough.
- 3.4 A robust PRIP performance framework is established within the contract for the monitoring and management of contract partners and the effective delivery of services.
- 3.5 The framework includes an agreed contractual suite of KPIs that are measured and reported quarterly, providing assurance through measurable performance outputs, supporting the identification of risks and evidencing progress against strategic objectives.
- 3.6 The PRIP performance report also includes social value and sustainability measures, reflecting wider benefits to individuals and communities locally beyond the direct outputs of contracted service delivery.

4. Current Position / Issues for Consideration

- 4.1 The PRIP Performance Report is produced by the Council's Strategic Contract Management Team and is attached as an appendix.
- 4.2 At the end of Quarter 4, the following results were achieved.

PARTNER	GREEN Indicators	RED Indicators
Property Services	9 (60%)	6 (40%)
Wates	12 (80%)	3 (20%)
Combined	21 (70%)	9 (30%)

- 4.3 Compared with the Quarter 3 position reported previously, PSRT ended Quarter 4 with nine KPIs on target, down from 11 in the previous quarter. Wates remained at 12 KPIs on target. Wates has therefore maintained the stronger overall position through the second half of the year, while PSRT has seen some year-end slippage in a small number of measures.

- 4.4** Both partners have continued to perform well in a number of core service areas. Jobs completed on time remain strong across all repair categories, gas safety compliance has been maintained, adaptations continue to be delivered within target timescales, and void turnaround remains a positive area for both partners. Wates has sustained good performance against the Barnsley Pound measure, while PSRT has improved its tenant satisfaction position in Quarter 4 to 94.88%, bringing it close to target.
- 4.5** The principal areas requiring continued attention are tenant satisfaction with responsive repairs for Wates, subcontracting levels, recycled waste performance and the Barnsley Pound position for PSRT. Wates has improved slightly on tenant satisfaction since Quarter 3 but remains below target at 75.58%. PSRT has also improved on customer satisfaction and is now only marginally below target. Subcontracting has increased for PSRT in Quarter 4 and remains above target for Wates, while both partners continue to fall short of the recycled waste target.
- 4.6** At year end, both contract partners remain below the recycled waste target of 96%. Wates continues to exceed the subcontracting threshold, and PSRT moved above target in Quarter 4 following greater use of subcontractors to respond to demand pressures and major void activity. This has in turn affected PSRT's year-end position against the Barnsley Pound measure.
- 4.7** KPI 1 – Appointments Kept remains below target for PSRT, although there has been further improvement in Quarter 4 when compared with Quarter 3. In most cases, operatives attended on the correct day but arrived outside the booked appointment window. Work is continuing to tighten scheduling, improve call-ahead arrangements and make better use of dynamic resourcing.
- 4.8** KPI 7 – Tenant Satisfaction with Repairs remains an area of focus. PSRT has improved in Quarter 4 and is now very close to target, reflecting ongoing work to strengthen the customer journey and respond to feedback. Wates has also seen a small improvement since Quarter 3, but performance remains below target and will require sustained management attention.
- 4.9** The full PRIP Performance Report, attached as an appendix, sets out the detailed partner commentary and the actions in place to address those areas where performance remains below target.
- 4.10** In relation to social value, both contract partners continue to make a positive contribution through apprenticeships, local supply chain activity and wider community benefit. As in earlier quarters, some measures, particularly school engagement, remain more difficult to achieve and may require review as part of the KPI reset for the new financial year.
- 4.11** KPI 10 – Recycled Waste remains challenging for both contract partners. Year-end performance is below target and continues to be influenced by the type and volume of waste generated through void works and property clearances. Both partners have indicated that the current target may require review to ensure that it remains both ambitious and achievable.

- 4.12** The Board can be assured that performance continues to be monitored through the PRIP contractual framework, with areas of underperformance managed through action plans and routine contract management arrangements.
- 5. Customer Voice / Impact**
- 5.1** Customer impact is reflected through the reliability and quality of repairs, the timeliness of appointments, the turnaround of void properties and customer satisfaction with completed works. The Quarter 4 position indicates that core service delivery has remained stable overall, with continued strength in statutory compliance and operational delivery however, customer satisfaction and consistency of service remain key areas for continued improvement, particularly where performance has remained below target at year end.
- 6. Risk and Risk Appetite**
- 6.1** The principal risks arising from the year-end position relate to sustained underperformance in a small number of KPIs, customer dissatisfaction, reputational impact and the potential for operational pressures to affect delivery of contractual and strategic objectives. These risks continue to be managed through established PRIP governance arrangements, routine performance challenge, corrective action plans and regular contract management meetings with both partners.
- 7. Strategic Alignment**
- 7.1** This report supports the organisation's priorities of keeping tenants safe and warm, listening and responding to customers, and increasing efficiency and effectiveness. It provides year-end assurance on the performance of the PRIP arrangements and demonstrates how performance oversight, challenge and improvement activity are supporting delivery of safe, responsive and value for money repairs services.
- 8. Data Privacy**
- 8.1** None arising directly from this report.
- 9. Consumer Regulatory Standards**
- 9.1** This report is aligned primarily to the Safety and Quality Standard and the Transparency, Influence and Accountability Standard. It provides assurance regarding the quality and effectiveness of repairs delivery, the monitoring of contractor performance and the governance arrangements in place to identify and address areas of underperformance.
- 10. Other Statutory / Regulatory Compliance**
- 10.1** The report supports assurance in relation to the governance and oversight of contracted repairs and maintenance activity and the discharge of wider landlord responsibilities. No additional statutory or regulatory issues arise directly from the content of this summary report.

11. Financial

- 11.1** No additional financial approval is sought through this report. The year-end performance position nevertheless has a direct bearing on value for money, as sustained underperformance in areas such as subcontracting, recycled waste and customer satisfaction may affect operational efficiency, service costs and social value outcomes. These matters will continue to be monitored through the contract management framework during 2026/27.

12. Human Resources and Equality, Diversity and Inclusion

- 12.1** The PRIP Contract relies on sustained focus from teams and partners.

13. Sustainability Implications

- 13.1** This report has relevance to the organisation's sustainability objectives through the monitoring of recycled waste, local social value delivery and the wider environmental performance of the PRIP arrangements.

14. Associated Background Papers

- 14.1** 2025/26 Quarter 4 PRIP Performance Report and previous quarterly PRIP performance reports considered during the 2025/26 municipal year.

15. Appendices

- 15.1** Appendix 1 – 2025/26 Quarter 4 PRIP Performance Report.

16. Glossary

16.1 PRIP – Property Repairs Improvement Partnership

16.2 PSRT – Property Services Repairs Team

16.3 KPI – Key Performance Indicator

16.4 Barnsley Pound – the measure of local economic and social value retained within the Borough through contract delivery.



BARNESLAI
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PRIP Performance Dashboard 2025/26 Quarter 4



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1 - SUMMARY OF RESULTS

This is the fourth quarterly report for 2025/26 produced by BMBC’s Strategic Contract Management Team. The report provides a concise display of performance against the agreed suite of KPIs.

By end of Quarter 4, the following results were achieved for the 2025/26 financial year

PARTNER	GREEN	RED
PROPERTY SERVICES REPAIRS	9 (60%)	6 (40%)
WATES	12 (80%)	3 (20%)
COMBINED	21 (70%)	9 (30%)

2 - COMBINED KPI PERFORMANCE

COMBINED KPI PERFORMANCE				
<p>KPI 1</p> <p>% Of Appointments Kept</p> <p>Target 99.10% Performance 97.58%</p>	<p>KPI 2A</p> <p>% of jobs completed on time 24 hours</p> <p>Target 99.50% Performance 99.61%</p>	<p>KPI 2B</p> <p>% of jobs completed on time 7 days</p> <p>Target 99.50% Performance 99.98%</p>	<p>KPI 2C</p> <p>% of jobs completed on time 7 days</p> <p>Target 99.50% Performance 99.75%</p>	<p>KPI 2D</p> <p>% of jobs completed on time 25 days</p> <p>Target 99.50% Performance 99.70%</p>
<p>KPI 3</p> <p>Voids Turnaround time</p> <p>Target 9 days Performance 7.67 days</p>	<p>KPI 4</p> <p>Sub-contracting % value</p> <p>Target 25% Performance 30.45%</p>	<p>KPI 5</p> <p>Reportable accidents</p> <p>Target 0 Performance: 1</p>	<p>KPI 6</p> <p>Gas Safety checks</p> <p>Target 100% Performance 100%</p>	<p>KPI 7</p> <p>Overall % customer satisfaction</p> <p>Target 95% Performance 85.23%</p>
<p>KPI 8</p> <p>Major adaptations</p> <p>Target 28 days Performance 19.55 days</p>	<p>KPI 9</p> <p>Barnsley Pound</p> <p>Target 75% Performance 74.53%</p>	<p>KPI 10</p> <p>% of recycled waste</p> <p>Target 96% Performance 94.42%</p>	<p>KPI 11</p> <p>Guaranteed Minimum Price</p> <p>Target 100% Performance 100%</p>	<p>KPI 12</p> <p>Minor adaptations</p> <p>Target 7 days Performance 5.73 days</p>

3 - PROPERTY SERVICES DASHBOARD

Property Services Repairs Team			Q1		Q2		Q3		Q4	
KPI	Definition	2025/26 Target	Performance	Trend	Performance	Trend	Performance	Trend	Performance	Trend
KPI 1	Percentage of appointments kept out of total appointments made	99.10%	89%	↑	94.07%	↑	95.37%	↑	95.80%	↑
KPI 2A	Percentage of 24-hour responsive jobs completed on time	99.50%	100%	↑	99.68%	↑	99.91%	↑	99.63%	↓
KPI 2B	Percentage of 3-day responsive jobs completed on time	99.50%	100%	↑	99.35%	↓	100%	↑	100%	↔
KPI 2C	Percentage of 7-day responsive jobs completed on time	99.50%	100%	↑	98.98%	↓	99.91%	↑	99.94%	↑
KPI 2D	Percentage of 25-day responsive jobs completed on time	99.50%	100%	↑	99.57%	↓	99.92%	↑	99.85%	↓
KPI 3	Routine voids turn round time	9 days	6.8 days	↑	7.06 days	↓	7.13 days	↓	6.86	↑
KPI 4	Subcontracting as a % of contract value	25%	21.38%	↑	23.75%	↓	24.97%	↑	26.96%	↓
KPI 5	Number of reportable accidents per 100 FTE employees	0 Nr	0	↔	3	↓	0	↑	2	↓
KPI 6	Percentage of properties with a current gas Compliance Certificate	100%	100%	↔	100.00%	↔	100%	↔	100%	↔
KPI 7	Tenant Satisfaction Responsive Repairs	95%	87%	↑	87.66%	↓	88.17%	↑	94.88%	↑
KPI 8	Major adaptations - time from order to completion	28 days	22.44 days	↑	19.63 days	↑	15.76 days	↑	16.19 days	↓
KPI 9	Barnsley Pound	75%	76.27%	↑	70.94%	↓	68.79%	↓	68.32%	↓
KPI 10	Percentage Recycled Waste	96%	94.28%	↓	94.09%	↓	93.89%	↓	93.31%	↓
KPI 11	Agreement of individual Guaranteed Maximum Price (GMP) for Planned/Capital Improvement Works.	100%	100%	↑	100.00%	↔	100%	↔	100%	↔
KPI 12	Minor Adaptation - time from order to completion	7 days	6.89 days		5.85 days	↑	5.97 days	↑	6.09 days	↓

4 - WATES DASHBOARD

WATES			Q1		Q2		Q3		Q4	
	Definition	2025/26 Target	Performance	Trend	Performance	Trend	Performance	Trend	Performance	Trend
KPI 1	Percentage of appointments kept out of total appointments made	99.10%	99%	↓	99.35%	↑	99.30%	↓	99.36%	↑
KPI 2A	Percentage of 24-hour responsive jobs completed on time	99.50%	100%	↓	99.59%	↓	99.61%	↑	99.59%	↓
KPI 2B	Percentage of 3-day responsive jobs completed on time	99.50%	100%	↑	99.89%	↓	99.93%	↑	99.95%	↑
KPI 2C	Percentage of 7-day responsive jobs completed on time	99.50%	100%	↑	99.54%	↔	99.54%	↔	99.55%	↑
KPI 2D	Percentage of 25-day responsive jobs completed on time	99.50%	100%	↓	99.55%	↑	99.54%	↔	99.54%	↔
KPI 3	Routine voids turn round time	9 days	7.83 days	↓	8.15 days	↓	8.38 days	↑	8.48 days	↓
KPI 4	Subcontracting as a % of contract value	25%	30.74%	↑	33.58%	↓	33.64%	↑	33.94%	↓
KPI 5	Number of reportable accidents per 100 FTE employees	0 Nr	0	↑	0	↔	0	↔	0	↔
KPI 6	Percentage of properties with a current gas Compliance Certificate	100%	100%	↔	100.00%	↔	100%	↔	100%	↔
KPI 7	Tenant Satisfaction Responsive Repairs	95%	63%	↓	83.01%	↑	73.75%	↓	75.58%	↓
KPI 8	Major adaptations - time from order to completion	28 days	21.65 days	↓	22.18 days	↑	22.13 days	↓	22.90 days	↓
KPI 9	Barnsley Pound	75%	80.07%	↓	80.10%	↑	80.36%	↑	80.74%	↑
KPI 10	Percentage Recycled Waste	96%	94.29%	↓	95.33%	↑	94.79%		95.53%	↓
KPI 11	Agreement of individual Guaranteed Maximum Price (GMP) for Planned/Capital Improvement Works.	100%	100%	↑	100.00%	↔	100%	↔	100%	↔
KPI 12	Minor Adaptation - time from order to completion	7 days	5.7 days		5.56 days	↑	5.61 days	↑	5.37 ays	↓

5 - OVERALL WORKS VOLUMES

	Definition	Target	PSRT		Wates	
			Volume	Performance	Volume	Performance
KPI 1	Percentage of appointments kept out of total appointments made	99.10%	12,191	11,679	8,264	8,211
KPI 2A	Percentage of 24-hour responsive jobs completed on time	99.50%	8,881	8,848	6,824	6,796
KPI 2B	Percentage of 3-day responsive jobs completed on time	99.50%	2,258	2,258	2,145	2,144
KPI 2C	Percentage of 7-day responsive jobs completed on time	99.50%	4,863	4,860	4,836	4,814
KPI 2D	Percentage of 25-day responsive jobs completed on time	99.50%	9,589	9,575	7,839	7,803
KPI 3	Routine voids turn round time	9 days	253 Properties	1,736 Days	143 Properties	1,212 Days
KPI 4	Subcontracting as a % of contract value	25%	£21.69m	£5.84m	£14m	£4.7m
KPI 5	Number of reportable accidents per 100 FTE employees	0 Nr	204.06 FTE	1	80.57 FTE	0
KPI 6	Percentage of properties with a current gas compliance certificate	100%	10,714	10,714	5,022	5,022
KPI 7	Tenant Satisfaction Responsive Repairs	95%	344	260	723	686
KPI 8	Major adaptations - time from order to completion	28 days	237 Properties	3836 Days	146 Properties	3,343 Days
KPI 9	Barnsley Pound	75%	£11.87m	£8.1m	£7.34m	£6.26m
KPI 10	Percentage Recycled Waste	96%	1,032.5 Tonnes	963.4 Tonnes	678.06 Tonnes	640.96 Tonnes
KPI 11	Agreement of individual Guaranteed Maximum Price (GMP) for Planned/Capital Improvement Works.	100%	7	7	4	4
KPI 12	Minor Adaptations - time from order to completion	7 days	441 Properties	2,684 Days	295 Properties	1,583 Days

6 – PARTNER COMMENTARY - PSRT

Whilst we always strive to achieve all the suite of KPIs we have failed 6 this quarter. Property Services repairs team will always endeavour to reach a high level of performance across the PRIP contract with a focus on the customer and delivery of repairs and maintenance to a high standard. Whilst we are disappointed in the 6 failures, we include narratives in separate tabs to give explanations of the elements.

KPI 1

Although slightly below the target, this has seen an improvement on all previous quarters. The bulk of failed jobs are within a couple of minutes either side of the actual appointment time. All appointments raised have been attended by our operatives on the appointment date. We will continue to check their work order times to ensure they accept the work at the allocated times.

KPI 4 & KPI 9

Sub-contractors provide additional capacity when in-house workloads are at full capacity or to provide specialist services which cannot be provided in-house.

The total spend within the borough of Barnsley is directly affected by use of Sub-contractors; who are awarded contracts based on the 2015 Procurement Regulations / Procurement Act 2023; and are based outside of the borough. The recent increase in demand on major void works has increased our sub-contractor spend from quarter 3 onwards, this has had an impact on both KPI 4 and 9 - Whilst we have performed and met KPI 4 throughout the first 3 quarters our overall spend has taken us just over the target in quarter 4. This is disappointing but we will work towards mitigating this through the realignment of resources to attempt to deliver more in house, this can also be mitigated with the possible reduction in major voids once the routine voids standard is revised and implemented. As stated above the Barnsley pound KPI9 is always a challenge for PSRT due to the procurement regulations, we have no control on engaging local suppliers/contractors due to the success of suppliers/contractors outside of Barnsley Postcodes.

KPI 5

Unfortunately, this quarter has seen PSRT have two accidents that fall into the RIDDOR reporting criteria due to the length of time the employees were absent from work. One was a manual handling accident with the other being a cut to a finger. Both accidents have been investigated and risk assessments reviewed for any further control measures. We continue to manage Health and Safety through regular updates, training and guidance with our employees. A breakdown of accidents is provided with this report but this quarter we have had the following 3 manual handling, 3 slips, trips & falls, 1 cut and 4 incidents of violence and aggression. We are working through TBTs to highlight the importance of reporting through the system the requirement to report near misses and incidents that may result in accidents.

KPI 7

Although below target, other factors across the business can impact the overall % score but what is pleasing are the comments around the operative attendance which shows we are committed to delivering excellent services to tenants. Further work with everyone is continuing in the form of Toolbox talks, where operatives and staff have been sent reminders on the key expectations and associated benefits we want for delivering to chance the customer journey whilst delivering excellent services. As an example: A calling card should be left when external works have been completed but no one is home. This provides reassurance to customers that the work has been carried out, reduces follow up calls to planners and customer services and improves clarity and transparency of service delivery, which by reinforcing this along with other simple but important behaviours, we can continue to build a more consistent, professional, and customer focused service.

KPI 10

This KPI remains a challenge to PSRT due to the amount of waste that is being generated from void clearances, whilst we feel that our waste management and waste disposal partners work well together and our performance is constant, we feel that the KPI requires a review. We have supplied the last years data to BMBC with a view to discussing this KPI. We constantly send around 6 to 7 percent of all waste generated monthly to landfill and this is made up of unrecyclable materials that come from void clearances. This we feel is not construction waste that is generated from our undertakings and request that the KPI reflects this in the review.

7 – PARTNER COMMENTARY – WATES

Performance within the final quarter remains the same result with a total of 12 greens with excellent results on Barnsley pound at 82.28% and delivering 3-day repairs within the quarter at 100% along with gas compliance. 3 KPI's are showing red which are noted below:

KPI 4

Subcontractor spend has remained above target at 33.94% at year-end due to the type of work and the unpredictable demand. Berneslai Homes continue to order back-logged works with a view of establishing business as usual from April 2026. Wates Property Services feel that it would not be cost effective to employ short-term resource to carry out the backlog works as it costs approx. £900 per operative to onboard plus training time, plus we would need to employ additional management.

KPI 7

Customer satisfaction in Q4 demonstrated a measurable improvement over Q3 results. However, continued focus and collaboration with the team will be required to drive further enhancements







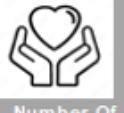

KPI 10

The recycled waste target has consistently proven difficult to achieve. It is therefore recommended that the percentage be reviewed and reduced to a more realistic level that is achievable and challenging for both partners.






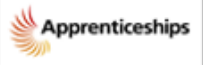
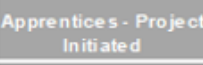


8 – HEALTH AND SAFETY

	PROPERTY SERVICES REPAIRS TEAM	WATES
Near Misses (any type, (Stops for Stop and Go data)	2 RIDDORS 0 near misses	68 Reports 6 near misses
Report acts of aggression (sent back via a form to BH)	4	0
Incidents/Accidents (less than one day)	3 x Slips, trips and falls 3 x Manual handling 1 x Cut/injury	0
One day 1 +accidents by type	0	0

9 - SOCIAL VALUE – PSRT

SOCIAL VALUE		MINTARGET	COMMITTED TARGET	Q1	Q2	Q3	Q4	ACHIEVED TARGET	
 School Visits	 Voluntary Organisation Activity Support	50	50	1	0	0	0	1	School Visits
		40	40	1	3	2	2	8	Voluntary Organisation Activity Support
 Local Barnsley Supply Chain	 Work Experience (<18 Years Old)	40	40	5	6	7	7	25	Local Barnsley Supply Chain
		24	24	3	11	0	2	16	Work Experience (<18 Years Old)
 Work Experience (>18 Years Old Repairs)	 Apprenticeships Apprentices - Project Initiated	20	20	0	10	11	13	34	Work Experience (>18 Years Old)
		14	24	1	25	25	24	75	Apprentices - Project Initiated (Nr of Persons)
 Number Of Memberships/Support Local Charities	 Work Experience (<18 Years Old)	20	20	8	8	13	24	53	Number of Memberships of Local Groups/Working with Business Sponsorship of Local Events/Support Local Charities
		75.00%	76.27%	76.27%	70.94%	68.79%	68.32%	71.08%	75% of Contract Spend (£30m per year) in Barnsley

10 - SOCIAL VALUE – WATES

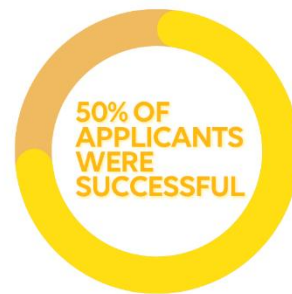
		WATES							
SOCIAL VALUE		MIN TARGET	COMMITTED TARGET	Q1	Q2	Q3	Q4	ACHIEVED TARGET	
 School Visits	 Voluntary Organisation Activity Support	25	36	3	3	3	5	14	School Visits
		20	24	6	6	6	10	28	Voluntary Organisation Activity Support
 Local Barnsley Supply Chain	 Work Experience (<18 Years Old)	20	24	2	12	11	14	39	Local Barnsley Supply Chain
		12	24	3	2	2	1	8	Work Experience (<18 Years Old)
 Work Experience (> 18 Years Old Repairs)	 Apprenticeships	10	24	0	1	0	0	1	Work Experience (>18 Years Old)
	 Apprentices - Project Initiated	7	7	7	11	10	12	40	Apprentices - Project Initiated (Nr of Persons)
 Number Of Memberships/Support Local Charities	 Work Experience < 18 Years Old	10	12	1	2	7	4	14	Number of Memberships of Local Groups/Working with Business Sponsorship of Local Events/Support Local Charities
		75.00%	75.00%	80.07%	80.10%	80.36%	80.74%	80.32%	75% of Contract Spend (£30m per year) in Barnsley

11 - Better Barnsley Bond



EXAMPLES OF PROJECTS FUNDED:

- Inclusive in Action CIC
- Academix Learning Foundation
- Barnsley Hospice
- Butterflies Dementia Support & Activity Group
- Penistone Gateway Club
- Birdwell Community Association



Central - £0	North - £0	Penistone - £0
Dearne - £6,850	North East - £0	South - £4,302



Creating great homes and communities
with the people of Barnsley

Report Title	Health and Safety Landlord Compliance & Controls Year End	Confidential	No
Report Author	Interim Deputy Head of Building Compliance	Report Status	For Assurance
Report To	Board	Officer Contact Details	Anthony Spencer Interim Deputy Head of Building Compliance
1. Executive Summary	<p>The Building Safety Scorecard has been refreshed following feedback from Committees and Board, and this report is now presented by exception only:</p> <p>The updated scorecard shows a number of measures remain fully compliant, including the main TSM measures for Fire, Asbestos, Water, Gas and Lift Safety.</p> <p>The exception areas in the current scorecard are Damp and Mould emergency hazards made safe within 24 hours (95.24%), Damp and Mould significant hazards investigated within 10 days (17.62%), Sump Pumps (86.57%), and Stock Condition related measures including Stock Condition Surveys (45.57%), Energy Performance Certificates (38.28%), HHSRS in-year programme (37.80%), Decent Home Standard Remedial Works (42.86%) and Decent Home Standard Planned Works (0.00%).</p> <p>This revised format supports Board oversight by drawing attention to the specific measures below target and the corrective actions or exception statements in the updated scorecard.</p>		
2. Recommendation	<p>Board is recommended to :</p> <ul style="list-style-type: none"> Consider the exception-based Building Safety information and the areas of focus. 		

3. Background

- 3.1 The Building Safety Scorecard provides an overview of compliance performance and the corrective actions required where improvement is needed.
- 3.2 The scorecard has been refreshed and now supports an exception-based reporting approach so that Board and Committee scrutiny can focus on the measures that are below 100%.

4. Current Position/Issues for Consideration

- 4.1 The updated scorecard identifies the following exception measures as being below 100%. Each measure is set out below as an individual sub-heading with the current position and the latest exception statement recorded in the scorecard.

4.2 Fire Safety – Flat Entrance Fire Door inspections

Position: 99.90% - There is 1 flat entrance fire door inspection outstanding due to access issues and the team is working with the Scheme Manager to gain access

4.3 Fire Safety – Emergency Lighting

Position: 99.13% - There is one premise where the emergency lighting maintenance is outstanding. We are working with Barnsley Property Services (BPS) to get this completed as soon as possible.

4.4 Fire Safety – Properties with Smoke/CO Alarms Fitted

Position: 99.85% - Properties are being accessed in line with cyclical servicing programmes and brought up to date at that time.

4.5 Damp, Mould and Disrepair – Emergency hazards made safe ≤24h

4.5.1 Position: 95.24% - Performance improved from 72% in February to 95% in March but remains below the statutory 100% target. It is unlikely that we will consistently achieve 100%, as performance is being recorded in line with Awaab's Law requirements, including our evidenced attempts to gain access within 24 hours; outcomes are impacted where tenants are not at home or refuse access (including removal of mould to enable surveyors to inspect visible mould).

4.5.2 Further improvement is still required in relation to triage and no access, as both continue to affect timely case management and overall compliance. Ongoing improvements to data input, systems logging and reporting processes are also helping provide a more accurate reflection of performance and stronger operational oversight.

4.5.3 The Regulator will understand that access will have an impact on performance, therefore it is essential that we maintain a robust process for managing and following up on no access and continually improving our understanding.

4.6 Damp, Mould and Disrepair – Significant hazards investigated ≤10 days

4.6.1 Position: 17.62% - Demand has increased from approximately 120 damp and mould inspections per month to around 125 per week following the implementation of Awaab's Law. The service has been operating with 2 of the 5 required surveyors in post, due to continual turnover and availability, both on agency contracts which has been the primary driver of performance decline. Surveyor capacity has been further absorbed by complaint handling: in March alone, 27 complaint cases were managed (15 Stage 1, 3 Stage 2, 9 escalated service requests).

4.6.2 Outstanding inspection backlog: 270 post-Awaab's Law inspections outstanding, of which 177 are out of target and are being actively prioritised. A further 34 pre-Awaab's Law inspections remain open. Emergency hazard performance has improved markedly in March (72% → 95%), with the single failure attributable to evidenced non-occupation.

4.6.3 External contractor contract being finalised; pre-contract meeting completed. The contractor, Dwelling Doctors are to absorb outstanding backlog inspections, allowing permanent surveyors to manage new demand. Based on current recruitment and contractor mobilisation timescales, the service expects to demonstrate material improvement in significant hazard compliance from May/June 2026 reporting, with sustained compliance across all KPIs targeted by Q3 2026.

4.7 Electrical Safety – Assets on Programme with an in date EICR <10 years

Position: 99.98% - Work to access properties without an EICR in the last 10 years is ongoing between Berneslai Homes and other agencies due to property condition and ongoing legal issues.

4.8 Electrical Safety – Assets on Programme with an in date EICR <5 yrs

Position: 99.00% - The non-compliant property numbers for 5 yearly are rising slightly due to the number carried out historically as part of the catch-up programme. Moving forward, the numbers will be averaged to give a more balanced number per month and prevent spiking of figures and the need for extra resource.

4.9 Water Safety – Legionella risk assessments (LRAs)

Position: 99.24% - Housing Shops: the Compliance Officer is working with BMBC to encourage tenants to carry out LRAs. Commercial LRAs are all compliant. Domestic LRAs: the list is being continuously updated. Risk assessments are to be completed with heating service where possible.

4.10 Water Safety – Flushing

Position: 99.46% - 1 site uncompliant on weekly flushing due to no access – Site was successfully accessed the following week.

4.11 Water Safety – Sump Pumps

Position: 86.57% - 2 Void Properties awaiting structural surveys, the remaining 7 properties are being progressed through access routes including visits from the Mechanical Services Team.

4.12 Lift Safety – Stairlifts

Position: 99.36% - 3 non-compliant - all 3 are VOID properties.

4.13 Lift Safety – Hoists

Position: 97.37% - 3 non-compliant – 1 is a void property there are two lifts in the same property where we have been unable to gain access.

4.14 Stock Condition – Stock Condition Surveys (In Year)

Position: 45.57% (of the 100% (3600) requiring surveying within year) - Two contractors worked on delivering the programme in 2025/26. The main contractor assigned to the programme was Pennington Choices (PC). Persistent under performance through the duration of the contract led to notice being served on PC with the contract to terminate in April 2026.

As a result, performance across 2025/26 did not meet our desired level, though a near 46% out-turn represents a moderate catch up towards target. A new contractor is to be appointed to ensure delivery in 2026/27.

4.15 Stock Condition – Stock Condition Surveys (5 Year Position)

Position 92.76% - At the end of 2025/26 nearly 93% of stock had a condition survey completed within the previous 5 year period. There remains 7% of assets that, despite persistent efforts to actively engage the tenants to ensure universal survey coverage.

4.16 Stock Condition – Energy Performance Certificates

Position: 38.28% - Comments regarding the Stock Condition Surveys line are applicable to the EPC.

4.17 Stock Condition – HHSRS (in year programme)

Position: 37.80% - Since the in year programme for stock condition surveys commenced in September 2025, there have been 38 assets with completed hazard works. There remain 72 assets with either a Category 1 or Category 2 hazard. Most of the continued non-compliance is due to referred/no access assets, accounting for 56 of the outstanding assets. Repairs & Maintenance are leading on advancing the delivery of HHSRS remedials.

4.18 Stock Condition – Decent Home Standard Surveys in Qtr (last)

Position: 99.24% - At the end of Qtr. 4 2025/26, 134 properties (0.76% of housing stock) were assessed as non decent. During the year, 67 properties were newly identified as non decent. Of these, 16 properties require elemental replacement works, which are scheduled for delivery in 2026/27. The remaining 51 properties require hazard remediation. 41 of these properties were scheduled for remedial works during the year; however, access could not be gained. Further access attempts will be pursued as a priority.

4.19 Stock Condition – Decent Home Standard Remedial Works

- Position: 42.86% - These works have been ordered but remain unfulfilled.

4.20 Stock Condition – Decent Home Standard Planned Works

- Position: 0.00% - These works have been ordered but remain unfulfilled.

5. Customer Voice/Impact

5.1 This is operational and compliance information generated internally to provide assurance that legal obligations are being met. The exception areas set out in this report have direct implications for tenants from a health, safety, wellbeing and security perspective.

5.2 Good building safety compliance performance has a direct and meaningful impact on our customers' quality of life. When safety-critical inspections and certification are consistently completed on time and to the required standard, tenants can have genuine confidence that their home is safe without the anxiety that unresolved safety concerns can cause. For many of our customers, particularly older residents and those with vulnerabilities, that peace of mind is not a minor consideration; it is fundamental to their ability to live comfortably and securely in their home. Maintaining strong compliance performance is therefore

not simply a regulatory obligation, it is a tangible demonstration of Berneslai Homes' commitment to putting the safety and wellbeing of our tenants first.

6. Risk and Risk Appetite

6.1 Any measure below 100% represents an area of risk that requires active monitoring and management. The most significant risk areas in the current scorecard remain Damp and Mould response performance, Stock Condition delivery and access related compliance issues across several workstreams.

Operational/Strategic Risk Type	Name	Risk Appetite	How will we Mitigate the risk
Landlord Compliance	The health and safety of tenants and staff	Averse	Through robust compliance management
Landlord Compliance	Failure to meet increasing and changing regulatory requirements	Averse	Through robust compliance management
Landlord Compliance	Awaab's Law compliance	Averse	Through robust compliance management
Operational	Stock condition and asset data recovery	Cautious	Through robust compliance management
Operational	Access constraints affecting compliance measures	Cautious	Through robust compliance management

7. Strategic Alignment

7.1 The exception-based scorecard approach supports the organisation's building safety and governance objectives by focussing attention on the measures that require corrective action and improvement.

8. Data Privacy

8.1 No personal data is used in the production of this report.

9. Consumer Regulatory Standards

9.1 Building Safety Compliance falls under the Regulator of Social Housing Safety and Quality Standard and supports the organisation's ability to provide safe homes.

10. Other Statutory/Regulatory Compliance

10.1 The following regulations apply:

- a) Defective Premises Act 1972
- b) Environmental Protection Act 1990
- c) Landlord and Tenant Act 1985 (Section 11)
- d) Housing Act 2004
- e) Decent Homes Standard 2006
- f) Homes (Fitness for Human Habitation) Act 2018

11. Financial

11.1 Financial implications arising from exception areas will continue to be managed through the established compliance, repairs and investment budget arrangements.

12. Human Resources and Equality, Diversity and Inclusion

12.1 The delivery of safe, warm and decent homes remains a core landlord responsibility. Equality Impact Assessments are carried out on any large projects or procurement relating to Building Safety Compliance where required.

13. Sustainability Implications

None.

14. Associated Background Papers

None.

15. Appendices

Appendix A: Building Safety Scorecard.

16. Glossary

BMBC – Barnsley Metropolitan Borough Council

CO – Carbon Monoxide

DMC – Damp, Mould and Disrepair

EICR – Electrical Installation Condition Report

EMT – Executive Management Team

FRA – Fire Risk Assessment

HHSRS – Housing Health and Safety Rating System

LRA – Legionella Risk Assessment

TSM – Tenant Satisfaction Measures



BUILDING SAFETY SCORECARD

		2025											2026			Target	Current Position	Total Number	No. Non-Compliant	Current Status
Reporting Measure		April	May	June	July	August	September	October	November	December	January	February	March							
TSM's	TSM BS01: Gas safety checks	99.99%	99.99%	100%	100%	99.99%	100%	99.99%	99.99%	100%	100%	99.99%	100.00%	100%	100%	16,718	0			
	TSM BS02: Fire safety checks	100%	100%	100%	100%	100%	100%	100%	100%	99.42%	99.41%	100%	100.00%	100%	100%	1,024	0			
	TSM BS03: Asbestos safety checks	99.55%	100%	100%	100%	100%	98.30%	100%	100%	100%	100%	100%	100.00%	100%	100%	3,141	0			
	TSM BS04: Water safety checks	100%	100%	100%	100%	86.34%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	887	0			
	TSM BS05: Lift safety checks	100%	100%	100%	89.95%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	409	0			
Fire Safety	Fire Risk Assessments (FRA)	100%	100%	100%	100%	100%	100%	100%	100%	99.53%	99.54%	100%	100.00%	100%	100%	216	0			
	Fire Detection & Warning	100%	100%	100%	100%	100%	99.17%	100%	100%	100%	100%	100%	100.00%	100%	100%	120	0			
	Emergency Lighting	97.39%	100%	96.52%	99.13%	100.00%	97.39%	97.39%	98.26%	98.26%	98.26%	100%	99.13%	100%	99.13%	115	1			
	Fire Extinguishers	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	306	0			
	Smoke Vents	75.00%	75.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	4	0			
	Fire Blankets	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	48	0			
	Communal Fire Door Inspections	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	574	0			
	Flat Entrance Fire Door inspections	98.24%	98.45%	98.76%	99.17%	98.45%	98.65%	98.65%	99.48%	99.69%	99.69%	99.90%	99.90%	100%	99.90%	968	1			
Properties With Smoke/CO Alarms Fitted	99.68%	99.69%	99.70%	99.73%	99.77%	99.78%	99.79%	99.80%	99.81%	99.82%	99.84%	99.85%	100%	99.85%	17,775	27				
Damp, Mould & Disrepair	Damp and Mould Emergency hazards made safe ≤24h	No Data	No Data	No Data	No Data	No Data	No Data	No Data	82.00%	86.47%	86.67%	72.00%	95.24%	100%	95.24%	21	1			
	Damp and Mould Significant hazards investigated ≤10 days	No Data	No Data	No Data	No Data	No Data	No Data	No Data	62.66%	38.00%	50%	63.00%	17.62%	100%	17.62%	227	187			
	Damp and Mould Safety works initiated ≤5 days	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100%	100%	100.00%	100%	100.00%	100%	100%	11	0			
	Damp and Mould Inspection summaries issued ≤3 days	No Data	No Data	No Data	No Data	No Data	No Data	No Data	99.77%	99.53%	100.00%	100%	100.00%	100%	100%	155	0			
	Damp and Mould Works not started on site within `12 weeks	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100%	100%	100.00%	100%	100.00%	100%	100%	1	0			
	HHSRS (CAT1/2) damp / mould risks identified in month	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0.01%	0.00%	0.00%	0.03%	0.00%		0.00%		0			
	Damp and Mould Closed stage 1 complaints	0.02%	0.02%	0.03%	0.05%	0.01%	0.02%	0.02%	0.05%	0.07%	0.05%	0.06%	0.08%		0.08%		15			
	Damp and Mould Closed stage 2 complaints	0.03%	0.03%	0.02%	0.03%	0.00%	0.01%	0.02%	0.01%	0.01%	0.01%	0.03%	0.02%		0.02%		3			
	Disrepair Total live claims (cum in yr)	0.02%	0.05%	0.09%	0.12%	0.18%	0.24%	0.30%	0.33%	0.66%	0.70%	0.75%	0.78%		0.78%		138			
	Disrepair Total live claims relating to damp and mould (cum in yr)	No Data	No Data	0.07%	0.09%	0.15%	0.20%	0.25%	0.29%	0.59%	0.62%	0.67%	0.70%		0.70%		124			
Electrical Safety	Electrical Safety Assets on Programme with an in date EICR <10 years	99.94%	99.95%	99.95%	99.94%	99.95%	99.96%	99.96%	99.97%	99.97%	99.97%	99.98%	99.98%	100%	99.98%	17,811	3			
	Electrical Safety Assets on Programme with an in date EICR <5 yrs	99.02%	99.03%	99.14%	99.28%	99.21%	99.35%	99.24%	99.15%	99.34%	99.30%	99.18%	99.00%	100%	99.00%	18,035	181			
Gas Safety	Gas Servicing	99.99%	99.99%	100%	100%	99.99%	100%	99.99%	99.99%	100%	100%	99.99%	100.00%	100%	100%	15,927	0			
	Domestic Properties (Without Gas)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	684	0			
	Voids Capped	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	115	0			
	Solid Fuel	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	91	0			
Asbestos	Asbestos	99.28%	100.00%	100.00%	100%	100%	99.82%	100%	100%	100%	100%	100%	100.00%	100%	100%	559	0			
Sump Pumps	Sump Pumps	No Data	No Data	No Data	40.30%	47.76%	56.72%	71.64%	73.13%	77.61%	80.60%	86.57%	86.57%	100%	86.57%	67	9			

RAG Status Key		Out of Compliance
		Out of Compliance but all routes to gain access have been followed
		100% Compliant



BUILDING SAFETY SCORECARD

		2025												2026		Target	Current Position	No. Compliant	No. Non-Compliant	Current Status
Reporting Measure		April	May	June	July	August	September	October	November	December	January	February	March							
Lift Safety	Passenger Lifts / Platform lifts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	20	0			
	Passenger Lifts Insurance Inspections	98.11%	100%	100%	95.00%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	20	0			
	Stairlifts	100%	97.68%	98.74%	98.54%	98.74%	98.96%	98.96%	99.16%	98.74%	99.16%	99.36%	99.36%	100%	99.36%	468	3			
	Steplifts	92.31%	0.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	1	0			
	Throughfloor lifts	96.26%	88.89%	88.89%	89.19%	80.00%	88.57%	88.57%	94.29%	94.29%	88.24%	100%	100.00%	100%	100%	34	0			
	Hoists	97.52%	92.45%	93.46%	96.36%	97.25%	93.75%	93.04%	93.81%	95.50%	99.08%	99.11%	97.37%	100%	97.37%	114	3			
Water Safety	Legionella risk assessments	99.38%	95.35%	99.50%	99.38%	99.39%	99.26%	99.24%	99.24%	99.23%	99.29%	99.27%	99.24%	100%	99.24%	16774	127			
	Water Hygiene: Inspection checks - Flushing	100.00%	95.35%	100.00%	100%	100%	100%	100%	100%	81.90%	100%	100%	99.46%	100%	99.46%	185	1			
	Water Hygiene: Inspection checks - Temperatures	100.00%	100.00%	100.00%	100%	100%	100%	100%	100%	100.00%	100%	100%	100.00%	100%	100%	58	0			
	Water Hygiene: Inspection checks - Annual Monitoring	100.00%	100.00%	100.00%	100%	93%	97%	100%	100%	100.00%	100%	100%	100.00%	100%	100%	59	0			
Stock Conidtion	Stock Condition Surveys (In Year)	87.62%	87.62%	87.62%	87.62%	87.62%	0.00%	7.78%	10.32%	16.21%	19.73%	25.24%	45.57%	100%	45.57%	3,555	1,935			
	Stock Condition Surveys (5 Year Position)	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	92.76%	100%	92.76%	17,775	1,287			
	Energy Performance Certificates	86.69%	86.69%	87.82%	87.82%	87.82%	10.31%	16.90%	21.91%	22.25%	23.60%	24.37%	38.28%	100%	38.28%	1,800	1,111			
	HHSRS (in year programme)	No Data	No Data	No Data	No Data	No Data	No Data	No Data	48.28%	50.00%	50.00%	34.55%	37.80%	100%	37.80%	82	51			
	Decent Home Standard Surveys in Qtr (last)	No Data	No Data	No Data	No Data	No Data	No Data	No Data	98.64%	98.64%	99.07%	99.07%	99.24%	100%	99.24%	17,735	134			
	Decent Home Standard Remedial Works	No Data	No Data	No Data	No Data	No Data	No Data	No Data	31.58%	31.58%	34.78%	34.78%	42.86%	100%	42.86%	21	12			
Decent Home Standard Planned Works	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0.00%	0.00%	0.00%	0.00%	0.00%	100%	0.00%	12	12				
RAG Status Key		Out of Compliance																		
		Out of Compliance but all routes to gain access have been followed																		
		100% Compliant																		



Creating great homes and communities
with the people of Barnsley

Report Title	Year End Update on Berneslai Homes 2025/26 Annual Business Action Plan.	Confidential	No
Report Author	Head of Strategy, Governance & IT	Report Status	For Assurance
Report To	Board	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 Plans of the Year End position for 25/26.</p> <p>In April 25 the three-year vision was incorporated into the overall Berneslai Homes Annual Action Plan.</p> <p>The Annual Business Action Plan progress will be reported to the Council through the governance arrangements.</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 25/26 was developed following consultations with our stakeholders and customers. Tenant feedback was in line with the high-level areas we are focusing on, as their priorities were hearing our customers, communication and repairs. 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	<p>Board is requested to: -</p> <p>a) Scrutinise and comment on progress against the Annual Business Action Plan 25/26 at the yearend position.</p>

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.
- 3.4 Board monitor and review all the actions and milestones to ensure they are confident that progress is being made on the Annual Business Action Plan.

4. Current Position /Issues for Consideration

4.1 Annual Business Action Plan 25/26

- 4.1.1 Attached at Appendix 1 is the year End progress made against the Annual Business Action Plan for 25/26.
- 4.1.2 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.

4.1.3 Key Points to Note

i. Voicescape Agreement Module

This has been successfully implemented and the action completed.

ii. IT Modernisation – in partnership with BMBC

Work is continuing on our eforms, to reduce, consolidate and understand our requirements for any new eforms and a new hosting platform (subject to budget and resource availability). Working jointly with BMBC, this modernisation work includes developing a BH chatbot. Currently work is ongoing to identify the most frequently asked questions and answers from our website it is estimated to build, test and implement this will take approximately 18 months. Good progress is being made.

iii. Improving data quality - accuracy and maturity

We now have a clearer picture around the quality of our data. The establishment of data champions has been agreed with EMT, and this will continue to improve BH's data quality.

iv. Increase diversity in our engaged tenants' group

Good progress has been made with recruitment to new panels, continued outreach with wider communities. A closing report was presented to Customer Services Committee in April 2026.

v. **Energise Barnsley Ltd 1000 PV Scheme**

So far 675 solar PV installations have been completed against a target of 1,000 by August 26. Progress is on schedule to meet the deadline at the moment.

vi. **Reduce void rent loss.**

Board has been closely monitoring progress to reduce the number of empty homes.

vii. **Work in partnership with BMBC to embed the changes resulting from the 5-year contract review of the Property Repair and Improvement Programme (PRIP)**

Progress has been delayed due to lack of capacity within BH, the appointment of a Repairs & Maintenance consultant is assisting this to progress.

4.2 **Progress against the BH Action Plan**

4.2.1 The three-year vision was initially agreed upon at the Board Strategic Planning Day in March 2024. As agreed with Board 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. Regular reporting on progress of these actions now forms part of this separate report to Board. BH Action Plan is attached at Appendix 2.

4.2.2 **Key Points to note**

i. **IT**

Good progress has been made with modernising IT devices for staff. All Neighbourhood Officers have been issued with new tablets, and 70 new laptops were issued to staff with the oldest kit. This refresh programme will continue over the next few years.

ii. **Restructure**

The Resources restructure is complete with informal and formal consultation currently in progress in the Strategy Governance and IT area and Finance. The Property Services restructure has not been progressed given the changes in the organisations senior management. Any future changes will be driven by service need, following review.

iii. **Training /workforce Planning**

A revised PDR process, obtaining feedback from staff has been rolled out for 26/27. Training for Leaders on managing financial budgets and managing performance is complete and has started to shape our leadership programme.

5. **Risk and Risk Appetite**

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

- 5.1.1 Financial The annual business action plan included several areas to achieve financial sustainability of BH and the HRA, including restructure and investing in improving efficiency. Risk Appetite balanced
- 5.1.2 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. Actions within the 25/26 Action Plan were to address issues raised by the Regulator during the inspection.
- 5.1.3 Operations the operational focus and resources have been increased in some areas to assist in the delivery of the priorities in the plan however there are still some restructures to be completed.
- 5.1.4 Reputational Berneslai Homes has a key role to play in improving lives across the borough and delivering excellent services.

6. Strategic Alignment

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

7. Data Privacy

- 7.1 This does not involve the processing of personal data.

8. Consumer Regulatory Standards

- 8.1 This report relates to the following regulatory standards:

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

- 8.2 The report assures Board that the activities and performance set out here support compliance with these standards by:

- Showing how delivery of the Strategic Plan and Annual Business Action Plan achieves the required regulatory outcomes for tenants
- Highlighting any concerns or delays in completing agreed actions so Board is fully informed of progress and issues
- Supporting transparency and accountability by reporting key outcomes

9. Other Statutory/Regulatory Compliance

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

10. Financial

- 10.1 The plan includes improvements in technology and processes that will ensure Berneslai Homes delivers efficiencies as part of the 10-year ambitions. The resources to deliver the 2025/26 Annual Business Plan were included in the 20256/26 budget. This included increasing resources in areas such as damp and mould and Customer Services.

11. Human Resources and Equality, Diversity and Inclusion

- 11.1 To assist in the delivery of the new plan, reviews of Team Structures were completed within the Resources and Customer & Estates Directorates. The plan has a strong emphasis on equality, inclusion, and diversity. Underpinning the Strategic Plan is our People strategy that includes our approach to Equality, inclusion and diversity.

12. Sustainability Implications

- 12.1 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.

13. Associated Background Papers

Strategic Plan – Approved December 2021
Strategic Plan 5 year review Approved Dec 25
Strategic Plan ABA Plan and 3-year vision update December 24

14. Appendices

Appendix 1 – BMBC Annual Business Action Plan
Appendix 2 - BH Actions update

Barneslai Homes Annual Business Action Plan
Barneslai Homes Key priorities and focus 2025/2026

Barneslai 2030 objective	Priority	Strategic Ambition	Key Milestones	Date	BH Lead and additional resources	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Healthy Barneslai	Review of Repairs Modules including DRS and Job Manager to ensure the new system is used to its full functionality to deliver efficient, effective, and timely customer service (NEC Repairs First)	Technology and Innovation	Ownership of system by Business Leads within Property Services; Actions to improve use approved and commenced Procedures revised to meet system requirements ; Anticipated benefits realised and savings achieved; Consultant to support BH in the review of our systems and processes;	April 25 April 25 October 25 April 26 Commenced late 2024 to allow for familiarity and self management	Head of Governance and Strategy, Head of Operations, Head of Repairs, maintenance and Building safety	Head of strategy, Governance and IT update - Review ongoing, Business leads identified and Consultant was appointed Dec 24 - complete . several improvements to procedures have been made to the responsive repairs - complete . Top 5 initial recommendations due to be concluded by end of July 25. Head of Repairs, Maintenance and Building Safety update: DRS is working well for managing the Repairs and Maintenance Inspectors (RMI) appointments. Following the feed-back from the team, we will be looking to roll out the DRS to the damp, mould and disrepairs RMIs. Continue to support with following up on the actions from the initial recommendations	Head of Strategy, Governance and IT - Benefits being realised on responsive repairs including reduced calls, reduced repair chase ups, increased productivity, increased satisfaction with the repairs service, reduced emergency repairs. Strategy report to EMT on any further reviews of system usage October/November 25 to be delivered as business as usual. Head of Operational Delivery seeing improvements in efficiencies and positive feedback from PSRT management. Customer calls reducing and less jobs passed to Standby due to efficiencies and improved productivity within workforce. Complete for Responsive Repairs		
Healthy Barneslai	Improving Data quality, accuracy and maturity and using this data to tailor services for our tenants.	Hearing Customers	Following demos of data tools in 2024, a trial of tools to enhance data quality across systems Self-financing business case to purchase software Data standards and data champions across the organisation Improved induction for IT systems across the organisation	April 25 May 25 June 25 Throughout 25/26	Head of Governance and Strategy - savings to be identified to enable BH to invest on a data tool. Resources required from across the organisation.	Head of Strategy, Gov and IT update - 12 month contract for a data tool in place from April 25 - complete . Data standards refreshed. - complete . Working with teams to identify data champions	Head of Strategy, Governance and IT -Work is ongoing in correcting inaccurate data and improving the data Governance arrangements across the organisation.	Head of Strategy, Governance and IT. The data tool is being used to identify data issues and to assist in processes. This will gather pace over the next 12 months with data Champions being appointed to lead in their areas. IT team currently working on a general user guide for the main system and manual complete to be used on working with teams to train so they can produce their own guides for teams.	Head of Strategy, Governance and IT update - data tool agreed extension for a further 12 months. EMT have agreed to the introduction of data champions from 26/27. Training to be rolled out to teams during 26/27 basic user manual complete to be used on training and induction of new staff. complete
Learning Barneslai	IT Modernisation - Using technology to streamline services and review and automate processes where possible.	Technology and Innovation	Work with BMBC in their digital transformation journey to improve automation for BH. Consideration of CRM through Dynamics, commencing with a discovery piece and project plan for implementation over a 3 year period. Development of modules within NEC Assets and Asbestos	Throughout 25/26 and beyond	Executive Director of Resources & Head of Governance and Strategy (IT budgets) BMBC Digital Project Manager External Consultants to potentially build CRM NEC Consultants Head of Assets	Head of Strategy Gov and IT - initial discovery work complete and Minimum Viable Product identified. - complete Discussions with BMBC due August 25 on any potential next steps. Assets and Asbestos potential go live end of Sept 25	Head of Strategy Governance and IT - Discussions held with BMBC and small initial area being scoped out for Dynamics CRM. Assets and Asbestos live September 25 - complete .	Head of Strategy, Governance and IT - eforms and chatbot work commenced. NEC Assets and Asbestos is now live. Complete	Head of Strategy, Governance and IT update - work ongoing on eforms and chat bot over next 12 months
Healthy Barneslai	Hearing and responding to a wider tenant voice, customer Engagement and Influence	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 Tenants conference held codesign pilot	01/01/2026 April 25 ongoing through 25/26 Summer 25	Head of Customer Services & Engagement Manager budget for insight platform	Head of CS - Tenant Conference plan cancelled. Strategy approved by Board but deferred approval. by BMBC pending review of TVP/Governance changes. TPAS appointed to support an independent review. Full range of surveys are operational through voicescape gaining increased feedback from tenants. Positive recruitment of wider tenant base - more active involvement Scrutiny project on communal areas progressing well 600+tenants been consulted for the codesign pilot.	TPAS review complete and recommendations being consulted with TVP, Customer Panel and report to CSC Nov 25. Recruitment campaign developed and to launch Nov 25. CSC to agree to delegate final changes to model and Insight and Engagement Strategy to Exec Director of Customer and Estate Services. Complete - Voicescape development. Complete - Scrutiny and findings at CSC Nov 25	Revised model approved CSC Nov 25 Update to Insight and Engagement Strategy made and at CSC Feb 26 for comment ahead of publishing. Recruitment for new model commenced. Anticipate all positions to be filled by end Feb 26. On target with actions agreed in the Insight and Engagement Strategy and at end Q3 on track to have heard from 50% of tenants annually through our surveys and other engagement. Revised Engagement Profile is more representative.	Head of Customer Services - Complete. New model in place
Growing Barneslai	Maximising Income	Keeping Tenants safe	Reduce void rent loss and maximise rental income. New void action plan and working group to deliver benefits. Processes being remapped to deliver process efficiency	November 24 - March 26	Head of R,M&BS & Head of Estate Services Head of Estate Services	Head of RMBC Update: Voids Task Group has been set up to manage the voids action plan with contractor partners, Wates and PRST. At Quarter 1 end, voids completion run rates are still low, therefore a Voids WIP Recovery plan has presented to Board. Key actions to follow up on include: increase surveying resource, increase contractor capacity and deliver value for money. Head of Estate Services - void high level process maps to be completed by 29.8.25 and operational process maps by 30.11.25	Head of Estate Services: Strategic Void Meetings weekly to ensure high level focus. Void trajectory on track to meet year end target provided delivery continues as forecasted. Weekly SIT reports to EMT. Head of RMBS: Audit Management Actions have been put in place to ensure budget /financial controls are in place and financial regulations are being adhered to. The Voids Strategic Group scrutinises the empty homes delivery plan and how contractor partners meet their commitments to achieve the YE target of 151 voids. As from Oct 25, PSRT have increased their resource capacity with an additional 3 sub-contractors. WPS are also due to confirm the total number of voids they could complete by end of March 26 based on their delivery resource.	Head of Estate Services: Weekly Strategic Void Meetings chaired by Interim ED Property Services continue, along with weekly EMT updates. Concerns raised regarding ability to meet year end target agreed by Board. Head of RMBS: Quarter 3 Empty Homes Recovery Plan update to Board seeks approval for a new hybrid delivery option to help achieve the best position at year end.	Head of RMBS: Empty home year end target for 151 voids was not achieved, this is due to an increase in the in year I terminations,

Barnsley 2030 objective	Priority	Strategic Ambition	Key Milestones	Date	BH Lead and additional resources	Q1 Update	Q2 Update	Q3 Update	Q4 Update
			Voicescape Caseload Manager in place to increase effectiveness of Income Collection & Automation to be turned on w/c18/11/24 to further enhance Income Collection performance			Voicescape Caseload Manager & Collections fully implemented on target and within budget. 25/26 plans to implement Arrangements Manager to further enhance service offer, improve customer experience and maximise income. To be implemented by October 2025 and to align with existing contract.	Head of Estate Services: Voicescape Caseload Manager & Collections fully implemented. Annual review underway. To fully implement Arrangements Manager Q3.	Head of Estate Services Agreements Manager implemented - actions complete	
Healthy Barnsley	Complete all Repairs backlog	keeping Tenants safe	Monthly reporting, backlog up to 31st March 24 will be manual Reduce backlog by c50% (backlog projections produced for board) Increase output by -delivery partners establishing a joint working group Nov 24 to learn from each other regarding efficiency improvement for increased output virement made to balance 24/25 budget and deliver increased planned repairs within period Improve communications to tenants to advise backlog position	April 25 daily and ongoing throughout 25/26	Head of R&M and Building Safety	Head of RMBS Update: At the end May there were 1767 planned repairs raised, and an estimated additional 2070 jobs by the end of the financial year. For this year it is estimated 2500 planned repairs to be delivered within the existing budget. A total of 455 jobs were completed as of the 31st May. There are no WIP concerns and all works orders are completed within the 18 month target as set in the Repairs and Maintenance Policy Based on the current trajectory, there is a forecast HRA Revenue budget shortfall. The HRA (Repairs and Maintenance) Budget Monitoring Group will be closely monitoring the repairs budget and agree mitigating actions.	Head of RMBS update At the end of September 25. To date there were 1222 planned repairs and one offs completed, with an additional 221 WIP planned repairs and 330 jobs to be released. The overall planned works completion projection for this year is 1773 planned repairs that would be completed within this year HRA Revenue budget. The shortfall for 727 jobs from the originally projected 2500 jobs is mainly due to budget restriction. This will be further reviewed at the HRA (Repairs and Maintenance) Budget Monitoring to help identify areas of underspent that could be reallocated to planned repairs.	Head of RMBS Update - At the end of January 2026 there were 980 planned repairs and one offs completed, with an additional 700 WIP planned repairs and 205 jobs to be released. The overall planned works completion projection for this year is 1706 planned repairs that would be completed within this year HRA Revenue budget. The shortfall for 794 jobs from the originally projected 2500 jobs is mainly due to budget restriction. This will be further reviewed at the HRA (Repairs and Maintenance) Budget Monitoring to help identify areas of underspent that could be reallocated to planned repairs.	
Sustainable Barnsley	To achieve EPC 'C' by 2030 and Net Zero by 2045 (Development approach to sustainability)	Zero Carbon	Strategic - Intelligent Energy Modelling (SAVA) system implemented to provide revised baseline position for measures/costs for Council Stock to achieve "EPC C" and Net Carbon Zero 20245	Jan-25	Head of Asset Management	Head of AM update: SAVA platform live and providing relevant measure/cost information for EPC C and Net Carbon Zero- complete			
			Strategic - Development of a Retrofit Strategy/Plan in consultation with Council and identify and agree funding to support objective - Strategic - Establish and agree a delivery model/approach.	Apr-26		Head of AM update: agreed to between BH / BMBC key stakeholders to develop position statement	Head of AM update: Berneslai Homes has submitted a position statement to BMBC, We are collaborating with them as part of the HRA 30-year business planning and investment process. The aim is to assess options for funding the full EPC works within the existing HRA budget.	Budget proposals have been made in years 2-5 (2027/28 to 2030/31) of the medium term investment plan, in line with the position statement submitted to the council. Currently only year 1 is getting approved this year. Cabinet report requested to outline data based delivery strategy and intended outcomes of the Investment.	Head of AM Update: A review of the delivery model will be carried out in Q1 2026/27 alongside the development of the new Asset Management Strategy. Work will continue with the Council to agree and confirm investment requirements/budgets for 2027 to 2031. A review of the Asset Management structure will follow to ensure the service is appropriately aligned to future delivery requirements.
			Strategic - BH/BMBC Asset Management Housing Stock Board vehicle for active asset management of Council stock	Dec-25		Head of AM update: BMBC/BH Asset Management Stock Board operating on a bimonthly basis - complete			
			Operational - Energise Barnsley Ltd 1000 PV scheme	Sep-25		Head of AM update: by the end of Q1, 350 solar PV installations completed	Head of AM update: by the end of Q2, approx 500 solar PV installations completed	Head of AM update: by the end of Q3, approx 570 solar PV installations completed	Head of AM Update: 675 installs completed. Works to continue until September 2026
			Operational - Warm Homes: Social Housing Fund (was SHDF prev) Wave 3. Continue to work collaboratively BH/BMBC to design and apply for government funding through the scheme.	March 25 to April 25		Head of AM update: Successful for wave 3 funding. between 135-150 properties to be included. 3 year delivery programme to commence Sept 2025 - complete			
			Operational - Stock Condition and EPC programmes 20% per annum from April 2025 via a risk based approach to support ongoing data collection and understanding of Council Stock	Apr-25		Head of AM update: New contract been awarded. Contract start date 1st August 2025. 20% SCS to be delivered up to FY end - complete			Head of AM Update: Approximately 1,600 stock condition surveys (45% of the target number) and 1,100 EPC surveys (38% of the target number) were completed during 2025/26, through a risk-based approach. Performance issues with the delivery contractor resulted in a service notice being issued in Q4, with the contract ending at the close of the financial year. Work is now underway with BH Procurement and EN:Procure to secure a direct award to a new contractor for 2026/27 delivery. Mitigations to address the shortfall against budget are being developed and will be presented to EMT in Q1 2026/27.

Barnsley 2030 objective	Priority	Strategic Ambition	Key Milestones	Date	BH Lead and additional resources	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Sustainable Barnsley	Work in partnership with BMBC to embed the changes resulting from the 5 year contract review of the Property Repair and Improvement Programme (PRIP)	Hearing Customers	Evaluate impact of contract amendments and report to Board	Sep-25	Executive Director of Property Services Executive Director of Resources	Feedback sessions taking place with savills on the outcome of the review. Working groups set up and lead officers identified to progress the recommendations.	We continue to work with council colleagues to deliver actions from the review. Roles and responsibilities clarified and further improvements on the PRIP contract ongoing (i.e R6 Void Changes)	An agreement with BMBC colleagues to defer some of the Savill review actions due to BH team capacity to deal with high priority corporate actions. It is recognised that some of the actions included in the Savills report have already been progressed as part of the Auditing of Management Actions	Work is progressing - a consultant has been appointed to assist with this work.
			Healthy Barnsley	Actions from Regulator of Social Housing Inspection during 2024	Hearing Customers	Ensure the outcomes of Tenant Engagement and Influence are always captured and shared	Ongoing through 25/26. linked to insight and engagement strategy	Head of Customer Services	Report to Board on tenant voice impact scheduled Oct 25. Refreshed comms plan CSC report quarterly.
			Publicise Language Line services and ensure we proactively offer to translate	May-25 / Moved to Oct-25	Head of Customer Services	Comms to be produced.	Commenced with contract renewal	Complete	
			Review opportunities for tenants to have more direct communication with BMBC as their landlord	May-25	Head of Customer Services	Commenced review with TPAS to increase tenant voice and arrangements from BMBC communication	TPAS review complete and recommendations being consulted with TVP, Customer Panel and report to CSC Nov 25.	BMBC agreed to have officer representation at TVP meetings from Q4 and attend Customer Panel and lead a Panel where relevant. BMBC have agreed to meet with new TVP and review the current ALMO liaison meeting (this is a BMBC responsibility that we will facilitate). Complete from BH perspective	Head of Customer Services Complete from BH perspective.
			Increase our actions to increase diversity in our engaged tenants group	Ongoing through 25/26. linked to insight and engagement strategy	Head of Customer Services	Recruited 30+ tenants through positive engagement. Profile more representative. TPAS consultancy to support this further	Refreshed profile shows more diverse actively involved tenants. Experience surveys now analysed by diversity strands. Positive outreach in communities - community shop, damp and mould sessions, walkabouts, traveller site and care leavers	Recruitment to new panels through December is promising in terms of diversity profile. Continued outreach with wider communities and analysis/actions on experience surveys by diversity strands. Ongoing positive progress	Head of Customer Services Complete - CSC report April 26 update profile
			Work with BMBC to include tenants in setting KPIs	Throughout 25/26	Head of Strategy, Governance and IT	H of S, G and IT - tenant sessions held by BH with BMBC and contributed to the target setting. To be completed annually. - Complete			
			Introduce a clear methodology to prioritise the future 20% rolling stock condition survey programme	Apr-25	Head of Asset Management	Head of AM update: Risk based approach developed to prioritise asset for delivery of 20% SCS. Framework / working document approved at BH/BMC Asset Management Housing Stock Board - Complete			
			Improve communication on the outcome of work on ASB	Throughout 25/26	Head of Estate Services	ASB P&P reviewed along with operational processes to improve and manage expectations, agree communication methods and frequency with reporters etc - complete			
			Review the use of tools for ASB and continue joint working with BMBC to improve processes.	Throughout 25/26	Head of Estate Services and BMBC	ASB Action plan in place, co-monitored and delivered with the Councils SNS - complete			

Strategic Ambition	Priority	Milestones	Date	BH Lead and additional resources	Q1 Update	Q2	Q3	Q4
Employment and Training	Enhance organisational culture Building Together programme	1) Intro to Customer First workshops delivered 2) Establish EMT sponsored Employee Experience action groups 3) Establish EDI Steering Group 4) Relaunch Employee Engagement Group 5) Inclusion Passport launched 6) Code of Conduct reviewed	1) Sept 2024 2) Dec 2024 3) Nov 2024 4) March 2025 5) Dec 2024 6) March 2025	Executive Management Team.	1) complete 2) complete 3) complete 4) delayed until qtr3 25/26 5) complete 6) delayed until 25/26	1) complete 2) complete 3) complete 4) Berneslai Employee Engagement (BEE) group will be launched in January 2026 5) complete 6) Code of Conduct to be reviewed in Q4	1) complete 2) complete 3) complete 4) Berneslai Employee Engagement (BEE) group will be launched in Q4 5) complete 6) Code of Conduct to be reviewed in Q1 26/27	1) complete 2) complete 3) complete 4) Berneslai Employee Engagement (BEE) group will be launched in Q1 26/27 5) complete 6) Code of Conduct to be reviewed in Q2 26/27
Employment and Training	Ensure we have resources to deliver our strategic plan and ensuring we are cost effective and provide value for money.	1) Implement restructure across organisation. Property Services Resources Directorate Customer and Estate Services 2) Review success of restructure	30 September 25 31st March 26 September 26 March 27	Executive Management Team	Property Services Restructure ongoing - not on target to be completed by September 25 - delayed to implementation by 01/04/2026. Resources restructure to commence September 25 KAS 16/7 - Independent Living & Community Buildings Restructure approved by EMT and on track for implementation Q3 25/26	Property Services restructure put on hold until new Executive Director in place. Resources structures being considered. Independent Living/Community Buildings reviews are complete.	Resources - people team restructure complete. Strategy, Gov and IT currently being reviewed and due for EMT approval Feb 26.	Resources restructure Strategy, Governance and IT approved at EMT Feb 26 - consultation with unions and staff commenced. Finance restructure review now completed therefore Resources review complete.
Employment and Training	Strategic Workforce Planning (Incorporating Professionalism Agenda, Succession / Workforce Planning)	Review PDR process Agree Workforce Planning/Succession Planning Framework Identify and implement any training requirements including a new leadership development programme Qualification Audit Inspire System optimised	Jun-25 Jun-25 March 25 October 25	Head of HR&OD	CW 17/7 - new PDR process being piloted, feedback to be gathered in autumn. Greater focus on performance and continuous improvement. Specific leadership modules being scoped - Equality Impact Assessments training provided in July, change management and financial awareness.	New PDR process being piloted. Succession planning approach to be rolled out in Q4. Leadership development on leading change and financial management to be offered in Q4. Qualification audit to be completed in Q4 following additional guidance on Competence & Conduct Standard. Manager dashboards, employee groups established on Inspire.	Pilot PDR process continues, feedback gathered and some changes planned for 2026/27. Succession planning to be launched in 2026/27. Leadership development on managing finances and performance improvement to be delivered in Q4. Qualification audit to be completed in Q4 following release of additional guidance on C&C Standard. Functionality and use of Inspire has substantially increased and further enhancements are planned.	PDRs updated and relaunched for 2026/27. Work ongoing to implement Craft PDR process. Succession planning in people plan 2026/27. Managing finances and performance improvement development modules delivered. EMT/SMT to be engaged in creating leadership development approach which will launch in Q2/3. Qualification audit complete and SMT/EMT have agreed roles that are in scope for Competence and Conduct Standard. Current phase of Inspire optimisation is complete.

Strategic Ambition	Priority	Milestones	Date	BH Lead and additional resources	Q1 Update	Q2	Q3	Q4
Hearing Customers	Develop savings plan to achieve long-term financial sustainability for BH	2 year savings plan recommended to Board Implement savings with quarterly updates reported to BH Board	June 25 Throughout 2025 - 2027	Executive Management Team				2026/27 VFM Strategy Action Plan approved by Board March 2026, included savings of £319k. Financial Sustainability Strategy to be presented to Board in July 2026.
Employment and training	Roll out of devices suitable for roles and within budget	If trial by Neighbourhoods successful order new device for all neighbourhood Officers (using carried over budget)	Apr-25	Head of S, G and IT	Head of S, G and IT update-laptop selected not suitable for requirements. Currently trialling a new tablet.		All Neighbourhood Officers ordered a new tablet and are currently being rolled out - complete	
		Trial for Assets (visiting officers with same kit as NO)	May-25		delay due to initial trial of laptop being unsuccessful		laptop unsuccessful and already have handheld devices - closed	
		Develop plan to replace all devices not compatible with windows 11	Oct-25		Head of S, G and IT update - Complete all kit now compatible with windows 11 replaced.			
		develop plan to replace devices based upon age (tech refresh)	Dec-25				New devices ordered for staff with older kit delivery due Jan 26. BH will have access to check battery life and efficiency of devices from April 26 this will be utilised moving forward to prioritise any new devices for staff. complete	

Report Title	Annual Complaints Handling and Learning Report 2025/26	Confidential	No
Report Author	Toni Allen Customer Services Manager	Report Status	For Approval
Report To	Board	Officer Contact Details	Toni Allen Customer Services Manager Toniallen@berneslaihomes.co.uk

1. Executive Summary	<p>1.1 This report provides an overview of complaint handling and learning for April 2025 – March 2026 .</p> <p>1.2 For the first time in over five years, Stage 1 complaint volumes have declined, concluding the financial year with a 14% reduction compared to 2024/25. 1038 Stage 1 complaints were accepted and responded to</p> <p>1.3 Stage 2 complaints have also reduced. 256 Stage 2 complaints were accepted and responded to , reflecting a 10% decrease from the previous year. Stage 1 to Stage 2 escalation rate is 25%.</p> <p>1.4 Responding to complaints within timescales is an area of strength. 96% of Stage 1 complaints and 100% Stage 2 were responded to within the timeframes (including extensions) set by the Housing Ombudsman Service (HOS) Complaint Handling Code.</p> <p>1.4 HOS contact and determinations has risen compared to previous years. However, maladministration rate has reduced to 35%. This reflects an improvement in performance compared to 60% maladministration rate during 2024/25.</p> <p>1.5 Early indications show strong Tenant Satisfaction Measures (TSM) complaint performance compared to peer group comparisons.</p> <p>1.6 The HOS reviewed our 2024/25 HOS self assessment, and gave positive feedback. Some very minor changes to our Complaint Handling Policy were recommended. The revised policy has been updated for approval.</p>
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2. Recommendation/s	<p>It is recommended that Board :</p> <ol style="list-style-type: none"> i. Be assured by the strong complaints performance for 2025/26 and continued positive progress in improving the complaint handling service within Berneslai Homes. ii. Consider the risks and actions contained within the report. iii. Consider the revised Complaint Handling Policy and recommend to BMBC that it is approved and adopted.
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3. Background

- 3.1 Complaints are welcomed and handled in line with the Berneslai Homes complaint handling policy. The policy supports compliance with the [2024 HOS Complaint Handling Code](#) which was introduced on 1st April 2024 under the Ombudsman’s authority within the Housing Ombudsman Scheme. The Customer Services Team oversees, monitors and reviews all aspects of complaint management and ensure that we actively identify and implement learning.
- 3.2 The Code mandates an annual self-assessment, publication and submission to the HOS by a set deadline. The [Self-Assessment 2025/26](#) was completed and ratified by both Berneslai Homes Board and BMBC Cabinet. The document was submitted to the HOS and made available on our website in advance of the deadline of 30th September 2025. The next annual self-assessment is due by 30th September 2026.
- 3.3 The [Local Government and Social Care Ombudsman \(LGSCO\)](#) handle all complaints relating to Local Authority functions except for the Social Housing Service. They do however handle complaints about the management of the Housing Register. It should be noted that they operate under different protocols to the HOS and this is not a regulated scheme.
- 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 2025/26




- 4.1.1 This section contains analysis of complaints activity, outcomes, actions and issues from April 2025 to March 2026. Please note that the TSM performance data submitted will differ from the figures presented in this report. This annual summary includes all complaints, whereas certain complaints are required to be excluded from our TSM data submission.

4.1.2 Appendix 1 is a summary of Annual Complaints Performance throughout 2025/26 which will be published online.

Table 1 - Summary Table for April 2025 – March 2026 (comparisons to 2024/25).

Activity	Number	Outcomes	Action/Issue
Service requests (handled by the Customer Services Team) 	1093 Decreased by 41% (compared to 2024/25)	Overall reduction in the number of residents making contacting for support with resolving a service request. In 2024/25, 77% of service requests were repairs related reducing to 55% during 2025/26 which is extremely positive.	To continue to resolve service requests at the earliest opportunity.
Stage 1 formal complaints opened. 	1038 Decreased by 14% (compared to 2024/25)	<p>For the first time in over five years, Stage 1 complaint volumes have declined, concluding the financial year with a 14% reduction compared to 2024/25.</p> <p>A contributing factor to this reduction is that the Customer Services Team can now allocate time prior to the deadline to acknowledge and register complaints, allowing them to resolve straightforward cases in agreement with tenants.</p> <p>Overall, 82% have been agreed and responded to 96% in line with the HOS timescales.</p> <p>Overall, 83% of stage 1 complaints were responded to within 10 working days and did not require an extension to timescales. This indicated that extensions are not routinely requested.</p> <p>On average we are responding to stage 1 complaints within 9 working days.</p> <p>76% of Stage 1 complaints are repair related.</p>	<p>Continue to aim to respond to 100% of complaints within timescales.</p> <p>Priority action – Work with teams to identify learning to reduce repeat complaints, reduce upheld rate and improve services to customers.</p> <p>Review promise tracker, monitoring and reporting of promises made at Stage 1 to improve satisfaction and reduce escalation rate.</p>
Stage 2 formal complaints opened. 	256 Decreased by 10% (compared to 2024/25)	<p>Given the decline in Stage 1 complaints, a corresponding decrease in Stage 2 complaint volumes was anticipated. A 10% reduction in Stage 2 complaints has been achieved. 25% of Stage 1 complaints progressed to Stage 2, aligning with last year's conversion rate.</p> <p>Overall, 76% have been agreed and responded to 100% within HOS timescale (20 working days plus extensions). 96%</p>	Priority action – Customer Services team to give continued support to service areas to improve the quality of complaint investigations and reduce upheld rate at stage 1. Focus on Damp and Mould team as an area of

		<p>were responded to in 20 working days (no extension required).</p> <p>On average stage 2 complaints are being responded to within 16 working days.</p> <p>80% of Stage 2 complaints are repair related.</p>	<p>risk due to complexity of cases and newly established team.</p> <p>Review promise tracker, monitoring and reporting of promises made at Stage 1 to improve satisfaction and reduce volume of avoidable Stage 2 Complaints</p>
HOS and LGSCO contacts.	<p>53 in total. 52 from HOS and 1 from LGSCO</p> <p>Increased by 77% (compared to 2024/25)</p>	<p>A high level of contact from the HOS continues which is common trend nationally.</p> <p>All contacts were responded to within timescales ensuring compliance.</p>	<p>Deliver high quality complaint responses to improve satisfaction and reduce escalation to HOS.</p>
HOS investigations accepted.	<p>28</p> <p>Increased by 56% (compared to 2024/25)</p>	<p>23 cases that are currently with the HOS for investigation and awaiting their determination.</p> <p>All evidence requests have been responded to within timescales providing compliance .</p>	<p>Continue to manage resources within the team to ensure we can comply with demands on us from the HOS.</p>
HOS determinations	<p>39</p> <p>Increased by 160% (compared to 2024/25)</p>	<p>A total of 39 determinations have been received relating to 22 cases. This increased from 15 determinations relating to 8 cases during 2024/25.</p> <p>All orders were responded to within timescales.</p> <p>See section 4.5 for further details.</p>	<p>Continue to learn from HOS investigations.</p>
<p>Satisfaction with complaint service.</p> 	<p>218 surveys completed</p> <p>Response rate decreased by 10% (compared to 2024/25)</p>	<p>Satisfaction with the final outcome of the complaint is 78%, easy to complain 64%, staff treated complaint fairly 80% and complaint handled 70%. Overall experience of the Complaint Handling service 39%, which is a slight reduction compared to 2024/25 at 43%.</p> <p>TSM complaint perception satisfaction is 43% for 2025/26.</p> <p>See further details in Section 5.3 table 6 relating to satisfaction.</p>	<p>Implement new methodology from April 2026 to gain further insight into satisfaction.</p>
Compliments registered.	1,118	The rise in transactional surveys across all services has been accompanied by a	As transactional surveys continue to

		Increase by 73% (compared to 2024/25)	notable increase in positive feedback from tenants.	evolve, it is anticipated compliments may continue to increase.
Compensation paid.		£92,967 Decrease by 16% (compared to 2024/25)	480 cases were paid compensation during 2025/26 compared to 568 during 2024/25. Financially this is £17,878 less. Highest payment of £2000 compensation was related to handling of day-to-day repairs and an ASB case, which was determined by the HOS.	Improve focus and resources to implement learning from complaints.
Councillor/MP enquiries.		930 Increase by 20% (compared to 2024/25)	The Customer Services team administer Councillor/MP enquiries. Overall, there has been a 20% increase compared to 2024/25. 27% of the overall enquiries relate to housing applications and 20% relate to estate management.	To continue to respond to Councillor/MP enquiries at the earliest opportunity in line with agreed procedures.

4.2. Complaint Analysis

The Customer Services Team analyses the primary causes of service requests and complaints, including the specific services involved. This analysis informs the identification of key service improvement priorities. Below is an overview of activity to date for the current financial year.

- a) The primary cause of service requests continues to be around delays, accounting for 31% of all cases. Additionally, 25% are regarding inadequate communication, 13% relate to estate management, 7% day to day responsive repairs, 7% planned works and 5% are related to handling of damp and mould.
- b) In the 2025/26, there was a substantial decrease in the number of Stage 1 complaints related to repairs, with a reduction of 22%.
- c) The volume of Stage 1 complaints for Customer & Estate Services has increased by 36% compared to last year. This is primarily due to delays in responding to environmental issues (for example, clearing overgrown gardens and trees) and the handling of low-level neighbour disputes.
- d) The top 5 reasons for Stage 1 complaints are as follows: 23% delays in carrying out repairs/inspections, 13% quality of repairs, 13% estate management, 11% planned works and 10% damp & mould.
- e) The top 3 reasons for stage 2 complaints are as follows: 22% delays in completing repairs, 16% planned repairs and 15% day to day repairs.
- f) The main reasons for complaints progressing to Stage 2 were that generally the complainant was not happy with the response overall (45%), promises made at Stage 1 have not been fulfilled by the relevant service area (31%), the resident is not happy with the resolution/compensation provided within the Stage 1 response (17%) and unhappy with a decision made (7%).

4.3 Complaint Handling actions

Quarterly business partnership meetings continue to take place with all senior managers to discuss in greater depth complaints within their service area. This includes service level performance for the previous quarter, how this is contributing to overall performance and agreeing keys actions/areas of concern. This section provides a summary of key actions identified to improve complaint handling following analysis of 2025/26 performance.

- a) Aim for 100% of Stage 1 complaints to be responded to within HOS timescales. This is a TSM measure with year-end performance at 96%.
- b) Thorough investigations must take place at Stage 1 to reduce the number of upheld complaints at Stage 2. This is an internal measure.
- c) All Stage 1 extension to timescales must be agreed with the tenant to ensure compliance with the HOS Code. This impacts the above TSM performance.
- d) If extension to timescale is required and agreed, we must ensure responses are sent within the new extension deadline to ensure compliance with the HOS Code. This impacts the above TSM performance.
- e) All service areas must ensure that any promises made at stage 1 or 2 are followed through. Works or jobs must be ordered before the response is sent so that the response letter can give estimated completion dates for the works. They should be monitored through to completion. Complaints escalating due to failed promises are avoidable complaints.
- f) All repair jobs logged that are promised within the response letter must be record on NEC with the complaint reference number to ensure that the promise can be effectively monitored through to completion.
- g) All service areas to identify learning from complaints and implement in a timely manner.

4.4 Benchmarking

4.4.1 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.

Table 2 – Performance against TSMs

TSM	Year End 24/25	Q1	Q2	Q3	Q4	Year End 25/26	Target 25/26	Benchmarking
CHO1 1: Stage 1 complaints relative to size of landlord	67.1	15.6	29.7	44.1	58.5	58.5	In line with peer group median	Data currently not available
CHO1 2: Stage 2 complaints relative to size of landlord	15.9	3.9	7.4	10.2	14.5	14.5	In line with peer group median	Data currently not available

CH02 1: Stage 1 response time	93.0%	96.9%	97%	96.5%	95.7%	95.7%	100%	80.5%
CH02 2: Stage 2 response time	97.9%	100%	100%	100%	100%	100%	100%	86.7%
TP09: Proportion of tenants satisfied with their landlord's approach to handling complaints	44.5%	43.2%	43.7%	43.4%	45%			32.9%

4.4.2 Housemark peer group comparison information shows how we have performed against peers.

4.4.3 CH01: There is no benchmarking data available at this stage.

4.4.4 CH02: 95.7% of Stage 1 complaints and 100% of Stage 2 complaints were responded to in target timescales against targets of 100%. We have seen improvements in stage 1 and 2 response performance in comparison to 2024/25-year end performance. This is strong performance compared to peers.

4.4.5 TP09: Although our performance is slightly below 2024/25-year end performance and target, we are performing favourably against the mid-year peer group median.

4.5 Compliance with the HOS Code and Investigation Determinations.

4.5.1 The Social Housing (Regulation) Act 2023 placed a duty on the Ombudsman to monitor compliance with the Code. This is fulfilled by monitoring submissions and acting where a landlord fails to provide information requested or evidence that complied with orders made by the Ombudsman. During 2025/26, we have ensured complete compliance with all requests for information/evidence requests and orders from the Ombudsman within required timeframes.

4.5.2 The Ombudsman also uses the duty to monitor to support landlords in improving complaint handling practices for residents and effective scrutiny and oversight of the service. To do so, they review the landlord's self-assessment against the code to consider the evidence relied on and commentary provided. They may also review the landlord's complaints policy to ensure that it includes all provisions that residents can reasonably expect to find in a policy. The review is an assessment as to whether the policy is compliant with the Code's requirements, it is not confirmation of its compliance in practice. The Ombudsman compliance team have reviewed both our self-assessment and policy. We received confirmation and positive feedback from the HOS, indicating their satisfaction with our self-assessment submission in September 2025. They have also reviewed our policy and made 9 recommendations for improvement. All are minor wording amendment recommendations which we accept and will implement during the first quarter of 2026. The minor amendments to the policy will require approval from BMBC Cabinet Spokesperson for Regeneration and Assets. See Appendix 2 - Outcome of Complaints Policy Review. See Appendix 3 - Draft policy amendments.

- 4.5.3 Berneslai Homes was contacted by HOS on 52 occasions and once by the LGSCO during 2025/26, which is an 77% increase compared to the previous year.
- 4.5.4 Determination outcomes for 22 cases following HOS investigation were received, and 1 case was closed without investigation as this was withdrawn by the resident. A total of 39 determinations were received, some of which relate to cases provided to them during 2024/25 (multiple determinations can be received for each case). There were 13 negative determinations and 26 positive outcomes, which is a maladministration rate of 35%. This reflects an improvement in performance compared to 60% maladministration rate during 2024/25. HOS determination outcomes are listed in the below table.

Table 4 – Summary of determination outcomes

	Total 2025/26
Number of Cases Investigated	22
Total Number of Determinations received	39
Severe Maladministration	1
Maladministration	6
Partial Maladministration	0
Service Failure	6
Reasonable Redress	10
No Maladministration	14
Out of Jurisdiction	2
Withdrawn	1

- 4.5.5 At the end of 2025/26 financial year, there are 23 cases that remain under investigation with the HOS that we are awaiting determination. Of these, four cases are historical, dating back to 2024/25 and 19 cases are from 2025/26. The HOS are currently prioritising investigations relating to damp and mould, health and safety and those from vulnerable tenants.

4.6 Complaints Awareness

- 4.6.1 The complaints process is well publicised and accessible to all and the [website](#) content has been reviewed to ensure information is easy to find and clear to understand. Residents can access our complaints process in a number of ways, which includes phone, in person, online forms, email, social media and through representatives/Elected Members. Complaint handling satisfaction results indicate that only 64% of our tenants found it easy to make a complaint. Additional initiatives have taken place throughout 2025/26, including global communications to the workforce around their role in accepting and registering complaints, promoting job shadowing of the Customer Services team, reviewed new staff induction awareness training and reviewed and refreshed the staff training program. Work is also underway to introduce a chatbot on the complaints pages of our website which will assist residents to find information that they require. We are hopeful that these recent and planned initiatives will enhance satisfaction and eliminate barriers. Further training and scripting will also be provided for contact centre staff, as they frequently serve as the initial point of contact.

4.7 Learning from complaints

- 4.7.1 Staff welcome and treat complaints as useful feedback for improving services. After resolving each complaint, the investigating officer must review the case thoroughly, considering both the specific situation and any wider lessons learnt.
- 4.7.2 Trends in learning are communicated to relevant service managers, and the Customer Services team plays a vital role in reviewing policies and procedures to ensure that all learning is thoroughly captured and appropriately considered.
- 4.7.3 The below table summarises key learning and service Improvements (implemented, ongoing and key priorities for 2026/27).

Table 5 – Key Learning / Service Improvements.

Implemented Learning	Ongoing Learning	Key Priorities for 2026/27
Planned works – Reviewed communication around planned works to keep tenants informed and manage expectations.	In-depth training required for Maintenance Surveyors and relevant officers around category 1 hazards under the Housing Health and Safety Rating System (HHSRS)	Review Reasonable Adjustments Policy – this is to include development of eform for tenants to complete when submitting a request for consideration.
Shutter door process – Reviewed and developed process for Contact Centre and internal staff.	Review No Access Policy & Procedure – consultation stage.	Review of Empty Home Garden clearance process – This will be in partnership and agreement with the Council.
Reviewed lettings eforms – merged forms to improve customer experience.	Review Equipment & Adaptation Policy, including the review procedure – consultation stage.	Knowing our Customers Project – this will support staff to recognise and respond to vulnerabilities, including improved recording.
Reviewed Income Scripts and procedures – improve resolution of resident enquiries first time and improve record keeping.	Review the Decant Policy and develop staff procedures – consultation stage.	Mandatory ASB Risk Assessment Protocol – reintroduce the standardised risk assessment tool for all ASB cases.
Reviewed annual Gas Service letters – improve communication	Review of Warning Indicator Policy and develop Unreasonable Behaviour Policy – in draft.	Damp and Mould improvement action plan – plan to clear backlog of inspections to ensure full compliance with Awaab’s Law and reduce complaints.

5. Customer Voice/Impact

- 5.1 Complaint handling transactional surveys are completed on the close of complaints. Surveys are carried out by Voicescape using a 100% sample size.

- 5.2 During 2025/26, 1,013 tenants were invited to provide feedback on complaint handling and 218 completed the survey, resulting in a 22% response rate.
- 5.3 The response rate has decreased by 10% compared to 2024/25 (32%), which can be attributed to a change in methodology; surveys are now conducted by Voicescape rather than by customer service team members over the phone. From April 2026, we will use a combination of AI-based phone surveys and human-led surveys.
- 5.4 The following table summarises 2025/26 satisfaction in complaint handling.

Table 6 – Complaint Handling Satisfaction (transactional surveys).

What we asked: Thinking about your recent complaint, how satisfied or dissatisfied were you with the following:	Satisfaction by quarter for 2025/26				Overall results 2025/26	Overall results 2024/25	2025/26 satisfaction compared to 2024/25 (% increase / decrease)
	April to June 2025	July to Sept 2025	Oct to Dec 2025	Jan to Mar 2026			
How would you rate your overall experience of Berneslai Homes Complaints service?	48%	41%	32%	29%	39%	43%	-4%
Complaint was handled	70%	62%	63%	83%	70%	63%	+7%
Easy to complain	70%	60%	50%	70%	64%	74%	-10%
Staff treated complaint fairly	81%	85%	74%	77%	80%	82%	-2%
Staff listened & understood	61%	63%	48%	51%	57%	72%	-15%
Response letter easy to understand	59%	62%	64%	60%	61%	74%	-13%
Steps taken to put things right	45%	62%	48%	45%	47%	57%	-10%
The final outcome of your complaint including the explanation, solution or remedy offered	79%	72%	68%	89%	78%	66%	+12%

- 5.5 Analysis comparing 2025/26 to 2024/25 indicates that satisfaction is comparable for two out of eight measures, declined for four measures and improved for the remaining two measures. Although results are varied, 78% of residents surveyed reported satisfaction with the outcome of their complaint including the explanation, solution or remedy offered. This represents a 12% increase compared to last year; however, it does not correspond with the lowest satisfaction ratings given for other measures. We are hopeful that from April 2026, the revised methodology will give us a greater insight into understanding this more.
- 5.6 In addition to gathering feedback through our transactional survey, tenant views are also sought via our annual Tenant Satisfaction Measure (TSM) survey, which includes questions about Berneslai Homes' approach to complaint handling. It's important to note that this is a perception-based survey,

meaning some respondents may report having made a formal complaint when they may have submitted a service request. The survey is conducted twice a year, with 1,900 tenants invited to take part in each wave. The first survey took place in May/June 2025, followed by a second wave in October/November 2025. Overall, 43% of tenants were satisfied with our approach to complaint handling. 43% in the first wave and 44% in the second wave. Compared to peer group midyear data, we are performing favourably.

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 7 – Risk/Concern/Focus and Action

Category	Risk/Concern	Action	Who	When
Concern and Focus Required	Overall, 25% of stage 1 complaints have escalated to Stage 2. Although this is comparable to the previous year, we should aim to reduce this during 2026/27 to reduce the risk of escalation to the HOS and improve satisfaction.	Work with Property Services to ensure thorough complaint investigations are taking place and promises made at Stage 1 are delivered.	Customer Services Manager / Property Services	On-going
Concern & focus required	Delays in carrying out repairs and inspections remain to be the main reason for Stage 1 and Stage 2 complaints.	Property Services to develop and implement a plan to manage resident's expectations, improve communication and set out clear timescale for clearing repairs and inspections that are outside of timescales.	Property Services	30 June 2026
Concern & focus required	Damp and mould complaints are high risk due to Awaab's Law, HOS priority and the increase in complex cases we are currently seeing within the complaint procedure.	Highlight high risk cases to Head of Property Services and EMT.	Customer Services Manager / Damp, Mould and Disrepair Manager	On-going

Category	Risk/Concern	Action	Who	When
Focus required	Identified learning requires focus to improve customer experience, reduce complaint volumes and upheld rates.	Quarterly complaint and learning meetings scheduled with a focus on learning. Regular oversight on progress and outstanding action shared with SMT and Committee on a quarterly basis.	Customer Services Manager/SMT	On-going.

7. Strategic Alignment

7.1 Berneslai Homes' 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. Colleagues are thorough and curious in investigations, looking beyond face value to get things right and are clear on what can be done to resolve issues fairly and identify learning. A 'Can-Do' approach is adopted and our aim is 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.

11.2 Upheld rates continue to be high during 2025/26. A focus on implementing learning is to take place during 2026/27.

11.3 Our ability to handle complaints effectively could lead to financial loss through compensation or legal challenge.

- 11.4 The temporary staffing situation within the Customer Services team was addressed during 2025/26, with all positions subsequently made permanent within the organisational structure.
12. Human Resources, Equality, Diversity, and Inclusion
- 12.1 Equality, Diversity, and Inclusion
- 12.1.1 Survey results show that 64% of complainants that completed the survey found it easy to complain and 80% felt that their complaint was handled fairly. This gives confidence that the complaint process is easily accessible with a range of ways to access the service, but we are hopeful that recent and planned initiatives will improve satisfaction further.
- 12.1.2 Analysis of complaints have been made by diversity strands, and this shows no significant concerns.
- 12.1.3 Volume of complaints made by BAME is too low to make meaningful analysis.
- 12.2 Human Resources
- 12.2.1 Temporary resources were recognised in 2025/26 as having a positive impact on performance, compliance, and staff wellbeing within the service. These resources became permanent in Quarter 3, and all positions have been filled, supporting additional stability for the service.
13. Sustainability Implications
- 13.1 An improved and monitored complaints process is vital to ensure tenants in our properties can report areas of concern so that they can be rectified, allowing tenants to live in good housing and maintain sustainable tenancies. By having a robust complaints procedure, which is monitored regularly, key themes can be identified and put right, allowing the service for tenants to continually improve based on feedback.
14. Associated Background Papers
- 14.1 None.
15. List of Appendices
- 15.1 Appendix 1 - Complaints Performance Summary.
Appendix 2 - Outcome of Complaints Policy Review.
Appendix 3 - Draft policy amendments.

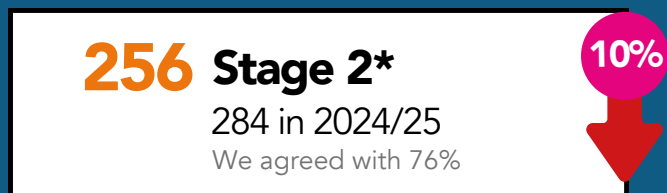
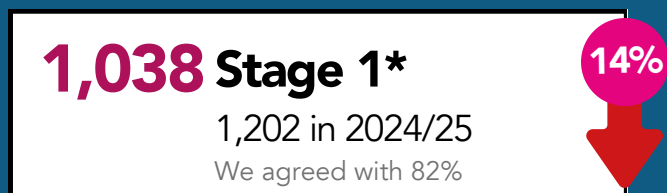
16. Glossary

- 16.1 HOS – Housing Ombudsman Service.
RSH – Regulator of Social Housing.
TSM – Tenant Satisfaction Measures.
LGSCO – Local Government Social Care Ombudsman.
MRC – Member Responsible for Complaints.
BMBBC – Barnsley Metropolitan Borough Council.

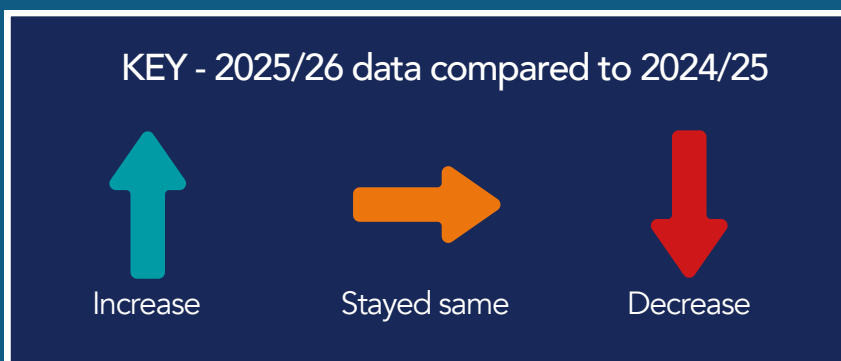
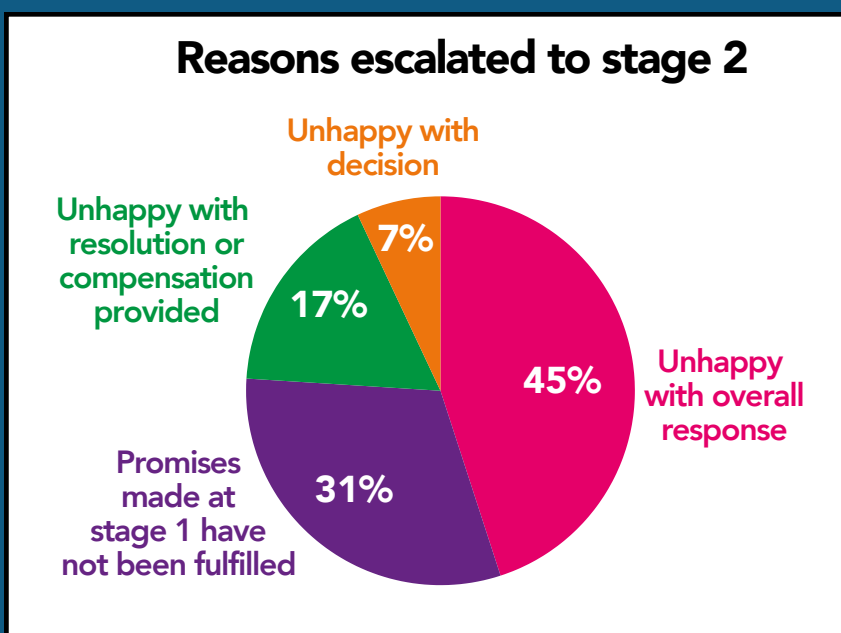
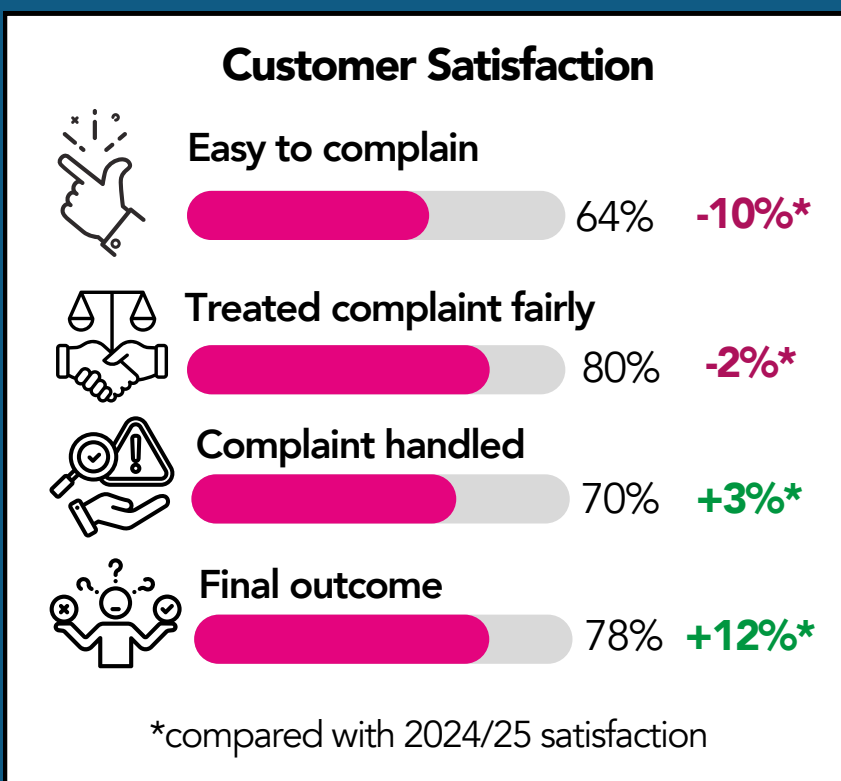
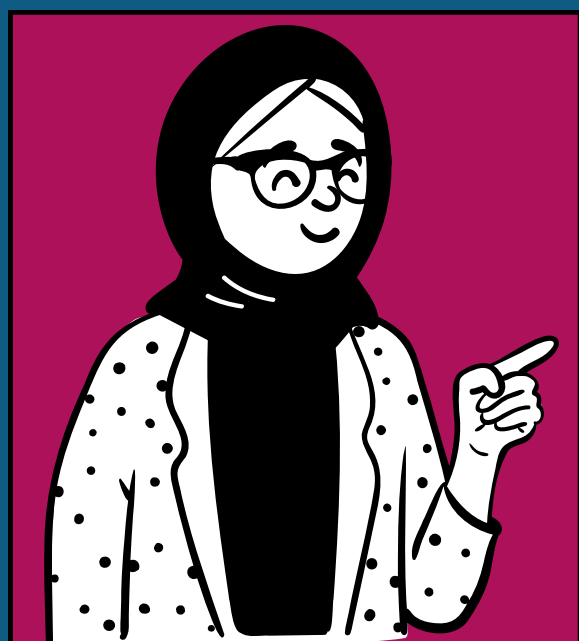
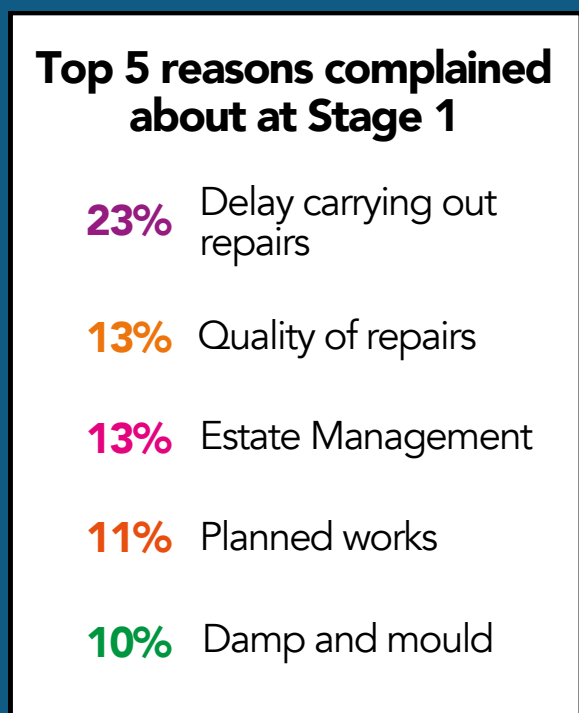
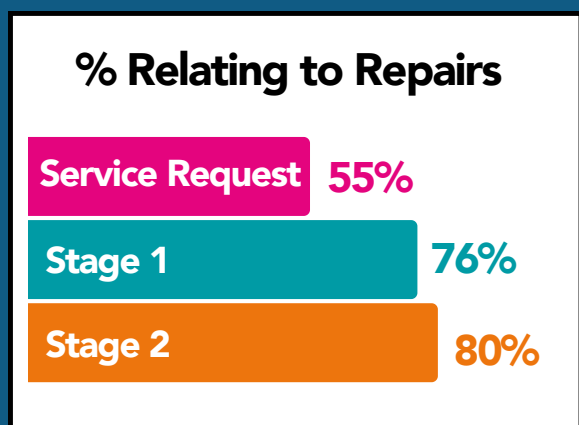
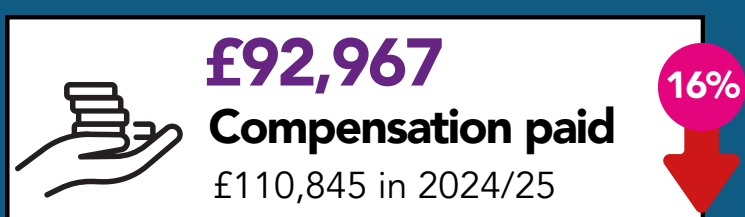
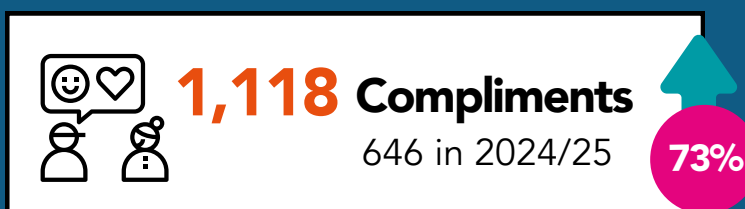
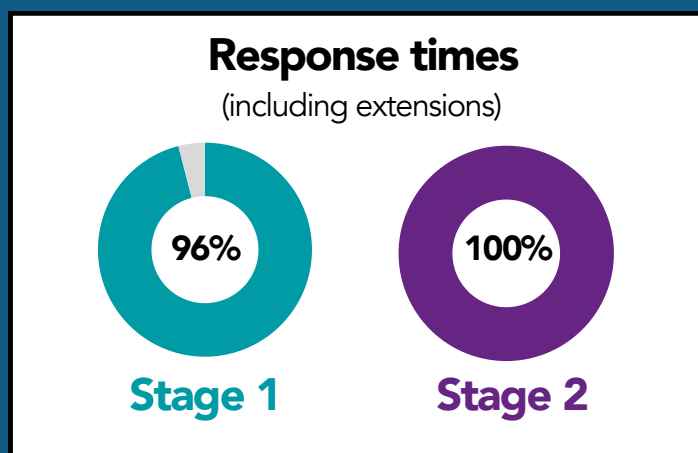
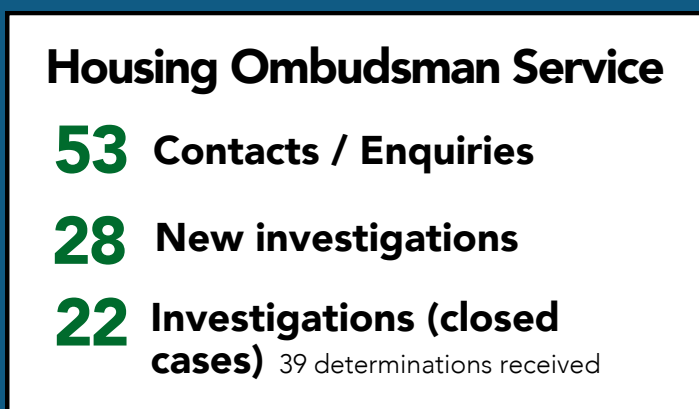
COMPLAINT PERFORMANCE

2025/26 Annual Summary

This report summarises the performance of our Complaints Service from 1 April 2025 to 31 March 2026



*complaints opened



Publish date: May 2026

Please note figures within this summary may change following auditing and monitoring checks

22 April 2026

SENT VIA EMAIL

Housing
Ombudsman Service

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Sarah Norman OBE
Chief Executive Officer
Barnsley Metropolitan Borough Council
Town Hall, Barnsley
S70 2TA

Dear Sarah Norman OBE

Re: Complaint policy first review – Mandatory meeting

Thank you for providing the landlord's annual submission to us, which was received on 4 August 2026. We have now carried out a review of the landlord's complaint policy to assess compliance with the Compliant Handling Code (the Code).

The purpose of the policy review process is to support the landlord with assessing the changes required to its complaint policy, providing commentary and recommendations where revisions are required to comply with the Code. This supports in extending consistency across the sector, ensuring that residents receive a fair service, regardless of where they live and who provides housing services.

The review focussed on key provisions of the Code based on what residents can reasonably expect to be included in a complaints policy document.

Through the review process we have identified:

- 9 number of recommendations; and
- We require further information to be included on 5.4 and 5.5 of its self-assessment regarding its third-party arrangements and the oversight of these.

Please see Appendix A at the end of this letter, setting these recommendations out.

NEXT STEPS

Due to the recommendations identified and further information required in relation to the landlord's third-party arrangements and how it oversees these, we want to discuss these and agree actions to support the landlord to meet the requirements of the Code. We require Barnsley Metropolitan Borough Council to attend an online meeting on **13 May 2026 at 13:00**.

The meeting will focus on the following key areas:

- the recommendations – clarification and requirements
- action points to meet the policy recommendation

- actions required to meet the requirements of the self-assessment
- timeframe for actions to be completed.
- the landlord's third-party arrangements.

If the landlord has any additional points it would like to include as part of the meeting, please let us know in advance. While we can assist with Code related questions and queries please note that we are unable to provide advice or updates on individual complaints or cases that are currently with our casework teams.

Meetings are held remotely via Microsoft Teams as standard. Should the landlord require an alternative platform such as Zoom or have difficulty accessing an online meeting, please do let us know as soon as possible by contacting compliance@housing-ombudsman.org.uk so we can discuss alternative arrangements.

ACTION REQUIRED

By no later than **6 May 2026** the landlord is required to confirm its attendance providing confirmation of who will be joining the meeting alongside their contact email address for the purposes of the meeting invites.

Should the meeting time or date not be convenient please come back to us as soon as possible with your suggested availability.

Please contact us at: compliance@housing-ombudsman.org.uk.

If the landlord does not respond by the above date, we may find it has failed to demonstrate compliance with the Code. The Ombudsman may take further action such as making a referral to the governing body or the Regulator of Social Housing.

If you require any further information or you are experiencing any difficulties, you must contact the Ombudsman Service compliance@housing-ombudsman.org.uk before the above date.

Yours sincerely

Paul Mallon
Duty to Monitor Officer
Duty to Monitor Team

Appendix 1

Code Provision	Code Requirement	Commentary / Observations	Recommendation
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.	<p>The landlord sets out on page 7 in section 'What is a service request?' that <i>"where a resident expressed dissatisfaction with our handling of a service request, we will raise a complaint, even when the service request is ongoing"</i>.</p> <p>However the landlord has not set out that it will not prevent/stall or impact on actions needed to resolve the service request. This is important to ensure residents are reassured that their service request will continue to be progressed promptly, even while the complaint is being investigated.</p> <p>In its self-assessment the landlord has recorded its compliance with the provision and refers to its policy as evidence. Furthermore, it refers to the results of its complaints handling survey, particularly its question 'How easy it was to make a complaint'.</p>	<p><u>Recommendation 1</u></p> <p>Recommendation for the landlord to review and update its policy to include that it will not prevent/stall or impact on actions needed to resolve any immediate issues (i.e., the service request)</p>

2.2	<p>A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated, 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>The landlord sets out in section 5 of its policy on page 7-8 under section 'Complaints which we will not consider' its list of complaint exclusions.</p> <p>In its list of exclusions, the landlord has included <i>"when a resident repeatedly makes serious allegations that employees or contractors have committed criminal, corrupt, or perverse conduct without any evidence."</i></p> <p>It is unclear whether the landlord is trying to exclude matters that are better dealt with by the police or other authorities or whether it is trying to exclude a behaviour that is addressed in section 12 of its policy ('Unacceptable Behaviour and Unreasonably Persistent Complaints').</p> <p>On this basis, there is no requirement for this to be listed as an exclusion. In its self assessment, the landlord has recorded its compliance with the provision and refers to its policy and website FAQs as evidence.</p>	<p><u>Recommendation 2</u></p> <p>Recommendation for the landlord to review and update its policy to ensure that any exclusions listed are fair and reasonable.</p> <p>More specifically, it should consider removing the exclusion <i>"when a resident repeatedly makes serious allegations that employees or contractors have committed criminal, corrupt, or perverse conduct without any evidence."</i> as this is addressed separately in its policy under section 12 ('Unacceptable Behaviour and Unreasonably Persistent Complaints').</p>
5.4 5.5	<p>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.</p> <p>Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.</p>	<p>It is understood from the landlord's submission that Berneslai Homes is an arms-length management organisation (ALMO) responsible for managing housing stock on behalf of Barnsley Council.</p> <p>In its self-assessment, the landlord refers to Section 5 of its complaints policy, which outlines how complaints handled by third parties or contractors are managed. The policy states that when a complaint spans multiple service areas or organisations, Berneslai Homes will appoint a lead officer to coordinate a single response. It also explains that the Customer Services Team will validate a Stage 1 response from a contractor before it is issued to the resident.</p>	<p><u>Recommendation 3</u></p> <p>Recommendation for the landlord review and update its policy to include:</p> <p>Which third parties its policy applies to (e.g., the contractor)</p> <p>Whether the third-party handles Stage 1 only or both Stage 1 and Stage 2.</p> <p>If a resident raises a complaint with the landlord's third party at Stage 1, should it make its Stage 2 request through the third party or Berneslai Homes?</p>

	<p>A review of Section 5 ('How we handle complaints about a third party acting on our behalf') confirms that residents may raise complaints either directly with the contractor or with the landlord, and that such complaints will be dealt with in accordance with the landlord's complaints policy. The policy further notes that, regardless of who responds, Berneslai Homes will record, monitor, and report on third-party complaints in the same way as all other complaints.</p> <p>However, beyond the validation of Stage 1 responses, it is unclear from the landlord's self-assessment how it ensures that third parties comply with the full requirements of the Housing Ombudsman's Complaint Handling Code at all stages, including Stage 2. This may involve quality assurance processes, data-sharing protocols, or practical oversight measures such as dip-sampling complaint files and holding regular meetings with contractors to review themes, performance, and learning.</p> <p>If third parties are expected to follow the landlord's complaints policy, the policy should explicitly identify which external organisations it applies to (e.g., specific contractors). Where residents are permitted to raise complaints directly with a contractor, the policy should also include the contractor's contact details.</p>	<p>As the landlord has indicated that residents can raise their complaint directly with the third party, that relevant contact information is included in its policy.</p> <p><u>Recommendation 4</u></p> <p>For the landlord to update its self-assessment in response to Code provision 5.5 to outline how it assures itself that its third parties handle complaints in line with the Complaint Handling Code.</p>
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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.	<p>The landlord sets out in section 7 (pg. 12, 'Stages of a complaint) its approach to complaint extensions.</p> <p>However, although it is noted from its policy that on its acknowledgement to the resident (pg. 12) it sets out <i>"how we will keep the resident informed if we find that we are unlikely to respond in time"</i>, the landlord does not set out that it will agree with the resident suitable intervals for being updated on their complaint, in circumstances that its response falls outside of the extended timescales of the Code.</p> <p>In its self-assessment, the landlord has recorded its compliance with the provision and refers to its policy as evidence. Furthermore, the landlord sets out its performance in respect of timescales.</p>	<p><u>Recommendation 5</u></p> <p>Recommendation for the landlord to review and update its policy to include that when its response falls outside of the extended timescales set out in the Code, it will agree with the resident suitable intervals for being updated on their complaint.</p> <p>This could involve agreeing with the resident when and how often they will receive progress updates on their complaint. This helps improve communication and offers reassurance to residents that they will be kept informed about the status of their complaint.</p>
6.3	Landlords must issue a full response to stage 1 complaints within 10 working days of the complaint being acknowledged.	<p>The landlord sets out in section 7 of its complaints policy (pg. 12, 'Stage 1') that <i>"we will post or email the response letter within 10 working days"</i>. However, the Code requirement is explicit that this must be <i>"within 10 working days of the complaint being acknowledged"</i>.</p> <p>In its self-assessment, the landlord has recorded its compliance with the provision and refers to its policy, website, and printed guides as evidence. It further signposts to its complaint handling performance on its website.</p>	<p><u>Recommendation 6</u></p> <p>Recommendation for the landlord to review and update its policy to explicitly state that it will a full response to a stage 1 complaint within 10 working days of the complaint being acknowledged.</p>

6.4	<p>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.</p>	<p>The landlord sets out in section 7 of its complaints policy (pg. 12, 'Stage 1') that <i>"any extension must be no more than a further 10 working days without good reasons"</i>.</p> <p>The landlord sets out in section 7 of its complaints policy (pg. 12, Stage 1') that <i>"should an extension to the standard timescale be needed we will inform the resident of this and the reason"</i>. However, the landlord does not include that it will provide the resident with the expected timescale for response.</p> <p>In its self-assessment, the landlord has recorded its compliance with the provision and refers to its policy as evidence. It further provides a summary of its complaint extension performance during 24/25.</p>	<p><u>Recommendation 7</u></p> <p>Recommendation for the landlord to review and update its policy to include that on contacting the resident following any stage 1 complaint extension, it will explain the rationale for its decision and the expected timescale for response.</p>
6.6	<p>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.</p>	<p>The landlord sets out in section 7 of its complaints policy (pg. 12, 'Stage 1' and pg. 14, 'Stage 2') that <i>"we respond to a complaint when we know the answer to the complaint, not when we completed the actions required to address the issue"</i>.</p> <p>The landlord does not set out in its policy at either Stage 1 or Stage 2 of its process that updates are provided to the resident on outstanding actions.</p> <p>In its self-assessment, the landlord has recorded its compliance with the provision and refers to its policy as evidence, including the relevant section.</p>	<p><u>Recommendation 8</u></p> <p>Recommendation for the landlord to review and update its policy that updates will be provided to the resident on outstanding actions.</p> <p>This may include a specific reference to stage 1 and stage 2 responses or a statement covering both.</p>

6.15	<p>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.</p>	<p>The landlord sets out in section 7 of its policy (pg. 14, 'Stage 2') that <i>"any extension must be no more than a further 20 working days without good reason"</i></p> <p>The landlord sets out in section 7 of its policy (pg. 14, 'Stage 2') that <i>"if we need an extension to the Stage 2 standard timescale, we will inform the resident of this and the reason for this"</i>. However, the landlord does not include that it will provide the resident with the expected timescale for response.</p> <p>In its self assessment the landlord has recorded its compliance with the provision and refers to its policy as evidence, including the relevant section. It further sets out that it recorded extensions and audits the reasons for the purposes of reporting performance to its Board and BMBC.</p>	<p><u>Recommendation 9</u></p> <p>Recommendation for the landlord to review and update its policy to include that on contacting the resident following any stage 2 complaint extension, it will explain the rationale for its decision and the expected timescale for response.</p>
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BERNESLAI HOMES POLICIES & PLANS



Complaint Policy

Document Control

Title	Complaint Policy
Responsible Officer	Sarah Barnes, Head of Customer Services
Author	Toni Allen, Customer Services Manager
Subject	A policy which sets out how we deal with complaints.
Information Asset Owner	Sarah Barnes, Head of Customer Services.
Approved by	Executive Management Team
Approved date	26 th March 2024 amend once approved
Review date	March 2027 amend with approval date +3 years
Review responsibility	Toni Allen, Customer Services Manager
Applicable to	Tenants, Residents, Housing Applicants, and any other customers of Berneslai Homes
DPIA Completion Date	N/A
EIA Completion Date	6 th March 2024 amend once approved
Regulatory Framework	Transparency, Influence and Accountability Consumer Standard Housing Ombudsman Complaint Handling Code
Legislative Duties	The Social Housing (Regulation) Act 2023 empowers the Housing Ombudsman to issue the Complaint Handling Code. It also places a duty on the Ombudsman to monitor compliance with the code.

Revision History

Date	Version	Author	Comments
06.03.2024	0.1	Toni Allen, Customer Services Manager	Draft version
19.03.2024	02	Toni Allen, Customer Services Manager	Draft version 02, minor amendments following Tenant Consultation.
05.06.2024	03	Joanne Cooke Senior Customer Services Officer	Updated Housing Ombudsman contact details
09.05.2026	04	Toni Allen, Customer Services Manager	Updated following outcome of Housing Ombudsman policy review.

Consultation and distribution

Type	Details
Consultation	Customer Service Team, Operational staff, Heads of Service, Tenants, Senior BMBC Staff
Distribution	Operational staff involved in the process



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Contents

1. Introduction

Berneslai Homes is an arms-length management organisation (ALMO) responsible for managing around 18,000 homes on behalf of Barnsley Council.

Barnsley Council have delegated complaint handling to Berneslai Homes under the terms of our services agreement. Barnsley Council have responsibility for ensuring we handle complaints in line with our policy and that in doing so we are compliant with the Housing Ombudsman Complaint Handling Code.

2. Policy Aim

We understand that sometimes things go wrong. This policy is designed to ensure that if residents have the need to complain, we handle the complaint well and in line with the statutory Housing Ombudsman Complaint Handling Code. It ensures that we put things right for residents, along with identifying learning and making improvements from complaints.

This policy sets out the following:

- What a complaint is, including what we can consider.
- How residents can access the service and register a complaint.
- How we deal with and respond to complaints.
- How we put things right.
- How we learn and make improvements.
- The role of the Housing Ombudsman.
- How we monitor and report our complaint handling performance and compliance.
- Our role and responsibilities.
- Unacceptable behaviour and unreasonably persistent complaints.
- How we train staff.

3. Regulatory and Legal Responsibilities

This policy meets our regulatory duties under the **Transparency, Influence and Accountability Consumer Standard**.

The Transparency, Influence and Accountability Standard requires landlords to be open with tenants and treat them with fairness and respect so they can access services, raise concerns when necessary, influence decision making and hold their landlord to account. This standard also sets out requirements for landlords to gather and report our performance against the Tenant Satisfaction Measures, which include measures for complaint handling performance and tenant perception on effective complaint handling.

This policy meets our duties under the Social Housing Act 2023 which legislates that social housing landlords' must comply with the Housing Ombudsman Complaint Handling Code.

4. Roles and Responsibilities

This section sets out our roles and responsibilities in respect of this policy and our approach to complaint handling.

Staff

All staff

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.

Staff with responsibility for Complaint handling (Investigating Officers)

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.

Customer Services Team

We have a small team of specialist staff who co-ordinate and oversee our complaint handling service. They are responsible for the following:

- Developing and reviewing this policy and procedures.
- Completing the Annual Self-Assessment against the code.
- Performance monitoring and reporting.
- Gathering resident feedback.
- Offering specialist support and guidance to investigating officers.
- Stage 2 investigations.

Lead Officer Roles

Our Head of Customer Services is the Lead Officer with responsibility for complaint handling and compliance with the Housing Ombudsman Code.

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.

They have authority to issue the final Stage 2 response to complaints.

Governing Body Roles and Responsibilities

Member Responsible for Complaints (MRC)

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:

- our annual self-assessment against the code; and
- our quarterly performance and learning reports.

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.

Board and Customer Service Committee Members

Customer Services Committee and Board have organisational responsibility for governance of and assurance that our complaint policy and practice aligns to the Housing Ombudsman Code.

They receive and respond to:

- our annual self-assessment against the code; and
- our quarterly performance and learning reports.

We have a Board Complaint Handling Champion who supports officers and residents in ensuring we have a positive complaint handling culture.

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.

5. What is a complaint?

Definition of a complaint

'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'.

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.

What is a service request?

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 them, monitor, and review them for learning and improvements.

Where a resident expressed dissatisfaction with our handling of a service request, we will raise a complaint, even where the service request is ongoing. [By raising a complaint, we will not prevent/stall or impact on actions needed to resolve the service request.](#)

Examples of complaints are set out below:

- We repair something wrong or badly.
- We do not do something that we promised to do or should have done, for example we don't place a repair order that you made, or we don't turn up for an appointment we made.
- Our staff behaviour is not acceptable.
- We do not provide a service within our specified times.
- We fail to communicate as we promised.
- We fail to meet our legal duties.
- We do not manage reports of Anti-Social Behaviour.
- We give wrong or misleading advice.
- We do not act within agreed policies, procedures, or service standards.
- We delay in undertaking work which cannot be explained within the terms of policy and procedure.
- We display bias or inequality of treatment.

Complaints which we will not consider.

We will not consider complaints in the following circumstances:

- 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.
- 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.

- 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. Where a resident makes a complaint that should be dealt with as a review, we will confirm with the resident the process that we will follow.
- Where the matters have previously been considered under both stages of this complaints policy.
- Where a claim arises relating to alleged damage of belongings or personal injury, these are investigated through the Insurance route by Barnsley Council.
- Where a complaint has been pursued in a way that we determine is unreasonable.
- ~~When a resident repeatedly makes serious allegations that employees or contractors have committed criminal, corrupt, or perverse conduct without any evidence.~~

If we decide not to accept a complaint, we will provide a detailed explanation to the resident within 5 working days setting out:

- The reasons why the complaint will not be dealt with under our Complaints policy.
- Any individual circumstances we considered in making our decision; and
- The resident's right to take that decision to the Ombudsman.

Each complaint is considered on an individual basis, we do not take a one size fits all approach when excluding complaints.

We record and report on any complaint that we have excluded from our complaint's procedure.

How we deal with complaints about high-rise buildings.

All complaints about high rise buildings will be dealt with in line with this policy.

Following the introduction of the Building Safety Act 2022, residents in high-rise buildings can complain to the accountable persons and the principal accountable person about the building risks for example:

- Their communications to residents.
- Responses to raised concerns.
- How they manage building safety risks.

Residents can also raise concerns about building safety risks, which are structural safety issues and spread of fire issues. For example:

- Flammable cladding on the outside of a building.
- Fire doors or smoke extraction which are not working or missing that may increase the risk of fire spread.

- Failure of the building's structure, such as parts of the building collapsing, cracks, or parts of the building falling off.

The Fire and Asbestos Compliance Manager will be made aware of any complaints that relate to high rise buildings and will investigate and respond to the resident at stage 1 of this procedure.

The accountable persons and principal person in the Building Safety Project Board will have oversight of all stage 1 complaints. Stage 2 complaints will be investigated by the accountable persons and principal person in the Building Safety Project Board. If the resident is not satisfied with our procedure, they can refer a complaint to the Building Safety Regulator.

How we handle complaints about a third party acting on our behalf.

Residents wanting to make a complaint about services delivered by a contractor, [such as Wates, they can either make a complaint should be made](#) directly to ~~the contractor or to~~ us. The complaint will be dealt with in line with this policy and residents will not be expected to go through two complaints procedures (ours and the contractors). If the complaint is complex and/or involves different service areas, then we do not expect the contractor to lead on responding. We will respond on behalf of all parties. Where a contractor leads on responding they will do this in line with this policy and have received training to enable this to happen. Where contractors respond to a stage 1 complaint, they will make the resident aware, [within the response letter](#), of their right to escalate to stage 2 [and how to do this. Escalation requests should be made to us \(Berneslai Homes\)](#) and that we (Berneslai Homes) will have responsibility for [Stage 2 investigations and](#) the final response. We also monitor the quality of contractor responses.

Irrespective of who responds to the complaint, we record, monitor and report on third party complaints as we do all other complaints.

Dissatisfaction with services made through a survey.

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.

6. How to make a complaint

Ways to contact us.

We will always try to make it easy for residents to complain by providing different ways to contact us.

A complaint can be made in any of the following ways:

- By emailing us at customerservices@berneslaihomes.co.uk
- By visiting our website and completing an [online form](#)

- By telephone on 01226 787878.
- In writing to Customer Services, Berneslai Homes, PO BOX 627, Barnsley, S70 9FZ.
- In person to Berneslai Homes staff.
- 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).
- Via social media (to maintain the resident's privacy we will ask for details to be sent in private messages).

If we are contacted by a third party or representative including family members or friends, we will establish with them how the resident would like to progress. Once we have established the need for a service request or a formal complaint, we would obtain permission from the resident they are representing. We would not ask for permission if the representative was a Local Authority Councillor, MP or from the Mayor's office because they have the resident's contact information, summary of issues, and are acting in the capacity of their role. This shows they have implied consent. We would however still establish whether the contact from the Local Authority Councillor, MP or from the Mayor's office is an enquiry, service request or are they representing the resident to make a complaint.

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. Examples of reasonable adjustments include:

- 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.

This policy is published on our website, and residents can do the following:

- Change colours, contrast levels and font size.
- Zoom in up to 300% without text spilling off the screen.
- Access the policy from a smart phone, tablet, laptop, or PC.

How we publicise details of the complaints policy.

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.

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.

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 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'.

7. How we respond to complaints

Acknowledging the complaint

Once we have received a complaint, we will let the resident, or their representative know the following in writing within 5 working days. We will contact them within this time to discuss and clarify the points of their complaint and to ensure that we deal with complaints on their merits and give the resident a fair chance to set out their position.

We will use this information to assess the complexity of their complaint to decide if an extension to the standard timescale is needed. We also identify whether there is any conflict of interest we need to be aware of before allocating the investigation.

We do this at both stages.

Our acknowledgement letter will contain the following:

- The complaint stage.
- Our understanding and definition of the complaint.

- All aspects of the complaint we will investigate.
- Any points we are excluding and the reasons why.
- The outcome that the resident has told us that they are seeking.
- 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.

Stages of a complaint

We have two stages within our complaints policy.

Stage 1

We will investigate the issues the resident has raised by doing the following:

- We will consider whether we have complied with any legal duties.
- We will consider whether we have followed our own policies and procedures.
- We will talk to staff members who have been involved in the case.
- We will review evidence we have on record or supplied by the resident.
- We may need to request further information from the resident or other person involved.

We will post or email the response letter within 10 working days [of the complaint being acknowledged](#). 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 [explain](#) the reasons [for this decision and the expected timescale for the response](#). 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 complaint response falls outside of the 10 working day extension, we will agree with the resident intervals for when we will update them on their complaint](#). 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.

The stage 1 response will contain:

- 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.

We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue. [Outstanding actions will be tracked, and we will provide the resident will appropriate updates on any outstanding matters.](#)

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.

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.

Stage 2

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. 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.

We ask residents to tell us why they are dissatisfied with our stage 1 response. Some examples are below:

- The resident does not think we responded to the issues they raised in their complaint.
- They do not agree with our decision at stage 1 of their complaint and the reasons for this.
- The resident has new or relevant information that may change the decision we made in our stage 1 response.

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.

The person investigating the complaint at stage 2 will not be the same person that investigated the complaint at stage 1.

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:

- If the complaint should not be looked at further because it could compromise legal proceedings to do so.
- If it has now become clear that this complaint has previously fully exhausted the complaints process.

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.

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. 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 [explain the reasons for this decision and the expected timescale for the response.](#) ~~W~~[We will do this w](#)here 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 complaint response falls outside of the 20 working day extension, we will agree with the resident intervals for when we will update them on their complaint.](#) 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.

The stage 2 response will contain:

- The complaint stage.
- The details of the complaint (complaint definition).
- The decision on the complaint.
- The reasons for any decisions we have made.
- The details of any actions we will take to put things right including timescales for this.
- Details of how the resident can escalate the matter to the Housing Ombudsman if they remain dissatisfied.

We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue. [Outstanding actions will be tracked, and we will provide the resident will appropriate updates on any outstanding matters.](#)

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. See section 10 of this policy.

Conflict of Interest

We are committed to the fair treatment of all our employees and residents that work with or access this policy. Maintaining integrity, exercising good judgement, and demonstrating good governance and risk management during the complaint process is vital. To protect the integrity of the person investigating a complaint and the

decision-making process, we will take measures to address any actual or perceived conflict of interest.

A conflict of interest occurs when an employee's personal interests, such as family, friendships, close work colleague, financial or social factors could compromise the employee's judgement, decisions, or actions. Where employees have a conflict of interest with a complainant who has raised a complaint that is allocated to them, they should inform their line manager immediately, who will reallocate the case to a different person to investigate.

Employees should behave in accordance with the Code of Conduct policy and declare any conflict of interests.

8. Putting things right

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.

These can one or more of include the following remedies:

- Apologising.
- Acknowledging where things have gone wrong.
- Providing an explanation, assistance or reasons.
- Taking action if there has been a delay.
- Reconsidering or changing a decision.
- Amending a record or adding a correction or addendum.
- Providing a financial remedy.
- Changing policies, procedures, or practices.

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.

Where we are offering financial remedy, we will follow our Compensation Policy which we have developed in accordance with the Housing Ombudsman remedies guidance.

9. Continuous learning

Service improvements.

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.

At the closure of each complaint the investigating officer is responsible for reviewing the complaint, looking beyond the circumstances of the individual complaint to identify any learning.

The investigating officer will complete a 'Service Improvement Review Form' to record any learning and actions.

The Customer Services Team will record all learning on the Service Improvement log, and they are responsible for monitoring service improvements through to implementation.

We report on continuous learning and actions to address learning from complaints in the following ways:

- Residents through regular updates on our website, social media and in our annual reports.
- Involved residents through our Service Improvement Panel Group which meets every 3 months and our Tenant Voice Panel on an annual basis.
- Staff through regular team brief updates and training.
- 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.
- 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.
- 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.
- The Council through specific complaint handling and learning reports to Cabinet. The response from MRC is published on our website.

10. The Housing Ombudsman

The Housing Ombudsman is set up by law to look at complaints from registered providers of social housing. Its vision is to improve residents' lives and landlords' services through housing complaints. All local authorities and registered social housing providers are required to be members of the Housing Ombudsman Scheme. Barnsley Council is a member of the scheme and we (Berneslai Homes) have delegated responsibility to investigate complaints in compliance with this policy and the Housing Ombudsman Complaint Handling Code.

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.

The Housing Ombudsman have published a Complaint Handling Code which is statutory from 1st April 2024, meaning we are obliged by law to follow its requirements. The Code aims to achieve best practice in complaint handling and ultimately to provide a better service to residents. This policy is developed to meet the requirements published in the Code.

The Housing Ombudsman promote learning from across the sector and do this by sharing their knowledge and insights to maximise their impact and improve services. They periodically produce spotlight reports that look at thematic issues. We review these spotlight reports, complete self-assessments, and develop an action plan with learning relevant to us. These reports, along with any plans developed are shared with the Customer Service Committee.

Residents can contact them regarding enquiries and advice at any point before or during the complaint process. Their contact details are below:

Complaint form: Fill in the online complaint form <https://www.housing-ombudsman.org.uk/residents/make-a-complaint/>

Email: info@housing-ombudsman.org.uk

Phone: 0300 111 3000

Phonelines are open Monday to Friday 9am to 5pm.

Lines will be closed for staff training every Thursday from 3.30pm to 5pm.

Calls are recorded for training and monitoring purposes.

Write to:

Housing Ombudsman Service

PO Box 1484

Unit D

Preston

PR2 0ET

Fax: 020 7831 1942

Local Government and Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman deals with housing allocation complaints under Part 6 of the Housing Act 1996, which includes the following:

- The treatment of applications, whether dealt with by the local authority or any other organisation acting on its behalf.
- The assessment of applications, the award of points, banding or a decision that the application does not qualify for reasonable preference.

Field Code Changed

- The operation of choice-based lettings schemes.
- The suitability of accommodation offered.

A collaborative approach may be used when dealing with some other complaints depending on their nature. In most complaints, the resident will contact the Housing Ombudsman.

If a referral to the Local Government and Social Care Ombudsman is needed, we will let the resident know.

11. Self-Assessment, Performance Management, Governance and Compliance

This section of the policy sets out how we assess compliance with our policy and the Complaint Handling Code. It outlines our performance management arrangements and how we gather resident feedback.

The Social Housing (Regulation) Act 2023 places a legal duty on the Housing Ombudsman to monitor landlord compliance with the statutory Complaint Handling Code.

The Housing Ombudsman will monitor our compliance by checking we have done the following:

- Scrutinised and challenged our compliance with the Code by completing the self-assessment.
- Provided complaints handling performance data and data relating to learning from complaints to our governing body and published the outcome on our website. As an ALMO, this is our Board (through the Customer Service Committee) and BMBC.
- Complied with the Code in policy, and that any deviations are explained and are reasonable.
- Complied with the Code in practice by investigating complaints that residents have brought to the Housing Ombudsman after we have responded.

Self-Assessment against the Complaint Handling Code

We will complete and submit our self-assessment annually to the Ombudsman to ensure that our 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.

We will publish our self-assessment on our website by 30th June each year and we will also include a response to our self-assessment from our Board and BMBC.

Monitoring complaint handling

The Customer Services Team monitor complaint performance on a routine basis as follows:

- Daily monitoring of complaints nearing their expected completion dates.
- Monthly review of a proportion of closed complaints to assess quality and ensure learning has been identified.
- Monthly assessment of performance reports including resident satisfaction and tracking that we have fulfilled complaint resolutions.

Reporting, publishing and governance of complaint handling performance

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.

A summary of these reports are published on our website.

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.

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.

We publish this report in the complaints section of our website, along with a response from our Board and BMBC.

These reports will contain:

- 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.

Resident feedback

Gathering feedback from residents who have made a complaint is important to us and helps us understand how satisfied residents are with how we have handled their complaint. We do this in 3 different ways.

- **Transactional Surveys** -We use the feedback to assess our progress, learn from residents as well as identify and make improvements with our complaint handling and as evidence in our annual complaint handling self-assessment.

We survey residents who have accessed our complaints procedure. We aim to survey 50% of residents that have made a Stage 1 complaint and 100% of residents that escalated their complaint to stage 2.

- **Perception Survey** – We gather the Tenant Satisfaction Measures (TSM) relating to complaint handling through our perception survey. The methodology for how we gather and publish TSMs is on our website.
- **Service Improvement Panel** - We meet with a panel of tenants and our Board Complaint Handling champion four times a year to review a selection of complaints to assess compliance and quality.

What we do if we are unable to comply with the Code due to exceptional circumstances

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.

12. Unacceptable Behaviour and Unreasonably Persistent Complaints

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.

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:

- Verbal abuse, aggression, or violence – unacceptable language that is offensive, derogatory, patronising, discriminatory, racist, sexist, homophobic or transphobic comments.
- Serious allegations that other residents or staff have committed criminal, corrupt, or perverse conduct without any evidence.
- 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).
- 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).

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.

13. Training

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.

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;

- Deal with complaints on their merits, act independently and have an open mind.
- Give the resident a fair chance to set out their position.
- Take measures to address any actual or perceived conflict of interest.
- Consider all relevant information and evidence carefully.

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:

- 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.

We will communicate any changes to this policy or procedures to ensure staff are up to date with current policy and their responsibilities.

14. Equality, Diversity, and Inclusion

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.

We monitor complaints to ensure we have complied with our Equality, Diversity, and Inclusion Strategy 2022-25.

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.

Our Equality, Diversity and Inclusion Strategy meets our duties under the Equality Act 2010 (the Act) is about the following:

Equality - Of access to opportunities.

Diversity – Recognise and celebrate differences.

Inclusion – Belonging and acceptance, feeling valued for who you are.

15. Related documents

The following documents are to be used in conjunction with this policy:

- [Compensation Policy](#) (internal)
- [Customer Warning Indicators](#)
- [Service Improvement Framework \(not public\)](#)
- [The Housing Ombudsman Self-Assessment](#)
- [Customer Excellence Strategy](#)
- [Equality, Diversity, and Inclusion Strategy 2022-25](#)

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

1. Executive Summary	<p>1.1 This report provides the Board with a quarterly update on Berneslai Homes' current risk position and progress in strengthening risk management arrangements. A more detailed version of the report was presented to the Audit & Risk Committee on 9th April 2026, and their feedback has been incorporated throughout this paper.</p> <p>1.2 The refreshed Risk Management Framework, including the new Risk Management Policy and the updated Strategic Risk Register, are presented for Board approval. As the Risk Management documents were not considered at the Audit & Risk Committee meeting on 9th April, they were subsequently approved by Committee members by email. As part of that approval process, some changes were requested to the Risk Management Policy for Board approval.</p> <p>1.3 There are currently 15 active strategic risks. A number of inherent risks are high; however, once existing controls are applied, all risks are reduced to a residual rating of no higher than Amber, indicating that controls are operating effectively. The most significant strategic risk themes relate to regulatory compliance and customer safety, particularly building safety and consumer standards, alongside financial sustainability. These risks are affected by wider pressures on workforce capacity, data quality, cyber security and day-to-day service delivery.</p> <p>1.4 The report also provides updates on contingent liabilities, business continuity arrangements, Housing Ombudsman severe maladministration, and progress against the Failure to Prevent Fraud requirements.</p>
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<p>Executive Summary (Cont'd)</p>	<p><u>Customer Voice/Impact</u></p> <p>1.5 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, controls and actions within the risk register are intended to strengthen customer voice and improve service outcomes.</p>
<p>2. Recommendations</p>	<p>Audit and Risk Committee recommend Board:</p> <ul style="list-style-type: none"> i. Review and comment on the Risk Management Quarterly Update. ii. Approve the refreshed Strategic Risk Register iii. Approve the refreshed Risk Management Policy iv. Approve the revision to the Board Risk Appetite v. Approve the request to amend to the RAG alignment of risk appetite scores.

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

New Risk Management Framework

4.1 This report sets out the refreshed Risk Management Framework, focusing on the core Policy document and the current Strategic Risk Register, which was developed following the dedicated Board and EMT session facilitated by DTP. As part of this review, relevant risks from the previous Strategic Risk Register have been consolidated, where still applicable, and integrated into the refreshed Strategic Risk Register. While the Policy document has been refreshed to reflect the updated framework and supporting arrangements, the underlying roles and responsibilities, together with the organisation's approach to risk monitoring, escalation and reporting, remain unchanged.

4.2 The report presents for Board approval the new Risk Management Policy (**Appendix A**) and the refreshed Strategic Risk Register (**Appendix B**).

4.3 The Policy and refreshed Strategic Risk Register have been approved by the Executive Management Team and shared with the Audit & Risk Committee and the Chair of the Board, ahead of formal consideration by Board. This approach has ensured appropriate scrutiny while supporting timely decision-making. Corporate Assurance were also provided with sight of the documents and access to the risk system prior to the Board report. Committee members have approved the Policy and the Strategic risks, whilst also feeding back their comments – the key changes as a result of the feedback include:

- a) An update on the Risk Appetite (highlighted in red – page 24 of the Risk Management Policy attached as Appendix A) regarding Asset Management – for approval by Board.
 - b) A request to amend the RAG alignment of risk appetite scores, so that Green aligns with an Open appetite and Red aligns with an Averse appetite – action to be approved by Board.
 - c) A request to add more detail to the risk summary document (Appendix B) – this has been added.
- 4.4 Following Board approval, risk management training will be delivered to risk/control/action owners in June 2026, covering both the refreshed framework and the practical use of the new system, to support consistent and high-quality application across the organisation.
- 4.5 Further work will commence to also align the Risk Management Framework with a new Assurance Framework, providing a clearer link between strategic risks, sources of assurance and reporting to EMT, the Audit & Risk Committee and the Board. This will strengthen overall assurance arrangements and support more integrated risk and assurance reporting, including preparation of the Annual Governance Statement in August/September 2026.

Strategic Risks:

- 4.6 There are currently 15 active strategic risks. The detail of the Risks is attached (**Appendix B**). The direction of risks will be included in future reports, once sufficient data is available to indicate movement. As the risks are newly established, no change is currently reported. The detail of the risks is updated regularly during facilitated meetings and lead officer monitoring.
- 4.7 The risk scoring shows a number of Inherent risks rated as Red; however, once current controls are applied, all risks reduce to a Residual rating of no higher than Amber. This indicates that, while the underlying risk exposure remains high in some areas, controls are operating to reduce risk to an acceptable level.
- 4.8 All Risks are linked to a number of key reporting areas in the risk register, including: the current Risk Appetite, Strategic Objectives and Strategic Priorities.

Sector Risk Profile

- 4.9 The current strategic risk register (Appendix B) was developed following the dedicated Board and EMT session facilitated by DTP. During the session the risks highlighted within the Sector Risk Profile were considered. Board is asked to confirm whether the current Strategic Risk Register adequately reflects the full range of risks identified within the [Sector Risk Profile 2025](#), and to advise where any material sector risks relevant to Berneslai Homes are not sufficiently captured or require further reflection.

Contingent Liabilities

- 4.10 The Audit & Risk Committee at their meeting on 9th April 2026, noted that there are currently no contingent liabilities, following the resolution of a long-standing matter through a successful appeal which confirmed there is no liability for Berneslai Homes. Members queried whether any contingency should be reflected in the accounts; management confirmed this had been considered in the 2024/25 accounts with the external auditors, who advised that there was insufficient certainty under accounting standards to recognise a contingency. It was also noted that no recovery of costs is anticipated.

Housing Ombudsman Maladministration

- 4.11 A Severe Maladministration update has been included in the Risk Update to ensure that the Board has visibility of the Housing Ombudsman finding, the associated risks and the management actions in place. The findings and management response have been reviewed by the Audit & Risk Committee through the appropriate governance arrangements, with operational oversight of the action plan retained by the Customer Services Committee. There has been one Severe Maladministration to date at Berneslai Homes.

Emergency Planning Update

- 4.12 A local power outage occurred in the Birdwell area in February 2026. Berneslai Homes (BH) responded by issuing an urgent customer notice on the same day, advising tenants to contact the Repairs Hotline if they were experiencing issues with boilers or heating systems as a result of the outage. This response was part of BH's business continuity arrangements, ensuring that tenants received timely support and guidance during the disruption. An update on this incident was reported to the Audit & Risk Committee at its meeting on 9th April.
- 4.13 Berneslai Homes continues to mitigate the risks associated with fuel shortages by maintaining contingency arrangements to support the delivery of critical services. This includes prioritising essential operations, monitoring fuel availability through key suppliers, and sharing our contingency plans with Barnsley Metropolitan Borough Council as part of joint working arrangements. Business continuity plans are kept under review to help minimise service disruption and customer impact.

Fraud Update

- 4.14 Berneslai Homes continues to maintain a robust approach to fraud prevention and response, aligned with the Failure to Prevent Fraud offence. Audit & Risk Committee received assurance at their meeting on 9th April 2026 on the implementation of the required arrangements, including training and awareness communications. Further communications will follow Board approval of the updated fraud-related policies in September 2026.

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. However, a number of risks, controls and actions within the risk register are intended to strengthen customer voice and improve service outcomes.

6. Risk and Risk Appetite

- 6.1 Strategic Risk Appetite – Risk Adverse: avoidance of risk and uncertainty as a key organisational objective; prepared only to accept the very lowest level of risk.
- 6.2 Governance Risk Driver: Berneslai Homes recognises governance as a Critical enabler of effective decision-making, transparency, and accountability. We maintain an adverse appetite for governance risk, ensuring that our frameworks, policies and oversight mechanisms are robust, compliant and aligned with regulatory expectations. While we are open to innovation in governance practices, we prioritise stability, clarity of roles, and assurance processes to safeguard the organisation’s integrity and public trust.
- 6.3 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.
- 6.4 Therefore, where required these controls are monitored via such as:
- a) The Strategic and Operational Risk Register reviews
 - b) Part of the Annual Governance Statement
 - c) Specific reporting to Board and Audit and Risk Committee, such as financial reports, compliance reports, etc.
 - d) Performance monitoring

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 Strategic Priorities:
- a) Listening and responding to our customers
 - b) Keeping tenants safe and warm
 - c) Improving opportunities for employment and training
 - d) Increasing efficiency and effectiveness

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 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 [RSH Sector Risk Profile 2025](#).

14.2 The Annual Governance Statement Action Plan is available to view in [Decision Time Resources](#).

15. Appendices

15.1 Appendix A – Risk Management Policy

15.2 Appendix B – Strategic Risks

BERNESLAI HOMES POLICIES & PLANS



berneslai
homes

Risk Management Policy
2026 to 2027

Document Control

Title	Risk Management Policy
Responsible officer	Head of Strategy, Governance and IT
Author	Risk and Governance Manager
Subject	Risk Management
Information Asset Owner	Head of Strategy, Governance and IT
Approved by	Board
Approved date	To Board on 28 May 2026
Review responsibility	Risk and Governance Manager
Review date	May 2027
Applicable to	All employees and Board and Committee Members
DPIA completion date	N/A
EIA completion date	14 April 2026
Overarching policy	Risk Management Policy
Regulatory framework	Regulator of Social Housing
Training details	Ongoing

Revision History

Date	Version	Author	Comments
24.04.25 28.04.26	0.1	Risk and Governance manager	While the Risk Management Framework itself is not new, this policy document is new and reflects changes to the framework following the implementation of a new risk management system. Approved by ED Resources <i>To be approved by EMT</i>
29.04.26 28.05.26	1.0	Risk and Governance Manager	<i>Sent to ARC for initial approval</i> <i>To be approved by Board</i>

Consultation and Distribution

Type	Details
Consultation	Approved by EMT and Audit Committee with final approval by Board
Distribution	Employees and Board and Committee members

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11. Document approval and review
12. Regulatory Framework
13. Equality, Diversity and Inclusion

[Appendix 1: Risk Appetite Statement](#)

[Appendix 2: Likelihood and Impact scoring](#)

1. Purpose

- 1.1 The purpose of this policy is to set out Berneslai Homes' approach to risk management to ensure shared understanding throughout the organisation.

2. Introduction

- 2.1 Risk is the threat that an event or action will adversely affect an organisation's ability to achieve its business objectives. Risk also arises from the possibility that opportunities will not be realised.
- 2.2 Risk Management is the process of identifying risks to the organisation, assessing their relative likelihood and impact, and implementing appropriate actions to mitigate the risk. Risk management aims to minimise threats and maximise opportunities to ensure delivery of strategic objectives.
- 2.3 This policy outlines the key principles within Berneslai Homes' approach to managing risk and is part of overall Risk and Assurance Framework. It applies to both operational and strategic risks and risks relating to programme and project management.
- 2.4 Our Risk Management Procedure provides more detailed guidance for those within the organisation who have direct responsibility for risk management.

3. References

- 3.1 Risk management Procedure
- 3.2 Assurance Framework
- 3.3 Risk Management software guidance
- 3.4 Corporate Assurance programme

4. Regulatory and Governance Requirements

- 4.1. Effective risk management is a fundamental component of good governance. For Berneslai Homes, this is reinforced by the expectations of the NHF Code of Governance 2020, and by recognised best practice drawn from the wider social housing sector, including the Regulator of Social Housing's (RSH) approach to governance and assurance.
- 4.2. Berneslai Homes adopts the principles of the RSH's Governance and Financial Viability Standard to support strong governance and provide assurance to Barnsley Metropolitan Borough Council as the registered

provider. The principles it sets out, such as maintaining an effective risk management and internal controls framework and ensuring that social housing assets are not placed at undue risk, represent established standards of good practice.

- 4.3. The RSH also highlights the strong link between governance and compliance with the Consumer Standards. The RSH notes (Regulatory Casework Review 2025) that weaknesses in governance can undermine a landlord’s ability to deliver required consumer outcomes, emphasising that robust oversight of risks enables meaningful internal challenge and supports the achievement of strategic objectives. This reinforces the importance of Berneslai Homes maintaining effective risk management and assurance arrangements in collaboration with the Council.
- 4.4. Berneslai Homes has adopted the NHF Code of Governance 2020, which includes the principle that 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”.
- 4.5. We will ensure that the needs and expectations of stakeholders, in particular Barnsley Metropolitan Borough Council (BMBC) and the expectations set out in the agreement for services we have with the Council, are identified when assessing individual risks.

5. The Board’s Risk Appetite

- 5.1 Risk appetite can be summarised as the level of risk an organisation is willing to take in pursuit of its objectives.
- 5.2 The purpose of defining risk appetite is to reach a consensus on the desired balance between uncontrolled innovation and excessive caution across key areas of the organisation’s activities.
- 5.3 Berneslai Homes’ Board has reviewed and defined their risk appetite, taking care to ensure that the risk appetite statement reflects corporate strategy, objectives and values and recognises the links to strategic risks.
- 5.4 Risk appetite is reviewed annually by the Board as part of the risk framework reporting process, with additional in-depth reviews undertaken periodically through externally facilitated workshops. The most recent externally facilitated review took place on 16 July 2025.
- 5.5 In summary, the Board’s risk appetite is as follows:

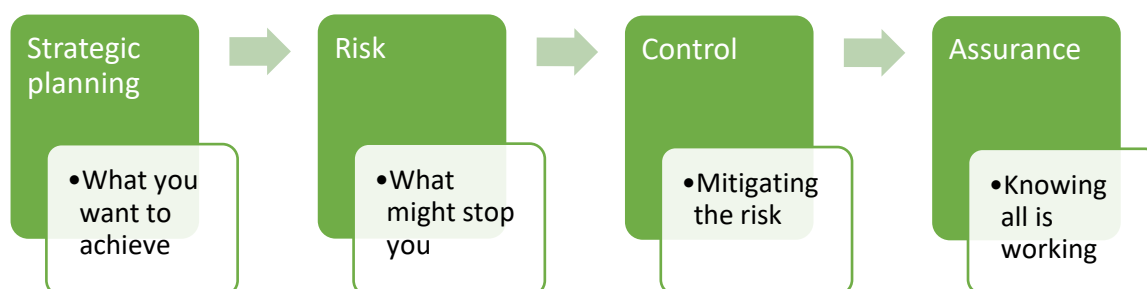
Risk theme	Appetite
1. The Customer Experience	Balanced
2. Legal & regulatory compliance	Averse
3. Building safety	Averse
4. Asset management	Balanced

5. Sustainability	Cautious
6. Strategic delivery	Balanced
7. Health & safety	Averse
8. Financial Sustainability	Cautious
9. Counter party	Cautious
10. Workforce	Balanced
11. Data quality & integrity	Averse
12. Cyber security	Averse
13. Reputation	Cautious
14. Governance	Averse
15. Technological innovation	Balanced

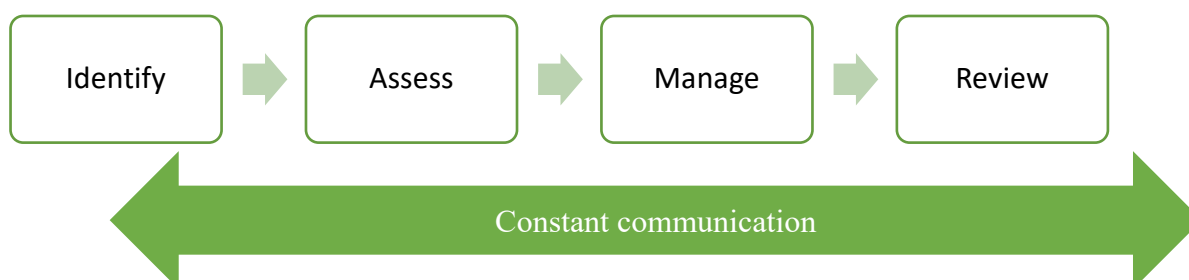
- 5.6 A more detailed description of the organisation’s risk appetite, including further explanation of each appetite theme and how these themes relate to Berneslai Homes’ strategic risks, is provided within the full Risk Appetite Statement at [Appendix 1](#).
- 5.7 The risk appetite statement has been shared with the leadership team and is used to guide routine decision making and to inform the content of management reports to the Board and committees. It has also been shared with Corporate Assurance to ensure appropriate focus within the internal audit programme.

6. Risk Management Process

6.1 Risk management is part of routine business planning cycle as described in the NHF Risk and Assurance guide 2021.



6.2 The fundamental process of risk management that Berneslai Homes follows involves the following steps and is relevant to all types of risk management (for example, strategic, operational or project level risk management).



- 6.3 The steps are outlined within our risk management procedure but in summary the process concerns:
- a) Identifying the risks - i.e. what might stop us achieving our objectives;
 - b) Assessing the Likelihood and Impact of each risk;
 - c) Managing risk through applying appropriate controls and;
 - d) Reviewing to check everything is working as it should.
 - e) We recognise that two-way communication across the organisational hierarchy and throughout the process is vital.
- 6.4 Risk scoring is completed by considering both the **Likelihood** of the risk occurring and the potential **Impact** should it occur. Risks are scored on both an **Inherent** basis (before controls are applied) and a **Residual** basis (after existing controls are taken into account). The detailed scoring methodology, scoring matrix and definitions are set out in the Risk Management Operational Procedure with a summary at [Appendix 2](#).
- 6.5 We take care to ensure that the level of control implemented, and assurance required, relates to the level of risk presented and the appetite for risk as outlined in the Board's risk appetite statement.
- 6.6 We use risk registers to record details of risks including:
- a) Clear risk descriptions (including identification of risk cause and consequence)
 - b) Risk status: Potential (identified but not yet evident) or Emerging (early signs it may materialise) or Active (currently affecting delivery/operation) or Closed (no longer relevant because it has been resolved or will not occur).
 - c) Clear ownership of each individual risk
 - d) Assessment scores (both before and after controls are put in place)
 - e) Controls that are in place to mitigate the risk
 - f) Risk appetite
 - g) Any additional action to be taken to reduce the level of risk.
- 6.7 Early warning indicators should be monitored as part of ongoing risk review to inform changes in risk status and escalation - such as: performance measures/KPIs, complaints themes and volumes, incident and near-miss reporting, audit findings, compliance breaches, financial variances, or supplier performance
- 6.7 We maintain a strategic risk register and operational risk registers and, from time to time, may create risk registers for specific, large-scale projects.
- 6.8 **Strategic risks** are those that could have a significant impact on Berneslai Homes' ability to achieve its strategic objectives and priorities. Strategic risks are captured on the Strategic Risk Register and are overseen through EMT, Audit & Risk Committee and Board reporting arrangements.
- 6.9 **Operational risks** are those that arise from day-to-day service delivery and the operation of our systems and processes. Operational risks are managed within services and recorded on operational risk registers, with escalation

through management and governance arrangements where risks become material or have the potential to affect strategic objectives or risk appetite.

- 6.10 **Project risks** are risks that could affect delivery of a specific project or programme (for example, scope, timescales, cost, resources, dependencies, suppliers, quality, and technology). Project risks must be recorded in a project risk register with a named owner, agreed controls and actions, and proportionate review and escalation arrangements aligned to the organisation's risk appetite.
- 6.11 For further details about how controls and assurances are determined and recorded, please see the Risk Management Procedure.
- 6.12 We understand that it is important to learn lessons when issues arise. We actively encourage an open 'no blame' culture to support colleagues to tell us when something has gone wrong. Learning points are discussed and, where relevant, additional controls will be put in place and recorded on the risk register.

Fraud Risk

- 6.13 We recognise fraud and corruption as risks that can impact service delivery, financial sustainability, data integrity and reputation. Fraud risks will be considered as part of routine risk identification and recorded on operational or strategic risk registers where relevant.
- 6.14 We undertake an annual fraud risk assessment (each August) to review inherent fraud risks, identify emerging threats and vulnerabilities, and confirm that key controls and mitigations remain appropriate; outcomes are used to inform our risk registers and assurance activity.
- 6.15 Preventative and detective controls (including segregation of duties, authorisation limits, reconciliations, supplier and payroll controls, and system access controls) will be applied proportionately to the level of risk.
- 6.16 Suspected fraud will be reported and escalated promptly in line with relevant policies and procedures, and material fraud risks, incidents, and control weaknesses will be reported to EMT and, where appropriate, the Audit & Risk Committee and Board.
- 6.17 We are supported by BMBC Corporate Assurance, including through their annual fraud report, and fraud matters will be reported by exception to other Audit & Risk Committees where relevant. Lessons learned from confirmed incidents will be used to strengthen controls and update the risk register.

7. Scenario and Stress testing

- 7.1 Stress testing models the impact of extreme or cumulative scenarios that could place pressure on Berneslai Homes being financial sustainable.

Berneslai Homes undertakes annual financial sensitivity stress testing to support the going-concern assessment modelling a variety of possible events and the effect of adverse financial changes, such as reductions in turnover, and identifying feasible mitigating actions to provide assurance of short-term financial resilience.

8. Emergency Resilience and Business Continuity

- 8.1 Berneslai Homes has a framework of policies and procedures that ensures Berneslai Homes and its stakeholders understands its Emergency Resilience and Business Continuity arrangements should an incident arise, ensuring we have the capability to restore services as quickly and efficiently as possible.
- 8.2 We strengthen that operational resilience through scenario-based exercises within our Business Continuity and Emergency Response planning, ensuring that critical services can be maintained or rapidly restored during disruptions and that the organisation remains prepared for a range of operational incidents.

9. Roles and Responsibilities

- 9.1 All directors and employees play a role in risk management, therefore, it must be managed and embedded throughout the organisation. The roles and responsibilities of each organisational level are outlined below.
- 9.2 The **Board**:
- a) Ensures that a risk control framework is in place, that it operates effectively and is regularly reviewed.
 - b) Establishes the organisation's appetite for risk and seeks assurance that this is communicated through policies and procedures that provide direction for delegated decision making.
 - c) Regularly reviews the risks the organisation faces and how they are being managed and seeks assurance regarding the monitoring of operational and strategic risks.
 - d) May delegate the detailed scrutiny and evaluation of risk to the Audit and Risk Committee.
- 9.3 The **Audit & Risk Committee**:
- a) Recommends to Board, the processes for risk management and internal control.
 - b) Oversees Berneslai Homes' relationships with both internal (BMBC Corporate Assurance) and external auditors. The Committee is responsible for appointing the external auditors (subject to AGM ratification) and advising the Board on the effectiveness of Corporate Assurance. It reviews and approves the annual internal and external audit plans, ensuring they are risk-based, proportionate and provide sufficient coverage of key controls. Through this process, the Committee gains assurance that risks to the organisation's objectives are being effectively

- identified and managed, and it reports its findings and recommendations to the Board accordingly
- c) Exercises independent scrutiny and challenge to provide Board with assurance.
 - d) Acts on the Board's behalf to ensure adequate arrangements for review of the risk management framework including periodic independent review.
- 9.4 The **Chief Executive**, through the Executive Management Team (EMT), oversees the organisation's risk management arrangements.
- 9.5 The **Executive Director of Resources** is the executive lead for risk management and assurance and is responsible for corporate oversight of the risk management framework and reporting on risk matters to the Board, with support from EMT.
- 9.6 The **Risk & Governance Manager** is the lead officer for the risk management process and leads on reporting risk matters to EMT, the Audit & Risk Committee and the Board. Under the oversight of the **Head of Strategy, Governance and IT**, they are responsible for maintaining the Risk Register, providing advice on risk management, supporting colleagues to understand and apply the risk management policy and procedures, and managing the risk management software contract, including offering assistance with any system-related issues. They also contribute to the organisation's engagement with Corporate Assurance as part of wider governance and assurance arrangements.
- 9.7 Every member of **EMT** and **SMT** (Senior Management Team) is responsible for assessing and communicating risks within their areas of responsibility, including determining when a material risk should be added to the Risk Register. Strategic risks must be reviewed by EMT at least monthly, while operational risks must be reviewed at least quarterly. Risk owners are responsible for updating Berneslai Homes' risk management software when changes occur and when prompted for routine update information.
- 9.8 The Internal Audit function is provided by **BMBC Corporate Assurance**. Their role is to provide assurance of the internal risk process to the Board and Audit Committee.
- 9.9 **External Auditors** will annually review material risks relevant to their year-end audit and report upon their findings.
- 9.10 In areas where additional support or independence and objectivity is required, Berneslai Homes will engage with external subject matter experts.

10. Risk Review and Reporting

- 10.1 The risk management framework is reviewed on an annual basis by Audit & Risk Committee and Board to ensure that it remains current. The framework will be periodically reviewed by an independent expert, for example through

commissioning an external consultant or through the Corporate Assurance plan.

- 10.2 In addition to routine review of the Risk Register, the Board receives regular horizon-scanning reports from the Chief Executive to ensure Berneslai Homes' strategic risk profile remains current, comprehensive and aligned to the wider operating environment, including emerging risks, sector developments and regulatory judgments. The RSH Sector Risk Profile is reported to Board and Audit and Risk Committee to enable them to apply the sector context in their roles to oversee risk.
- 10.3 The strategic risk register is reported four times per year to the Audit & Risk Committee and the Board.
- 10.4 Berneslai Homes' Board and Committee report template includes an Implications Section for risk considerations, requiring all report authors to identify any relevant risk implications. This includes referencing the Board's agreed risk appetite and highlighting any activity, proposals or performance that may fall outside that appetite. Reports should provide clear analysis of risk, outline actions already taken to manage identified risks, and, where a Board decision is required, set out the available options for addressing the risk.
- 10.5 The Audit & Risk Committee is not required to become involved in operational risk management but should seek assurance from the leadership team (and periodically through independent validation) that there is a robust operational risk management process in place and awareness of when and how to escalate risks that may become a strategic concern.
- 10.6 The Audit & Risk Committee may request a "deep dive" into a key risk area and may undertake a review of operational risk reports as and when necessary. Where appropriate, in respect of specific risks with serious consequences, more frequent reporting arrangements to the Audit & Risk Committee and/or Board will be put in place.

11. Document approval and review

- 11.1 This policy is reviewed annually by the Audit & Risk Committee and approved by the Board as the body with overall responsibility for risk management.

12. Regulatory Framework

- 12.1 The organisation maintains an effective risk management and internal controls assurance framework to support strong governance and protect social housing assets. This approach is informed by the Regulator of Social Housing's annual Sector Risk Profile, which highlights emerging risks and expectations for boards to maintain robust oversight and assurance.

13. Equality, Diversity and Inclusion

- 13.1 Berneslai Homes is committed to equality, diversity and inclusion. This Risk Management Policy was subject to an Equality Impact Assessment in 2026 to ensure it does not disadvantage any protected groups. We will continue to review the policy to ensure it remains fair, inclusive and responsive to the needs of our workforce, tenants and stakeholders.

Appendix 1: Risk Appetite Statement (approved by Berneslai Homes Board on 24 July 2025)

1. What is risk appetite?

Risk appetite is the level of risk (uncertainty) an organisation is prepared to accept in order to meet its strategic objectives, deliver its values and meet its targets.

2. Why is a risk appetite statement important?

By considering and defining our risk appetite, the organisation can arrive at an appropriate balance between uncontrolled innovation and excessive caution. It provides guidance on the level of risk permitted and encourages consistency of approach across the organisation.

The Board is responsible for setting the direction of risk management; by determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The Risk Appetite Statement is an aid to the organisation in making decisions by articulating the level of risk that the Board is willing to take in given areas and providing a rationale for decisions which can be justified and evidenced. It can be particularly useful for Board and staff in selecting which projects to initiate, as the organisation's desire to take on risk or minimise risk in given areas is clearly stated.

Risk appetite is not static, and the Board may vary the amount of risk it is prepared to take dependent on time and circumstances (e.g. we may be prepared to accept a higher degree of risk if something is time-bound, or if there is a clear exit strategy). It is also true to say that we may have to tolerate risks that fall outside of our appetite if they are beyond our control.

To communicate to the organisation the amount of risk that is acceptable or unacceptable, the Board will consider and refresh its risk appetite as a minimum on an annual basis.

Berneslai Homes' Risk Appetite Statement is articulated through a combination of qualitative statements, limits and thresholds which vary depending on the type of activity being considered. These statements give guidance on the limits of risk that the Board considers it appropriate to accept.

3. Berneslai Homes' Risk Appetite – descriptors and definitions

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 an arrow is included, this indicates the preferred 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 drivers and risk appetites were reviewed and refreshed at an externally facilitated workshop in July 2025.

4. Berneslai Homes Risk Appetite Summary 2025

	Averse	Cautious	Balanced	Open	Hungry
Customer Experience			Balanced		
Consumer regulation	Averse				
Asset management			Balanced		
Sustainability		Cautious →			
Strategic delivery			Balanced →		
Building safety	Averse				
Health and safety	Averse				
Financial stability		Cautious			
Counter party		Cautious →			
Workforce			Balanced →		
Data quality & integrity	Averse				
Cyber security	Averse				
Reputation		Cautious			

Arrows indicate aspirational risk appetite - see narrative below

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.

5. 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 Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
1	The customer experience	Balanced	Balanced	<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, meeting diverse needs and working together to continuously improve services.</p> <p>BH is on a continuous journey in terms of customer service. We have transitioned from Averse as we will consider innovation where it is likely to bring efficiency or to improve outcomes for customers. We will balance consideration of innovation by ensuring due consideration of potential risks and we will not take risks that might have an adverse impact on our ability to meet customer needs or to comply with legal and regulatory obligations.</p> <p>Proactive solutions include the Introduction of Voicescape; 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>
2	Legal & regulatory compliance	Averse	Averse	<p>BH understands that the legal and regulatory framework has changed as a consequence of tragedies within the social housing sector. BH is committed to compliance with legal and regulatory obligations and is averse to taking risks that could lead to non-compliance.</p>

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
				At BH we set our own challenging targets and must be open and transparent with all stakeholders on our progress and any specific challenges. The BH Board has performance measures in place to enable effective scrutiny and challenge. The Board is fully aware of its responsibilities and uses its knowledge, skills and experience to monitor compliance on a regular basis. We have zero tolerance for failure to meet regulatory deadlines, and we give high priority to internal audit recommendations, taking immediate action if required to resolve any concerns.
3	Building safety	Averse	Averse	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 we are averse to building safety risks. We give high priority to internal audit recommendations and take immediate action to resolve concerns. We seek certainty and understanding of all key terms before signing contracts with providers of building safety services.
4	Asset management	Balanced	Balanced	Berneslai Homes' Asset Management Strategy 2021-2026 was co-designed with BMBC. BH has the objective of making our stock more sustainable through investing in properties and reducing the need for repairs. Data quality is essential to inform the Asset Management Strategy, and we have a target of 100% stock condition by 2030/31 to ensure comprehensive knowledge of our homes and to support our plans to meet EPC targets. There is a need to invest appropriately in its assets, but only where those assets are viable in the future. BH's approach has been cautious in the past in recognition of the need to meet multiple challenges including achieving Decent Homes and tackling damp and mould across an aging portfolio of homes as well as

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
				<p>managing risks relating to supply chain sustainability and retention of a skilled workforce.</p> <p>The Board has agreed that risk appetite has increased as it is necessary to find more innovative ways to solve issues, increase efficiency and ensure that BH achieves as much as possible through financial investment in our homes.</p> <p>BH must work with BMBC to influence funding for regenerating the borough. We are ambitious in considering innovative solutions, but ambition is balanced with caution around the need to ensure financial stability and aversion to non-compliance with legal and regulatory requirements.</p> <p>Work is now underway to develop the next Asset Management Strategy, supported by strengthened governance and oversight arrangements. In particular, the joint Asset Management and Building Safety Board provides regular, robust challenge and assurance, meeting bi-monthly with EMT-level representation from both Berneslai Homes and BMBC. This reflects the strategic importance of asset management and building safety, and provides a strong forum for oversight of risk, performance and investment priorities.</p>
5	Sustainability	Cautious	Balanced	<p>At heart, the Board would like to set more ambitious targets around environmental stability and improve the affordability of homes for the benefit of BH's tenants. However, in alignment with the appetite around asset management risk, we are conscious of the need to balance ambition with careful management of limited financial resources and overall remain cautious about sustainability risks at the current time. We will continue to work in partnership with BMBC and will improve the sustainability of our homes where resource constraints permit.</p>
6	Strategic delivery	Balanced	Open	<p>There is a good working partnership in place between BH and BMBC and it is imperative to maintain this. We have an aspiration to be more</p>

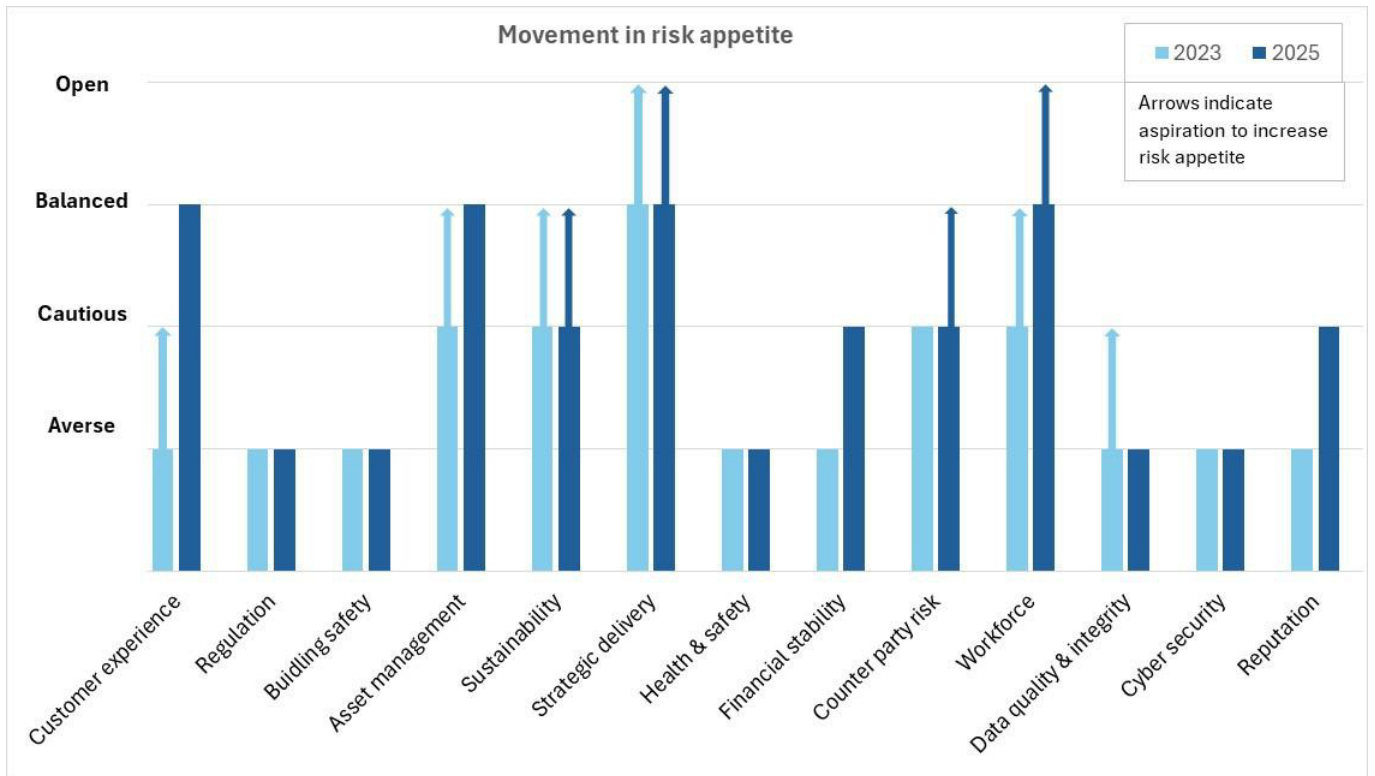
	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
				open in our appetite for risk in order to consider greater innovation in delivery of services however we balance this aspiration with the need to develop our approach in tandem with BMBC and to ensure that innovation has clear community benefit and alignment with both BH and BMBC mission and objectives. The review by Savills, on behalf of the council, may shape our direction on strategic delivery and our risk appetite.
7	Health & safety	Averse	Averse	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 averse to risks in this area.
8	Financial Sustainability	Cautious	Cautious	The Board has a cautious appetite for risks to financial sustainability. There is recognition of the need to invest in homes and in delivery of services and that this means it is not possible to be completely averse to financial risk. Nonetheless, BH's approach remains cautious. Care is taken to meet budgetary and PRIP targets and to run the business in alignment with agreed plans. We aim to deliver value for money through achieving maximum social value and impact for the money we invest in Barnsley.
9	Counter party	Cautious	Balanced	BH takes a cautious approach to the contracts it has in place with third parties, as tenants could be put at risk if a partner supplier were to suddenly cease operating. We would like to take advantage of opportunities for new partnerships and will consider a limited level of risk in potential new ventures providing there is valid reason to expect benefits for our tenants. We will not take risks that might impact negatively on customers or customer services.
10	Workforce	Balanced	Open	The Board remain averse to risks in relation to compliance with employment law and we balance this with a willingness to be more open to other areas of workforce-related risks. We aim to progress as

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
				an organisation through culture, leadership, learning, and strategic change in line with our Values and Visions. A culture that recognises fairness and inclusivity. We recognise that to achieve our ambitions, we may need to be more creative in our approach to training, education and developing skills in line with the drive to professionalise the sector. We will develop recruitment and retention plans that are aligned to our strategic objectives and are designed around delivering services to meet customer needs.
11	Data quality & integrity	Averse	Averse	Data quality has a significant impact in decision making. It is essential for sustainability, innovation, service provision, health and safety, performance monitoring, and as such BH is averse to taking risks with the quality and integrity of the data that underpins our business. We also recognise that there is opportunity inherent in having good data and that data quality is a priority concern for the Regulator of Social Housing. BH are on a journey to improving collation and accuracy of data and have recently implemented a data logic tool to help us in this journey in support of excellent customer service and compliance with the Consumer Standards. We have a strong responsibility to be stewards of the data we hold, and this includes ensuring that we use data appropriately and effectively to support effective decision making, to hold ourselves to account and to ensure that our services meet customer needs. We will not take risks with processes and systems that help us to achieve these aims.
12	Cyber security	Averse	Averse	Cyber security is a global issue with increasing risks of such areas as malware and ransom attacks. We are averse to data security risks and recognise the need to understand and prioritise controls and assurance. We undertake routine control testing with oversight and scrutiny from the Audit and Risk Committee, and we undertake joint

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
				BH / BMBC resilience exercises on cyber-attacks. Expertise on this area sits with BMBC. We have zero tolerance for the loss or compromise of personal/sensitive data. BH aim 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.
13	Reputation	Cautious	Cautious	We have a cautious appetite for reputational risk generally extending to averse in relation to health and safety and compliance with legal and regulatory requirements. 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. There will always be reputational challenges given the nature of our business, and although we aim to fully understand and mitigate these challenges, we accept that, at times, reputational damage may occur despite the best of our intentions.
14	Governance	Averse	Averse	Berneslai Homes recognises governance as a critical enabler of effective decision-making, transparency, and accountability. We maintain an averse appetite for governance risk, ensuring that our frameworks, policies, and oversight mechanisms are robust, compliant, and aligned with regulatory expectations. While we are open to innovation in governance practices, we prioritise stability, clarity of roles, and assurance processes to safeguard the organisation's integrity and public trust.
15	Technological innovation	Balanced	Open	Berneslai Homes recognises the potential of technological innovation to transform service delivery, improve efficiency, and enhance tenant outcomes. We are prepared to take a balanced approach to adopting new technologies, ensuring that any innovation is aligned with our strategic objectives and supported by appropriate governance and risk controls. Aspirationally, we aim to become more open to calculated

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes
				risks in this area, fostering a culture that encourages experimentation, agile delivery, and continuous improvement—while maintaining a clear focus on value for money, data protection, and service reliability.

From 2023 to 2025, the Board’s risk appetite has increased in relation to: customer experience, asset management, financial stability, workforce and reputation. In setting risk appetite in 2023, the Board identified areas where it aspired toward a greater appetite for risks than it felt it could afford at that time. These are shown by the light blue arrows in the graph above. The graph shows a level of correlation between the aspirations of 2023 and the reality of 2025, though in some areas, appetite in 2025 has increased further and in other areas, financial resources were felt to be a constraint on developing risk appetite further. The graph below shows the movement from the review in 2023 to the July 2025 review.



Appendix 2: Likelihood and impact matrix

LIKELIHOOD of risk occurring

5	Almost certain	>90%	91% - 100% chance of occurring. Very likely to occur. Slim chance that this won't occur.
4	Likely	60 - 90%	60% - 90% chance of occurring. Strong chance that the event or risk will occur. There may be a history of frequent occurrences.
3	Possible	40 - 60%	40% - 60% chance of occurring. The event might occur at some point. There could be a history of casual occurrence.
2	Unlikely	10 - 40%	10% - 40% chance of occurring. Not expected but there is a possibility that it could occur at some time.
1	Rare	<10%	Less than 10% chance of occurring. May occur in exceptional circumstances.

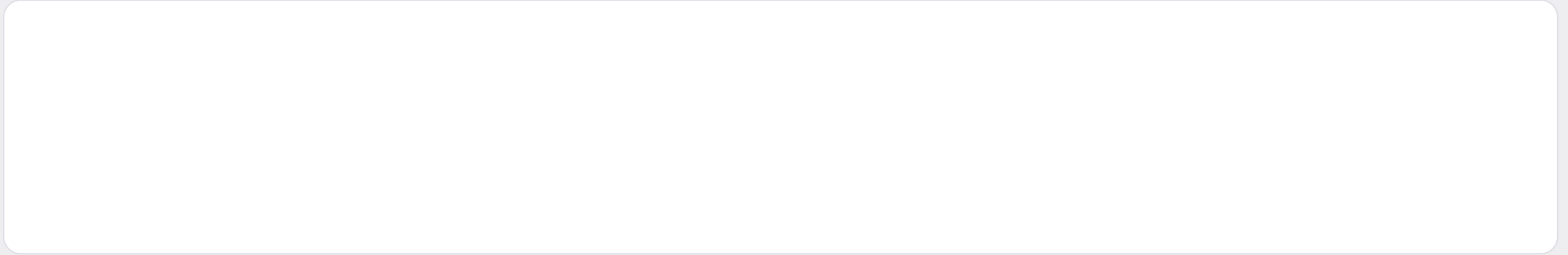
Level of IMPACT if the risk event occurs

Score	Headline	Description
5	Catastrophic	Complete failure of core landlord services; severe and lasting loss of trust; financial collapse threatening organisational viability; statutory intervention or loss of operating capacity; fatal or life-threatening harm to tenants, staff or the public.
4	Major (Critical)	Failure of critical services with widespread customer impact; loss of stakeholder confidence; major financial loss affecting the business plan; serious regulatory breach with enforcement action; serious injury or permanent harm to more than one person.
3	Moderate	Service failure affecting multiple customers; local media coverage or rising complaints; material financial loss requiring budget reprioritisation; regulatory scrutiny or legal challenge; injury requiring medical treatment or short-term absence.
2	Minor (marginal)	Minor service delays or inconvenience affecting a small number of customers; low-level complaints or negative feedback; small, unplanned costs managed within local budgets; minor non-compliance with no enforcement; minor injury requiring first aid only.
1	Insignificant	No meaningful service disruption; no reputational impact beyond internal awareness; negligible financial impact; no regulatory breach or action; no injury or harm, including near misses only.

Strategic Risk register

APPENDIX B

May 2026



Ref	Title	Register	Owner	Status	Inherent	Residual
15	Income insufficient to meet expenditure requirements on an ongoing basis	Strategic Risk Register	Steve Feast	Emerging	4 x 5 20	3 x 3 9
11	Non-compliance with legal, regulatory or adopted governance codes	Strategic Risk Register	Rachel Taylor	Potential	5 x 4 20	2 x 2 4
09	Successful cyber breach involving loss of data and/or significant disruption to our ability to function	Strategic Risk Register	Rachel Taylor	Potential	5 x 4 20	3 x 2 6
07	Failure to meet customer needs and expectations	Strategic Risk Register	Dave Fullen	Active	4 x 5 20	3 x 3 9
01	Non-compliance with the requirements of Awaab's Law	Strategic Risk Register	Russell Thompson	Active	4 x 5 20	3 x 3 9
06	Ineffective decision making as a result of poor data quality and fragmented systems	Strategic Risk Register	Rachel Taylor	Active	4 x 4 16	3 x 4 12
14	Rising global tensions and economic pressures affecting our costs and ability to deliver services	Strategic Risk Register	Rachel Taylor	Potential	4 x 4 16	3 x 4 12
12	Culture at Berneslai Homes does not support delivery of agreed objectives and values	Strategic Risk Register	Steve Feast	Potential	4 x 4 16	3 x 3 9
02	Environmental objectives are not delivered and net zero targets not met	Strategic Risk Register	Russell Thompson	Active	4 x 4 16	3 x 3 9
13	Failure to recognise, take and manage opportunities for innovation & improvement	Strategic Risk Register	Steve Feast	Active	3 x 5 15	3 x 4 12
10	Poor reputation or relationships with stakeholders	Strategic Risk Register	Steve Feast	Potential	5 x 3 15	3 x 3 9
03	Reactive repairs services are not delivered efficiently and effectively	Strategic Risk Register	Russell Thompson	Active	3 x 4 12	3 x 3 9
04	Ineffective management of existing homes including planning and delivery of capital works programmes	Strategic Risk Register	Russell Thompson	Active	4 x 3 12	3 x 2 6
05	Insufficient skilled and motivated workforce to deliver services effectively	Strategic Risk Register	Rachel Taylor	Active	4 x 3 12	3 x 3 9

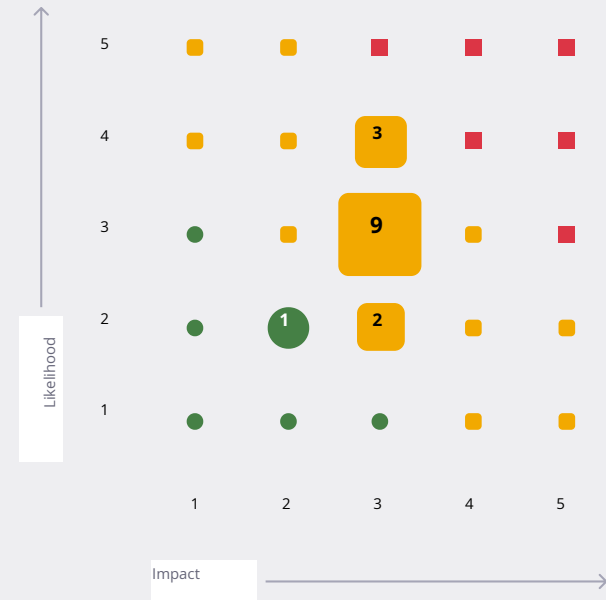
Ref	Title	Register	Owner	Status	Inherent	Residual
08	Increased customer hardship and reduced community cohesion	Strategic Risk Register	Dave Fullen	Active	<div style="display: flex; align-items: center; gap: 10px;"> 3 x 4 </div> <div style="background-color: #f4a460; border-radius: 10px; padding: 5px; text-align: center; margin-top: 5px;">12</div>	<div style="display: flex; align-items: center; gap: 10px;"> 3 x 3 </div> <div style="background-color: #f4a460; border-radius: 10px; padding: 5px; text-align: center; margin-top: 5px;">9</div>

Heatmap

Inherent (Initial)



Residual (Current)



15 - Income insufficient to meet expenditure requirements on an ongoing basis

Owned by Steve Feast

Description: IF the organisation's income is insufficient to meet ongoing expenditure requirements, due to: Housing Revenue Account (HRA) resources being under pressure; ineffective financial management; ineffective allocation of resources; and increasing costs... THEN there is a risk that income is insufficient to meet ongoing expenditure requirements and maintain financial sustainability... LEADING TO: reduced resources available to support tenants; increased staff turnover; an inability to achieve value for money; and reduced staff morale.

Risk Register: Strategic Risk Register

Risk Category: Financial Stability (Cautious Risk Appetite)

Risk Status: Emerging

Strategic Priorities: Increasing efficiency and effectiveness

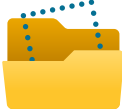
Strategic Objective: Successful and well-managed company

Directorate: Chief Executive

Inherent (Initial)	4	x	5	20	Residual Risk	3	x	3	9
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Control↑	Owner↑↓
BMBC relationship is actively maintained through regular engagement and collaboration.	Steve Feast
Budget business partnering meetings	Lydia McMath
Financial Regulations	Rachel Taylor

Control↑ _≡	Owner↑↓
Financial Statements prepared on the going concern basis	Rachel Taylor
Financial Sustainability Strategy	Rachel Taylor
Management Accounts monthly	Rachel Taylor

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
 <p data-bbox="1032 804 1207 826">No Actions added</p>				

11 - Non-compliance with legal, regulatory or adopted governance codes

Owned by Rachel Taylor

Description: IF the organisation lacks awareness of legal requirements, regulatory obligations and adopted governance codes, has poor Board and leadership recruitment or succession planning, or has inadequate resources, THEN it may fail to comply with statutory, regulatory and governance requirements, LEADING TO regulatory intervention, fines or costs of rectification, reputational damage, and potentially the loss of independent ALMO status.

Risk Register: Strategic Risk Register

Risk Category: Consumer Regulation (Averse Risk Appetite)

Risk Status: Potential

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

Directorate: Resources

Inherent (Initial)	5	x	4	20	Residual Risk	2	x	2	4
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Control↑	Owner↑↓
Annual Business Action Plan	Samantha Roebuck
Annual Governance Statement	Claire Denson
BH/BMBC Governance framework	Rachel Taylor

Control↑ ≡	Owner↑↓
BMBC relationship is actively maintained through regular engagement and collaboration.	Steve Feast
BMBC Services Agreement oversight	Steve Feast
Board Annual Development Programme	Claire Denson
Board Succession Planning policy and reporting to Board	Claire Denson
Consumer Board oversight with BMBC	Steve Feast
Corporate Assurance and Agreed Management Actions	Claire Denson
DTP governance reviews	Sam Roebuck
External governance groups provide insight and assurance through national and regional leadership involve	Rachel Taylor
Financial Regulations	Rachel Taylor
Financial Statements prepared on the going concern basis	Rachel Taylor
Housing Ombudsman Code Annual Self-Assessment	Toni Allen
Learning from Maladministration weekly meeting	Toni Allen
NHF Code of Governance annual self-assessment	Claire Denson
RSH Standards Annual Self-Assessment	Sarah Barnes

Control↑ _≡	Owner↑↓
TPAS review on tenant engagement and governance.	Sarah Barnes

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
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No Actions added

09 - Successful cyber breach involving loss of data and/or significant disruption to our ability to function

Owned by Rachel Taylor

Description: IF there is a successful malicious cyber attack; and staff lack of awareness or carelessness... THEN there is a risk of a successful cyber security breach resulting in loss of data and/or significant disruption to the organisation's ability to function... LEADING TO: customer dissatisfaction, increased complaints and potentially harm or distress; and increased costs.

Risk Register: Strategic Risk Register

Risk Category: Cyber Security (Averse Risk Appetite)

Risk Status: Potential

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

Directorate: Resources

Inherent (Initial) 5 x 4 20	Residual Risk 3 x 2 6
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Control↑	Owner↑↓
BMBC IT Cyber Security protection of systems	Samantha Roebuck
Mandatory Data Protection and Info Gov eLearning	Donna Grieves
Team Briefs on Data Protection & Info Gov regularly	Donna Grieves

Action↑↓

Owner↑↓

Due Date↑↓

Completed↑↓

Status↑↓



No Actions added

07 - Failure to meet customer needs and expectations

Owned by Dave Fullen

Description: IF Berneslai Homes does not consistently understand and respond to customer needs and expectations, due to: poor customer data; a lack of understanding and empathy; and insufficient resources to deliver services... THEN there is a risk that Berneslai Homes does not consistently meet customer needs and expectations in line with agreed service standards and commitments... LEADING TO customer dissatisfaction, increased complaints and reputational damage; a potential Regulatory Standard for Social Housing (RSH) consumer downgrade; and a potential risk to the organisation's independent ALMO status.

Risk Register: Strategic Risk Register

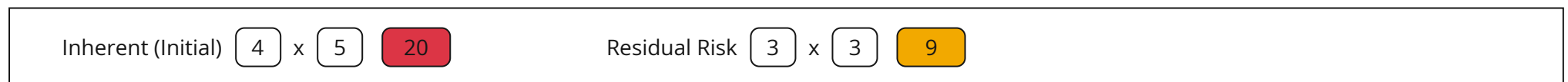
Risk Category: Consumer Regulation (Averse Risk Appetite)

Risk Status: Active

Strategic Priorities: Listening and responding to our customers

Strategic Objective: Excellent customer services

Directorate: Customer and Estate Services



Control↑≡	Owner↑↓
Building Together Cultural Programme	Carla Wragg
Complaints Policy and Procedure	Toni Allen

Control↑ <u>≡</u>	Owner↑↓
Consumer Board oversight with BMBC	Steve Feast
Customer feedback insights - framework for learning	Sarah Barnes
Customer Insight and Engagement Strategy	Sarah Barnes
Data Strategy and action plan	Kimberley Curry
Housing Ombudsman Code Annual Self-Assessment	Toni Allen
Housing online collects tenant data	Sarah Barnes
PRIP management process	Russell Thompson
Restructures ongoing	Dave Fullen
RSH Standards Annual Self-Assessment	Sarah Barnes
Strategic Plan	Samantha Roebuck
Value for Money Strategy	Rachel Taylor
Vulnerability Protocol	Dave Fullen

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
Knowing your Customers Project	Sarah Barnes	23/06/2026		Amber

Control↑ ≡	Owner↑↓
HRA Financial Monitoring monthly meetings	Steve Feast
NEC / DRS Scheduling and appointment functionality improved	John Lees
PRIP and PSRT Diagnostic reviews and actions work by repairs consultant	Russell Thompson
PRIP Core Sub Group	Russell Thompson
PRIP monthly reporting validated by Council	Russell Thompson
Process maps for repairs and voids	Russell Thompson
Regular repairs delivery meetings between Council and contract partners	Russell Thompson
Repairs & Maintenance Policy 2024-2027	Russell Thompson
Repairs Clarification document	Russell Thompson
Repairs performance reported to EMT and Board quarterly	Russell Thompson
Task Focus Groups - Operational, People, Financial, Performance (KPIs)	Russell Thompson

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
Savills Review Action Plan to deliver	Russell Thompson	20/06/2026		Amber

01 - Non-compliance with the requirements of Awaab's Law

Owned by Russell Thompson

Description: IF the organisation does not fully understand or implement the statutory requirements of Awaab's Law, due to: lack of understanding of the requirements; staff not being adequately trained or not adhering to policy; insufficient resources; and IT systems that do not support effective tracking... THEN there is a risk that the organisation does not fully comply with the requirements of Awaab's Law, LEADING TO customer dissatisfaction and complaints; potential harm to customers; and potential regulatory intervention.

Risk Register: Strategic Risk Register

Risk Category: Building Safety (Averse Risk Appetite)

Risk Status: Active

Strategic Priorities: Keeping tenants safe and warm

Strategic Objective: Successful and well-managed company

Directorate: Property Services

Inherent (Initial)	4	x	5	20	Residual Risk	3	x	3	9
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Control↑≡	Owner↑↓
ALMO NFA Damp and Mould external meeting attendance	Russell Thompson
Awaab's Law Yorkshire governance group	Russell Thompson
Council Service Agreement Core Group covers damp and mould updates regularly	Russell Thompson

Control↑ _≡	Owner↑↓
Customer Services Committee and Board regular Damp and Mould reporting	Russell Thompson
Damp & Mould Policy	Russell Thompson
Damp and Mould basics training	Lucy Levitt
Damp and Mould Project Plan for Phase 1,2 and 3	Russell Thompson
Damp and Mould weekly meeting	Lucy Levitt
EMT weekly reporting of damp and mould	Russell Thompson
Gap analysis for Awaab's Law Phase 1	Russell Thompson
HHSRS training	Russell Thompson
HouseMark monthly and quarterly reporting to	Russell Thompson
Investment in resources for the Damp & Mould Team	Russell Thompson
Learning from Maladministration weekly meeting	Toni Allen
NEC / Power BI damp and mould section	Russell Thompson
Ongoing CPD and learning	Russell Thompson
Process maps for damp and mould for Phase 1 Awaab's Law	Russell Thompson

Control↑ _≡	Owner↑↓
Setting Investment Programme with Council	Russell Thompson

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
HHSRS training	Hannah Darwin	30/06/2026		Green
HouseMark damp and mould gap analysis	Russell Thompson	20/06/2026		Amber

06 - Ineffective decision making as a result of poor data quality and fragmented systems

Owned by Rachel Taylor

Description: IF decision making is undermined by poor data quality and fragmented systems, including incomplete, inconsistent or outdated information, duplication across datasets, and records held across multiple unconnected systems, due to: data being held within and processed via multiple spreadsheets; a lack of up to date and accurate data; a lack of ownership and care in relation to data quality; and the careless use of AI tools in processing data... THEN there is a risk that decision making is ineffective as a result of poor data quality and fragmented systems... LEADING TO: poor service to customers; potential compliance issues; reputational damage; and increased costs and poor value for money.

Risk Register: Strategic Risk Register

Risk Category: Data Quality & Integrity (Averse Risk Appetite)

Risk Status: Active

Strategic Priorities: Increasing efficiency and effectiveness

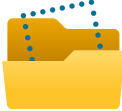
Strategic Objective: Successful and well-managed company

Directorate: Resources

Inherent (Initial) 4 x 4 16	Residual Risk 3 x 4 12
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Control↑≡	Owner↑↓
AI integrated into current policies	Kimberley Curry
Data Logic data validation tool	Kimberley Curry

Control↑ <u>≡</u>	Owner↑↓
Data Strategy and action plan	Kimberley Curry
Data validation – independent audit	Samantha Roebuck
Routine data reconciliation and checks	Samantha Roebuck

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
 <p data-bbox="1032 804 1207 826">No Actions added</p>				

14 - Rising global tensions and economic pressures affecting our costs and ability to deliver services

Owned by Rachel Taylor

Description: IF rising global tensions and economic pressures increase costs and disrupt normal operating conditions, due to: continued unrest in the Middle East affecting global oil supply... THEN there is a risk that rising global tensions and economic pressures adversely affect the organisation's costs and its ability to deliver services... LEADING TO: increased cost of living pressures on staff and customers; increased costs to the business; and disruption to service delivery, including an inability to access fuel to deliver services to homes and staff being unable to attend offices.

Risk Register: Strategic Risk Register

Risk Category: Financial Stability (Cautious Risk Appetite)

Risk Status: Potential

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

Directorate: Resources

Inherent (Initial) 4 x 4 16	Residual Risk 3 x 4 12
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Control↑≡	Owner↑↓
Global crisis monitoring and assessment of organisational impacts	Steve Feast

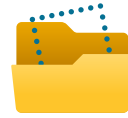
Action↑↓

Owner↑↓

Due Date↑↓

Completed↑↓

Status↑↓



No Actions added

12 - Culture at Berneslai Homes does not support delivery of agreed objectives and values

Owned by Steve Feast

Description: IF the culture at Berneslai Homes does not consistently support the behaviours, accountability and ways of working required, due to: staff not being aware of the organisation's objectives and values; staff not supporting agreed objectives and/or values; a lack of commercial and financial acumen; and a lack of inclusive behaviour... THEN there is a risk that the culture at Berneslai Homes does not support the delivery of agreed objectives and values... LEADING TO: customer satisfaction falling below target; and staff demotivation and retention issues.

Risk Register: Strategic Risk Register

Risk Category: Strategic Delivery (Balanced Risk Appetite)

Risk Status: Potential

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

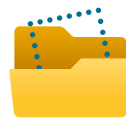
Directorate: Chief Executive

Inherent (Initial)	4	x	4	16	Residual Risk	3	x	3	9
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Control↑	Owner↑↓
Building Together Cultural Programme	Carla Wragg
Leadership & Management Development	Carla Wragg

Control↑ ≡	Owner↑↓
Learning and Development Annual Plan	Carla Wragg
PDR and 121 Process on Inspire and monitored	Nicola Scott
People Strategy	Carla Wragg
Recruitment and Selection Policy and procedures	Nicola Scott
Staff Engagement Groups	Carla Wragg

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
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No Actions added

02 - Environmental objectives are not delivered and net zero targets not met

Owned by Russell Thompson

Description: IF the environmental strategy is not fully developed or funded, and future needs relating to stock condition and locality are not fully understood... THEN there is a risk that Berneslai Homes/BMBC does not deliver its environmental objectives and net zero commitments in line with agreed plans and timescales... LEADING TO reputational damage; and harm or distress for tenants living in homes with inadequate thermal comfort.

Risk Register: Strategic Risk Register

Risk Category: Sustainability (Cautious Risk Appetite)

Risk Status: Active

Strategic Priorities: Keeping tenants safe and warm

Strategic Objective: Sustainable communities

Directorate: Property Services

Inherent (Initial) 4 x 4 16	Residual Risk 3 x 3 9
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Control↑≡	Owner↑↓
Achieve EPC by 2030 funding and plan in place	Jarrold Waistnidge
Annual stock condition survey to meet 100% within the next 2 years	Jarrold Waistnidge
Asset Management Strategy 2021-2026	Jarrold Waistnidge

Control↑ _≡	Owner↑↓
New Environmental investment programme 2026-27	Jarrold Waistnidge
Partnerships with net zero interventions	Mandy Smith
Sustainability Strategy 2022-2027 with a clear action plan	Russell Thompson

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
Options Appraisal Process joint working wi	Steve Feast	20/06/2026		Amber
NEC Asset Management module	Jarrold Waistnidge	20/04/2026		Amber

13 - Failure to recognise, take and manage opportunities for innovation & improvement

Owned by Steve Feast

Description: IF Berneslai Homes does not recognise, take forward or effectively manage opportunities for innovation and continuous improvement, due to: focusing internally without sufficient awareness of external sector and non sector innovation; an operational rather than strategic mindset; a lack of resources to pursue opportunities; an inability to manage significant change; and a lack of investment in organisational development... THEN there is a risk that Berneslai Homes fails to recognise, take and manage opportunities for innovation and improvement in line with its strategic objectives... LEADING TO: inefficiency in service delivery; poor value for money; customer dissatisfaction; and reputational damage.

Risk Register: Strategic Risk Register

Risk Category: Strategic Delivery (Balanced Risk Appetite)

Risk Status: Active

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

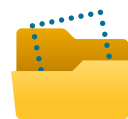
Directorate: Chief Executive

Inherent (Initial) 3 x 5 15	Residual Risk 3 x 4 12
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Control↓	Owner↑↓
Transformation Board	Rachel Taylor

Control↓☰	Owner↑↓
Strategic Plan	Samantha Roebuck
Leadership & Management Development	Carla Wragg
Financial Sustainability Strategy	Rachel Taylor
Building Together Cultural Programme	Carla Wragg
Annual Business Action Plan	Samantha Roebuck

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
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No Actions added

10 - Poor reputation or relationships with stakeholders

Owned by Steve Feast

Description: IF the organisation does not maintain effective, constructive relationships with key stakeholders, due to: a lack of mutual understanding and respect; changes in Barnsley MBC political leadership; changes in Berneslai Homes leadership; decisions that are perceived by stakeholders to be wrong or unfair; and negative press coverage or social media activity... THEN there is a risk that the organisation experiences a poor reputation or ineffective relationships with key stakeholders... LEADING TO: recruitment and retention issues being exacerbated; a decrease in satisfaction and an increase in complaints; unsuccessful funding bids; and further negative press or social media activity.

Risk Register: Strategic Risk Register

Risk Category: Reputation (Cautious Risk Appetite)

Risk Status: Potential

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Partnership working

Directorate: Chief Executive

Inherent (Initial) 5 x 3 15	Residual Risk 3 x 3 9
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Control↑≡	Owner↑↓
Barnsley Chronicle engagement maintained through quarterly meetings with Editor and BH CEO and Strateg	Siobhan Dransfield
BH/BMBC Governance framework	Rachel Taylor

Control↑ _≡	Owner↑↓
BMBC relationship is actively maintained through regular engagement and collaboration.	Steve Feast
Building Together Cultural Programme	Carla Wragg
Consumer Board oversight with BMBC	Steve Feast
Customer feedback insights - framework for learning	Sarah Barnes
Customer Insight and Engagement Strategy	Sarah Barnes
Customer Satisfaction surveys	Toni Allen
Regulatory Oversight Board	Dave Fullen
Stakeholder map and management action plan	Steve Feast
Strategic Plan	Samantha Roebuck
Website information transparent and accessible to tenants	Sarah Barnes

Action↑↓

Owner↑↓

Due Date↑↓

Completed↑↓

Status↑↓



No Actions added

03 - Reactive repairs services are not delivered efficiently and effectively

Owned by Russell Thompson

Description: IF reactive repairs services are not adequately resourced or managed, due to: insufficient funding in the context of rising costs; inadequate contract management; recruitment and retention issues; and reliance on delivery partners, including Wates... THEN there is a risk that reactive repairs services are not delivered efficiently and effectively, in line with expected service standards... LEADING TO an increasing backlog of repair work; and dissatisfied customers and an increase in complaints.

Risk Register: Strategic Risk Register

Risk Category: Customer Experience (Balanced Risk Appetite)

Risk Status: Active

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

Directorate: Property Services

Inherent (Initial) 3 x 4 12 Residual Risk 3 x 3 9

Control↑	Owner↑↓
BMBC Services Agreement oversight	Steve Feast
Board Oversight of Repairs Performance (TSMs)	Russell Thompson
Customer Satisfaction surveys	Toni Allen

04 - Ineffective management of existing homes including planning and delivery of capital works programmes

Owned by Russell Thompson

Description: IF existing homes are not managed effectively, including weaknesses in the planning, prioritisation and delivery of capital works programmes, due to: poor understanding of stock condition; poor understanding of tenants' needs; poor decision making; and poor contract management... THEN there is a risk that existing homes are not managed effectively, including the planning and delivery of capital works programmes... LEADING TO tenant dissatisfaction and/or health risks; increased reactive expenditure; potential regulatory engagement; damage to the organisation's reputation in the eyes of stakeholders; and missed strategic objectives.

Risk Register: Strategic Risk Register

Risk Category: Asset Management (Balanced Risk Appetite)

Risk Status: Active

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

Directorate: Property Services

Inherent (Initial) 4 x 3 12	Residual Risk 3 x 2 6
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Control↑≡	Owner↑↓
30 Year Stock Investment Programme (Council Shared)	Russell Thompson
Asset and Building Safety Board oversight	Russell Thompson

Control↑ _≡	Owner↑↓
Asset Management policies and procedures	Jarrold Waistnidge
Asset Management Strategy 2021-2026	Jarrold Waistnidge
Board oversight of Homes and Capital Programmes	Russell Thompson
Customer Satisfaction surveys	Toni Allen
HRA financial and delivery oversight meetings	Steve Feast
Investment programme 2026-2027	Russell Thompson
PIMMS Asset Management System	Jarrold Waistnidge
Programme Delivery and Performance Tracker	Jarrold Waistnidge
Stock Condition Surveys inform investment works	Jarrold Waistnidge

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
Options Appraisal Process joint working wi	Steve Feast	20/06/2026		Amber
NEC Asset Management module	Jarrold Waistnidge	20/04/2026		Amber

05 - Insufficient skilled and motivated workforce to deliver services effectively

Owned by Rachel Taylor

Description: IF the organisation does not maintain a sufficiently skilled, motivated and resilient workforce with the capacity and capability required, due to: ineffective leadership and management; a toxic culture where poor performance is accepted and inappropriate behaviour goes unchallenged; managers failing to progress permanent recruitment and relying instead on agency resources; national and local skills shortages; ineffective recruitment practices; non competitive pay and working environment; a lack of appropriate training; and the potential impact of mandatory training requirements (competence and conduct) leading some staff to leave... THEN there is a risk that the organisation does not have a sufficiently skilled, motivated and resilient workforce to deliver services effectively and consistently... LEADING TO customer dissatisfaction and an increase in complaints; increased pressure on remaining staff; additional costs, including reliance on agency staff; and potential regulatory concern.

Risk Register: Strategic Risk Register

Risk Category: Workforce (Balanced Risk Appetite)

Risk Status: Active

Strategic Priorities: Increasing efficiency and effectiveness

Strategic Objective: Successful and well-managed company

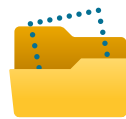
Directorate: Resources

Inherent (Initial) 4 x 3 12	Residual Risk 3 x 3 9
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Control↑≡	Owner↑↓
Building Together Cultural Programme	Carla Wragg

Control↑↓	Owner↑↓
Learning and Development Annual Plan	Carla Wragg
Local Government Terms & Conditions nationally negotiated	Carla Wragg
PDR and 121 Process on Inspire and monitored	Nicola Scott
People Strategy	Carla Wragg
Recruitment and Selection Policy and procedures	Nicola Scott

Action↑↓	Owner↑↓	Due Date↑↓	Completed↑↓	Status↑↓
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No Actions added

08 - Increased customer hardship and reduced community cohesion

Owned by Dave Fullen

Description: IF external and local factors increase customer vulnerability and place pressure on communities, due to: the cost of living crisis, potentially worsening as a result of global and national politics and economic conditions; and local political divisiveness... THEN there is a risk of increased customer hardship and reduced community cohesion, affecting the organisation's ability to support stable and resilient communities... LEADING TO: a rise in anti social behaviour (ASB), domestic violence and/or civil disturbances; an increase in rent arrears; increased demand on already stretched organisational resources; a personal safety threat to staff; and potentially increased staff turnover.

Risk Register: Strategic Risk Register

Risk Category: Customer Experience (Balanced Risk Appetite)

Risk Status: Active

Strategic Priorities: Keeping tenants safe and warm

Strategic Objective: Sustainable communities

Directorate: Customer and Estate Services

Inherent (Initial) 3 x 4 12 Residual Risk 3 x 3 9

Control↑≡	Owner↑↓
ASB Team working with the Council	Liam Davies
BMBC support packages signposting	Liam Davies

Control↑≡	Owner↑↓
Communications Strategy	Siobhan Dransfield
Domestic abuse target hardening fund	Dave Fullen
Domestic Violence partnership - linked in with	Liam Davies
Downsize support is available to tenants seeking to move to more appropriate housing.	Chloe Allott
Health and Wellbeing Strategy	Nicola Scott
Lone Working fobs	Ian Bell
Neighbourhood Officers increased by 8 posts	Liam Davies
Rent arrears management process	Sanchia Waite
Restructures ongoing	Dave Fullen
Staff Engagement Groups	Carla Wragg
Tenants First support service	Liam Davies
Violence and Aggression form and procedure	Ian Bell
Voicescape Engage module used for triaging tenant support	Sanchia Waite
Vulnerability Protocol	Dave Fullen

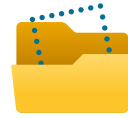
Action↑↓

Owner↑↓

Due Date↑↓

Completed↑↓

Status↑↓



No Actions added

Report Title	Corporate Governance Annual Report	Confidential	No
Report Author	Executive Director of Resources	Report Status	Approval
Report To	Board	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 2025 to 31st March 2026. (Appendix A)</p> <p>1.2 The annual review of the Board Register of Interests (Appendix B) and the Board Register of Gifts and Hospitality.</p> <p>1.3 An annual review of Declarations of Interest made at Board and Committees during 2025/26.</p> <p>1.4 Board members annual self-evaluation. The combined responses are at Appendix C, and anonymised feedback from EMT and the Head of Strategy Governance & IT are at Appendix D. (Not attached as confidential)</p> <p>1.5 The self-assessment against the NHF Code of Governance is completed on an annual basis and is attached at Appendix E.</p> <p>2. <u>Customer Voice/Impact</u></p> <p>2.1 The aim of this report 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 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>
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2. Recommendation/s	<p>It is recommended that Board:</p> <ul 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 to the associated BH customer data. 2.4 To establish a Task and Finish Group to develop and agree actions in response to areas identified for improvement through the self-evaluation feedback (Appendices C and D). 2.5 To agree the proposed areas of non-compliance and the actions set out in the self-assessment against the NHF Code of Governance (Appendix E). 2.6 Agree that a statement of compliance with the NHF Code of Governance be included into the Annual Accounts on a comply or explain basis.
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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 2025 to 31st March 2026.
- b) The annual review of the Board Register of Interests and Board 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 Independent Members.

The suite of indicators includes:

- a) Attendance
- b) Board member appointments and retirements and average length of tenure
- c) Reporting mechanisms
- d) Administration
- e) Board profile
- f) Appraisal

4.2 The analysis for 1st April 2025 to 31st March 2026, and comparative data are at **Appendix A**. The figures show the targets set and the achievements against the targets.

KPI	Summary	Target
Board attendance	Board meeting attendance has continued to reduce, decreasing from 90% in 2023 to 84% in 2025–26.	90%
Committee attendance	Committee attendance has reduced to 80%, the lowest level recorded over the past three years. <i>The attendance target was increased from 80% to 90% at the May-25 Board meeting.</i>	90%
Board Strategic Planning sessions attendance	There was one session held in 2025/26 in November, this was revised to the State of the Nation session. It was attended by 70% of board members.	80%
Training sessions attendance	Attendance at mandatory training sessions has increased to 66%, which remains below the 80% target. Board member development is also delivered through smaller, targeted knowledge-based sessions where full attendance is not required; these sessions are therefore not recorded as mandatory training.	80%
Balance of reports for decision and public reports	The balance of reports remains below target for Decision versus Information and Public versus Confidential reports. Board is asked to consider whether targets remain appropriate for this area of reporting, as this is not something that can be proactively influenced. <i>When this was previously considered in May 2025, the KPI for the % of reports referred to the Council for approval was removed by Board.</i>	60% 70%
Appraisals	100% of appraisals have been completed. While no formal target was previously set, this has now been updated to 100% to reflect expectations.	100%
Board model diversity profile	The board model diversity profile has been reviewed against recent BH customer data. <i>Committee Cooptee and Independent Members have been included in the data.</i> Females continue to be underrepresented. Age has improved and spread out from 2 to 4 ranges. Board ethnicity has improved with 85% White British/English and 15% White Other compared to 87% of customers that are White British/English. Board are asked to consider whether to align the board diversity targets to the associated BH customer data.	See appendix A for full profile

4.3 Berneslai Homes continues to take steps to ensure Board vacancies are open to a wide range of audiences. Vacancies are promoted through multiple channels, including online platforms, partner organisations and links with equality and diversity forums. While these actions demonstrate active effort, progress in improving the overall diversity balance of the Board has been limited to date. Further work in this area must therefore remain a priority.

In line with the NHF Code of Governance, the Board must demonstrate a clear and active commitment to equality of opportunity, diversity and inclusion across all organisational activities, including its own composition.

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

- 4.4 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.
- 4.5 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.
- 4.6 The Board & Committee Code of Conduct and the Board Gifts and Hospitality Policy set out clear rules on gifts and hospitality, including meals, accommodation, travel, and events. The Policy explains when offers may be accepted and reinforces the need to avoid any actual or perceived influence on decision-making. All offers, whether accepted or declined, must be declared using the Notification of an Offer Form and are recorded in the central Register of Gifts and Hospitality to support transparency and compliance.
- 4.7 Declarations of interest are managed appropriately, with information shared with Directors of Service where this supports awareness and good governance.
- 4.8 Board was asked in August 2025 to complete the annual Register of Interests Form, as well as providing ongoing updates as necessary. The responses are attached as **Appendix B**. The Board member register of interests is published on the BH website.
- 4.9 The Register of Gifts and Hospitality is maintained on an ongoing basis through the Notification of Offer Form. No declarations were made by Board members during 2025/26. Board members were reminded, in preparation for this report, to declare any interests, and no declarations were received.

Declarations of Interest

- 4.10 Declarations of interest are a standing item at all Board and Committee meetings, in line with the expectations of the NHF Code of Governance, which requires boards to manage conflicts of interest transparently and effectively. At each meeting, attendees are asked to declare any actual or perceived conflicts of interest relating to the business to be considered. This report reflects, for the first time, a central collation and reporting of declarations made across Board and Committee meetings, strengthening oversight and assurance in this area.

4.11 All declarations made are recorded in the formal minutes of the meeting. The full list has been provided below:

Meeting	Date	Member	Declaration
Board	25 September 2025	Richard Fryer, Board Member	Board Succession Planning and Recruitment Update with regard to the approval of tenure extension.
Board	19 February 2026	All Board members	Remuneration approval within the Governance Update report.
Customer Services Committee	8 May 2026 14 August 2025	Brian Griffin, Tenant Voice Panel	Board Member on Energise Barnsley.

Board Self-Evaluation (Appendix C) and Officer Evaluation (Appendix D)

4.12 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.”

4.13 Board self-evaluations are a valuable tool to strengthen corporate governance, enabling the Board to assess its performance against its own governance objectives. The 2026 self-evaluation form was refined to further align with the NHF Code of Governance and the Board’s Terms of Reference.

4.14 Alongside individual Board member appraisals and ongoing feedback, the outcomes of the self-evaluation inform the annual and ongoing Board development plan.

4.15 On an annual basis, Board members are asked to complete the Board self-evaluation, with the results reported to Board. Every three years, this process is externally facilitated (most recently by DTP in 2024).

4.16 As part of the evaluation process, the Executive Management Team and the Head of Strategy Governance and IT also complete the evaluation.

4.17 The outcome of the 2026 evaluation is positive, with responses reflecting a shared view of generally good performance across the Board.

- a) Members highlighted strong leadership, open and constructive challenge, and positive working relationships with the Executive. Feedback also identified areas to build on, including clearer links between Board decisions and customer experience, improved reporting back to customers, and greater clarity around the strategic framework and performance information.
- b) EMT highlighted a capable Chair, supportive relationships with the Executive, and a clear commitment to strategic direction and governance. Feedback also identified areas to build on, including strengthening constructive challenge and Board debate, maintaining a clear strategic

(rather than operational) focus, improving the quality and customer focus of reporting, and increasing visibility of the tenant voice and diversity within Board composition.

- 4.18 It is positive that the review has identified further areas for improvement. Board is asked to consider how it wishes to develop actions in response to the areas highlighted, with options including the establishment of a Task and Finish Group or discussion at the next Strategic Planning event.

NHF Code of Governance Annual Self-Assessment

- 4.19 The Board is committed to complying with the National Housing Federation (NHF) Code of Governance and undertakes an annual self-assessment against the Code to review and strengthen its governance arrangements.
- 4.20 The document is currently under review by BMBC Corporate Assurance, with the outcome of the audit report timetabled at Audit and Risk Committee in June 2026.
- 4.21 The 2025/26 self-assessment has been undertaken (**Appendix E**) and highlighted two areas of non-compliance (highlighted red in Appendix E):
- a) The membership of board 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.
 - b) 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.
- 4.22 Appendix E also sets out proposed actions for Board approval to achieve full compliance in these areas. It also identifies several amber-rated areas where Berneslai Homes meets the requirements, but further action is needed to strengthen our position.
- 4.23 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 Strategic Risk Appetite – Risk Adverse: avoidance of risk and uncertainty as a key organisational objective; prepared only to accept the very lowest level of risk.
- 5.2 Governance Risk Driver: Berneslai Homes recognises governance as a Critical enabler of effective decision-making, transparency, and accountability. We maintain an averse appetite for governance risk, ensuring that our frameworks, policies, and oversight mechanisms are robust, compliant, and aligned with regulatory expectations. While we are open to innovation in governance practices, we prioritise stability, clarity of roles, and assurance processes to safeguard the organisation's integrity and public trust.

5.3 Strategic Risk - Non-compliance with legal, regulatory or adopted governance codes: Likelihood 2 x Impact 2 = 4 Green.

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 Strategic Priorities:

- a) Listening and responding to our customers
- b) Keeping tenants safe and warm
- c) Improving opportunities for employment and training
- d) Increasing efficiency and effectiveness

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 identified through the Board self-evaluation task and finish group may give rise to financial implications. Any costs associated with implementing those actions will need to be considered and 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 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 – Board self-evaluation **confidential not attached**

14.4 Appendix D – Board evaluation by EMT & Head of Governance, Strategy & IT
(Confidential Not attached)

14.5 Appendix E – Self Assessment against the NHF Code of Governance

Appendix A

BERNESLAI HOMES GOVERNANCE INDICATORS – 2025 to 2026*

	<u>2023</u>	<u>2024</u>	<u>2024-2025</u>	<u>2025-2026</u>	<u>Target</u>
<u>ATTENDANCE</u>					
Board	90%	89%	87%	84%	90%
Committees	83%	87%	82%	80%	90%
Training Sessions	82%	56%	56%	66%	80%
Board Strategic Planning days (at least 2)	89%	91%	90%	70% (SP session Nov-25)	80%
Board members appointed	2	1	1	2	N/A
Board members retired	2	1	0	2	N/A
Average time of tenure for retired members	4.5 years	17 months (no longer a tenant)	n/a	6 years	6 years
<u>BOARD MEETINGS</u>					
Frequency	Five	Five	Six	Six	Five
<u>Reporting Mechanisms</u>					
Reports: % Decision	50%	53%	49%	39%	60%
% Information / Discussion	50%	47%	51%	61%	40%
Agenda: % Public	76%	75%	70%	57%	70%
% Confidential	24%	25%	30%	43%	30%
<u>AUDIT COMMITTEE</u>					
Frequency	Five	Five	Five	Five	Five
<u>Reporting Mechanisms</u>					
Reports: % Decision	41%	34%	33%	23%	N/A
% Consideration / Scrutiny	59%	66%	67%	77%	N/A
<u>CUSTOMER SERVICES COMMITTEE</u>					
Frequency				Four	Four
<u>Reporting Mechanisms</u>					
Reports: % Decision				17%	N/A

	<u>2023</u>	<u>2024</u>	<u>2024-2025</u>	<u>2025-2026</u>	<u>Target</u>
% Consideration / Scrutiny				83%	N/A
Annual Reports to Companies House	100%	100%	100%	Annual Submission - 100% Annual Accounts - Late submission 0%	100%
Papers distributed 5 working days prior to meeting	100%	100%	100%	100%	100%
Appraisal - Chair					
Frequency	Annual review	Annual review	Annual review	Annual review	100%
By whom	SID and ARC Chair	SID and ARC Chair	SID and ARC Chair	SID and ARC Chair	
Appraisal – NEDs					
Frequency	Annual with 6 month review	Annual review	Annual review	Annual review	100%
BY WHOM	Chair	Chair	Chair	Chair	
Appraisal – Board					
Frequency	Delayed to February 2024	February 2024	May 2025	May 2026	100%
By whom	External Review	External review	Board self-assessment (inc EMT and Head of service)	Board self-assessment (inc EMT and Head of Service)	

BOARD AND COMMITTEE DIVERSITY	2023	2024	2024-2025	2025-2026	Customer Base 2026 comparative (main tenant)	Target
Gender						
Male	70%	64%	67%	62%	39%	50%
Female	30%	36%	33%	38%	61%	50%
Ethnicity						
White British / English	80%	82%	100%	85%	86%	<90%
White Other				15%	2.3%	10% non-white British
Bangladeshi	10%	9%			0.02%	
White and Black African	10%	9%			0.09%	
Other						
Disability						
None	80%	73%	67%	46%		<60%
With disability	10%	9%	11%	38%	60% disclosed	40%
Not disclosed	10%	18%	22%	15%		
Sexuality						
Heterosexual/Straight	80%	82%	89%	92%	72%	<90%
Not disclosed	20%	18%	11%	8%		
Gay man or					0.5%	10% or
Gay woman/Lesbian					0.5%	10%
Bisexual					0.8%	
Faith						
Christian	50%	55%	56%	62%	50%	<70%
Muslim	10%	9%			1%	30%
Other	30% (none) 10% (not disclosed)	27% (none) 9% (not disclosed)	33% (none) 11% (not disclosed)	31% (none) 8% (not disclosed)		
Age						
18-25					3%	10%
26-35	10%	9%			12%	
36-45	10%	9%		15%	17%	20%

<u>BOARD AND COMMITTEE DIVERSITY</u>	<u>2023</u>	<u>2024</u>	<u>2024-2025</u>	<u>2025-2026</u>	<u>Customer Base 2026 comparative (main tenant)</u>	<u>Target</u>
46-55	40%	27%	33%	15%	16%	20%
56-65	40%	55%	67%	46%	20%	20%
66+				23%	32%	30%

**May not add up to 100% due to rounding.*

Register of Interest for Board Members

Name	Details
Ken Taylor	a) NED of Efficiency North Holding Ltd b) NED of EN:Procure
George Paterson	a) NED of Calderdale Credit Union b) NED of Kirklees Homes and Neighbourhoods Improvement Board
Richard Fryer	a) Governor, Stokesley School and 6th Form College, North Yorkshire. b) Independent Member of the Audit and Risk Committee at Lincolnshire Rural Housing Association. c) NED of North Star Housing Association
Jo Sugden	a) Executive Director of Ongo Group b) Company Secretary for the Ongo Group
Adam Hutchinson	a) Director of Financial Operations at Incommunities Ltd
Kevin Osborne	a) Former Elected Councillor of Barnsley MBC b) Beneficial Interest in a property
Gez Morrall	a) BH Tenant b) Director of Mapplewell & Staincross Village Hall (Trading) Ltd c) Director of ITEC CIC
Rebecca Mather	a) Berneslai Homes Tenant
David Leech	a) Former Elected Councillor of Barnsley MBC b) Governor Athersley North Primary School
Aisling McNulty (ARC Member)	a) AMcNulty Real Estate - Director b) Ronald McDonald House Charity - Associate Director of Estates c) Clarendon Road Flats Management Company – Director d) NORFOX - Charity Trustee & Company Secretary e) Hebden Bridge Nursery Action Group – Charity Director & Trustee
Joan Whitaker (CSC Member)	a) Berneslai Homes Tenant
John Townend (CSC Member)	a) Berneslai Homes Tenant b) Chair the local Your Community Your Say group in Monk Bretton
Lisa Marie Sear (CSC Member)	a) Berneslai Homes Tenant b) BMBC employee (not a manager)



Code of Governance – Compliance Check list – 2025-26 Review

Appendix E

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			
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Annual approval of the Strategic Plan, vision and values (Board & Council approvals: Dec-25 / Feb-26) Board-led strategic planning session focussed on review of Strategic Plan (Mar-25) People Strategy approved by the Board (May-25) Annual Board self-evaluation covering leadership effectiveness and culture, results reported to Board in May annually. Board and Committee forward plans reviewed at every meeting. Revised forward plans externally reviewed by DTP approved by Board in March 2026. (2025–26) 	<p>Action needed:</p> <hr/> <p>By whom:</p> <hr/> <p>By date:</p>
Compliance: from principle to practice			
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Reviewed Strategic Plan and annual Business Plan approved by Board Dec 25 and Feb 2026 Board-led strategic planning sessions in March 2025 for the 25/26 review reaffirming mission and values Board and Committee Terms of Reference confirming responsibility for setting and driving mission and values (reviewed annually; DTP review 2025-26 approved by Board in May 2026) 	<p>Action needed:</p> <hr/> <p>By whom:</p> <hr/> <p>By date:</p>
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Strategic Plan priorities approved by Board in Dec 25 include Keeping Tenants Safe and Warm and Listening and Responding to Customers <ul style="list-style-type: none"> Board membership includes Two Tenant Board Members who also sit on CSC and ARC Board approved membership of Customer Services Committee would include additional Customer representation in May 2025 Customer Services Committee Terms of Reference e.g. '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' and 'Monitor the Tenant Satisfaction Measures and any associated action plans'. Customer Insight and Engagement Strategy approved by the Board (Feb 25) Board received the following reports during 2025/26 : <ul style="list-style-type: none"> Tenant Satisfaction Measures: <ul style="list-style-type: none"> 2024/25 Year End Summary Performance Report – 27.05.25 Q1 Performance Report – 26.09.25 Q2 Performance Report – 11.12.25 Q3 Performance Report – 19.02.26 Complaints performance and learning (please add dates of specific reports): <ul style="list-style-type: none"> Annual Complaints Handling and Learning Report – 27.05.25 Health & safety and building safety (including damp and mould) <ul style="list-style-type: none"> Building Safety Compliance and Disrepair Year End Report 2024/25 – 24.07.25 Building Safety Compliance and Disrepair Year End Report 2024/25 – 26.09.25 Building Safety Compliance and Disrepair 2025/26 Q2 – 11.12.25 Building Safety Scorecard – 19.02.26 Tenant Annual Report (RSH compliant) annually approved by CSC and then Board 	<p>Action needed:</p> <hr/> <p>By whom:</p> <hr/> <p>By date:</p>

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
<p>(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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Customer Insight and Engagement Strategy with supporting action plan (Board approved Feb 25) – the action plan is covered in the quarterly updates to CSC on Hearing Tenants. The Annual Business Action plan covers the oversight action of delivering the action plan, which is monitored quarterly by Board. Tenant included in the governance structure: <ul style="list-style-type: none"> Two Tenant Board Members (one - CSC and one - ARC) Three Tenant Representatives on CSC Tenant scrutiny reports presented to CSC -Communal areas 13.11.25, with follow-up scheduled 30.04.26 Customer Panels informing strategic decision making – 20 Feb-25, 5 Jun-25, 21 Oct-25, 20 Apr-26: <ul style="list-style-type: none"> Feb - Tenant Satisfaction Measures June - Strategic Plan Oct - Strengthening the Tenant Voice (new tenant voice model) April - Communicating for you (tenants looked at the website and some letters)Regular reporting of resident insight to CSC and Board (TSMs, complaints learning): <ul style="list-style-type: none"> Performance report inc TSMs – CSC 08.05.25, Board 27.05.25, CSC 14.08.25, Board 25.09.25, CSC 13.011.25, Board 19.02.26 Annual Complaints report to Board 27.05.25 Complaint report – CSC 14.08.25, 13.11.25, 05.02.26 “Hearing Tenants – Involvement and Influence” reports to CSC – 08.05.25, 14.08..25, 13.11.25, 05.02.26 (inc TSM insight), 30.04.26 (inc TSM perception) Mandatory customer views section in all Board and Committee reports Regular building safety resident engagement updates to CSC – 08.05.25, 13.11.25, 30.04.26 (6-monthly) 	<p>Action needed:</p> <hr/> <p>By whom:</p> <hr/> <p>By date:</p>
<p>(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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Tenant Satisfaction Measures now reported annually and mid-year to CSC and as part of the quarterly performance reporting to the Board as well as the Annual report to Board on TSM measures. Performance reports (including in-year provisional TSM data for Q1–Q3) were reported to the Customer Services Committee and the Board: Q1: 14 August 2025 (CSC) and 25 September 2025 (Board); Q2: 13 November 2025 (CSC) and 11 December 2025 (Board); 19 February 2026 (Board); and Year-end due 28 May 2026 (Board). The ToR for CSC changed during 2025/26 therefore from Q2 it was agreed that CSC would purely focus on the 12 perception TSMs. As the year end perception results had already been shared, to avoid duplication, it was agreed a separate performance report for CSC would not be provided at year end. Complaints insight reported quarterly to CSC and annually to the Board on 27.05.25 Customer views section included in all Board and Committee reports (including meeting Summaries) Tenant scrutiny and engagement reports presented to CSC - Communal areas 13.11.25, with follow-up scheduled 30.04.26 	<p>Action needed:</p> <hr/> <p>By whom:</p> <hr/> <p>By date:</p>
<p>(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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Board approved safety policies: <ul style="list-style-type: none"> Building Safety Policy (Sep 24) Fire Safety Policy (Sep 24) Management Plan for Fire and Building Safety (Sep 24) Compliance Policy (Sep 24) Disrepair Policy (Dec 24) Annual and ongoing Board assurance reporting: <ul style="list-style-type: none"> Building Safety & Disrepair Year End Report 2024/25 (Board Jul 25) Annual Health & Safety assurance report Building Safety and Compliance scorecards reported to ARC and Board (2025–26) 	<p>Action needed:</p> <hr/> <p>By whom:</p> <hr/> <p>By date:</p>

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(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"/> Comments:	Evidence:- <ul style="list-style-type: none"> Strategic Plan and Annual Business Action Plan published on the website - https://www.berneslaihomes.co.uk/media/lt2hrdix/berneslai-homes-strategic-plan-5-year-refresh-april-2026.pdf / https://www.berneslaihomes.co.uk/media/xntbbu02/berneslai-homes-annual-business-action-plan-2026-27.pdf Annual Report to Tenants published and shared through public buildings Performance information published, including: <ul style="list-style-type: none"> Tenant Satisfaction Measures Customer satisfaction results Regular resident communications: <ul style="list-style-type: none"> Berneslai Bulletin (monthly) Berneslai Beacon – printed comms Customer Engagement newsletter - periodic engagement communications used to share involvement opportunities and feedback; frequency varies depending on engagement activity. Public Board reports and Committee summaries published online Board and CSC meetings advertised publicly with opportunities to attend 	Action needed: By whom: By date:
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"/> Comments: Board membership does not reflect the demographic of BMBC tenants.	Evidence: <ul style="list-style-type: none"> People Strategy and Customer Engagement Strategy – specific references to EDI. Named Board EDI Champion reporting to the Board Be Inclusive Action Plans overseen by the Be Inclusive Steering Group Board Succession and Recruitment Policy references EDI Gender Pay Gap Report reviewed by the Board (2025) Mandatory EDI implications section in all Board and Committee reports Annual Board KPI review includes Board diversity data 	Action needed: Increase diversity of Board Membership By whom: Board By date: September 2026
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Updates from Board EDI Champion at every Board meeting Board review of Gender Pay Gap reporting (27.05.25) EDI considered in decision-making via report templates Board Succession and Recruitment Policy used to address skills and diversity gaps 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Gender Pay Gap information published annually Strategic Plan and Annual Business Action Plan published Annual Report to Tenants published Public Board reports and Committee summaries available online Performance data published, including equality-related information Reasonable adjustments information published on the website 	Action needed: By whom: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic Plan defines values and expected behaviours People Strategy sets required organisational culture Board and Committee Code of Conduct signed at induction Annual Board self-evaluation considers culture and behaviours Registers of Interests and Gifts & Hospitality reviewed annually Structured Board induction embedding values and behaviours 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(1) The board leads by example and promotes the culture of the organisation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> • People Strategy sets the desired organisational culture and behaviours, overseen by the Board – approved by Board 27.05.26 • Board and Committee Code of Conduct defines expected standards of behaviour and leadership • Individual Board member appraisals consider behaviours and leading by example • Board Champions report to the Board on priority areas (e.g. EDI, customer focus, complaints, health & safety) • Board Chair acts as an ambassador for the organisation by attending extensive staff and tenant engagement opportunities. • Board engagement with frontline services, including structured job-shadowing and site visits, demonstrating visible leadership and lived understanding of organisational values – not all board members engage. During 2025 and 2026 – Chair has extensively engaged, GM – H&S site visit and CSC, RF – Site visit, JS – CSC 	Action needed: By whom: By date:
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> • People Strategy approved by Board 27.05.25 • Employee survey results and action plan to Board 25.09.25 • Board Champions provide feedback as a regular agenda item – H&S, Be Inclusive 	Action needed: By whom: By date:
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"/> Comments:	Evidence: <ul style="list-style-type: none"> • Board and Committee Code of Conduct approved and signed by all members – Aug-25, more recently signed by newer members • Employee Code of Conduct in place • Registers of Interests and Gifts & Hospitality maintained and reviewed annually • Conflicts of interest standing agenda item at all Board and Committee meetings • Public Board Register of Interests published • Meeting minutes record declarations and withdrawals where required 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> • Declarations of Interest standing item on every Board and Committee meeting agenda • Board and Committee Code of Conduct approved by the Board (2025–2027) • Mandatory sign-up by all Board and Committee members • Code signed at induction and refreshed following updates 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> • Board and Committee Code of Conduct covering actual, potential and perceived conflicts • Conflicts of interest standing agenda item at all Board and Committee meetings • Registers of Interests and Gifts & Hospitality maintained for Board members and employees • Board Registers of Interests reviewed annually by the Board (May-25) • Gifts & Hospitality Policy and Board Expenses Policy in place 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> • Board and Committee members complete Registers of Interests on appointment and annually • Public Board (including Co-optees) Register of Interests published on the Berneslai Homes website - https://www.berneslaihomes.co.uk/media/d4ndymj5/register-of-interest-for-board-and-committee-members.pdf • Register reported to and reviewed by the Board annually 	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"> Noted on Board minutes that are published on the BH website 	
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee Code of Conduct requires withdrawal from discussion and decision-making where a material conflict exists Conflicts declared as a standing agenda item Meeting minutes record declarations and withdrawals Board and Committee Terms of Reference reinforce conflict management requirements 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee Code of Conduct sets out management of ongoing or material conflicts Board Member Agreement of Service includes provisions on conflicts of interest Memorandum and Articles of Association define circumstances where continued Board membership may be inappropriate 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board meetings, papers and minutes published online (public items) - https://www.berneslaihomes.co.uk/about-us/how-were-run/our-board/berneslai-homes-board-meeting-reports-and-minutes/ AGM papers published - https://www.berneslaihomes.co.uk/about-us/how-were-run/our-board/berneslai-homes-board-meeting-reports-and-minutes/ Audit & Risk Committee and Customer Services Committee summaries published - https://www.berneslaihomes.co.uk/about-us/how-were-run/audit-and-risk-committee/ https://www.berneslaihomes.co.uk/about-us/how-were-run/customer-services-committee/ Dedicated Board and Committees webpage - https://www.berneslaihomes.co.uk/about-us/how-were-run/ Annual Report to Tenants published - https://www.berneslaihomes.co.uk/about-us/how-were-performing/annual-report/ Tenant Scrutiny reports considered and published - https://www.berneslaihomes.co.uk/get-involved/tenant-voice-and-scrutiny/ (the Communal areas report is still a work in progress and is therefore not currently published) Annual accounts and AGM date published - https://www.berneslaihomes.co.uk/media/g30dufwc/berneslai-homes-limited-31-march-2025-accounts.pdf Formal performance and financial reporting to BMBC BMBC representation at every Board meeting 	Action needed: By whom: By date:
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Report to Tenants published - https://www.berneslaihomes.co.uk/about-us/how-were-performing/annual-report/ Strategic Plan (2021–2031) published and reviewed annually - https://www.berneslaihomes.co.uk/media/lt2hrdix/berneslai-homes-strategic-plan-5-year-refresh-april-2026.pdf Annual Business Action Plan published - https://www.berneslaihomes.co.uk/media/xntbbu02/berneslai-homes-annual-business-action-plan-2026-27.pdf Annual accounts and AGM date published - https://www.berneslaihomes.co.uk/media/g30dufwc/berneslai-homes-limited-31-march-2025-accounts.pdf Annual governance Statement published - https://www.berneslaihomes.co.uk/media/cj1baduc/annual-governance-statement-2024-to-2025.pdf 	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"> Annual Governance KPIs published - https://www.berneslaihomes.co.uk/media/uogcg5eh/board-governance-indicators.pdf Performance information published (annual and quarterly) - https://www.berneslaihomes.co.uk/about-us/how-were-performing/how-we-think-were-performing/ Public Board reports, minutes and Committee summaries published – <ul style="list-style-type: none"> https://www.berneslaihomes.co.uk/about-us/how-were-run/our-board/berneslai-homes-board-meeting-reports-and-minutes/ https://www.berneslaihomes.co.uk/about-us/how-were-run/audit-and-risk-committee/ https://www.berneslaihomes.co.uk/about-us/how-were-run/customer-services-committee/ Limited print run of the Annual Report to Tenants – available in ILS and community centres Booklet showcasing key BH services posted out with the rent increase letters - 2026 	
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Regular governance meetings with BMBC: <ul style="list-style-type: none"> Service Agreement Core Group Strategic Plan Delivery assurance BMBC representation at every Board meeting Performance and governance reporting to Cabinet / Council Tenant Satisfaction Measures published with action plans Complaints performance and learning reported to CSC and Board – specify about feedback. Customer Insight and Engagement Strategy approved by the Board (Feb-25) Dedicated customer views section in Board and Committee reports Annual staff satisfaction survey reported to the Board Regular trade union liaison meetings – Agendas and Minutes produced for each meeting 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Customer Services Committee provides formal scrutiny, including tenant members Tenant Scrutiny reports considered by CSC and published when the action plan has been completed Building Safety Resident Engagement Panel reporting to CSC “Hearing Tenants – Involvement and Influence” reports to CSC Housing Ombudsman Complaint Handling Code self-assessment reviewed by CSC and Board Public Board reports, Committee summaries and performance information published Annual Governance KPIs published TPAS review (to CSC 2025) – independent assessment of Berneslai Homes’ wider strategic tenant engagement arrangements. 	Action needed: By whom: By date:
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Dedicated Board and Committees webpage - https://www.berneslaihomes.co.uk/about-us/how-were-run/ Board and Committee membership published Governance structure and arrangements published Public Board papers, minutes and Committee summaries published Declarations of interest published Statutory filings maintained via Companies House 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Publication Scheme published on the website FOI responses published Dedicated Governance and Data Protection contact details published FOIs and SARs managed in line with statutory requirements ICO guidance applied when considering exemptions - https://barnsleycouncil.sharepoint.com/sites/BHHome/Intranet%20Documents/List%20of%20FOI%20Exemptions.pdf?web=1 	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"> Reasons for non-disclosure clearly explained where applicable – FOI disclosure logs published, including exemptions - https://www.berneslaihomes.co.uk/about-us/berneslai-homes-publication-scheme/ Freedom of Information Policy - https://barnsleycouncil.sharepoint.com/sites/BHHome/Intranet%20Documents/Freedom%20of%20Information%20Policy.pdf?web=1 Subject Access Request Policy - https://barnsleycouncil.sharepoint.com/sites/BHHome/Intranet%20Documents/Subject%20Access%20Request%20Policy.pdf?web=1 	
(6) The role of shareholders in the governance of the organisation is documented and understood.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Not applicable, we do not have shareholders, just a sole member, which is Barnsley Council 	Action needed: 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"/> Comments	Evidence 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee Code of Conduct approved by the Board and signed by all members at induction: <ul style="list-style-type: none"> “Your conduct at Board / Committee and other meetings must meet a high standard of integrity, commitment, and courtesy.” “You must not seek or accept gifts, hospitality or other benefits from individuals or organisations that might reasonably be seen to compromise your judgment or integrity or place you under an obligation to those individuals or organisations.” In representing the company at external events and in dealings with outside bodies, you must set an example by demonstrating the highest standards of integrity and ethics...” Gifts & Hospitality Policy and Board Expenses Policy in place Registers of Interests and Gifts & Hospitality maintained and reported to the Board annually Declarations of interest as a standing agenda item at all Board and Committee meetings Public Board papers, minutes and Committee summaries published on the website Reputation included as a strategic risk on the risk register and considered by the Board 	Action needed: By whom: By date:
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"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic Plan (2021–2031) approved by the Board and reviewed annually (Dec 25 & Feb 26) Board-led strategic planning, including Board / EMT strategic planning sessions – March 2025 Risk Management Policy and Framework reviewed annually by ARC and approved by the Board Annual Investment Strategy reviewed by ARC and approved by the Board Value for Money Strategy and reporting reviewed by the Board Asset Management Strategy approved by the Board Customer Insight and Engagement Strategy approved by the Board (Feb-25) People Strategy approved by the Board (May-25) Delegated Decision-Making Framework and Committee Terms of Reference reviewed regularly Board and Committee forward plans reviewed at each meeting 	Action needed: 1) Review Strategy Framework (reduce number of strategies and define what a strategy is) By whom: 1) Executive Management Team (Lead – Executive Director of Resources) By date: 1) 31 December 2026
Compliance: from principle to practice			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic Plan (2021–2031) approved and reviewed annually by the Board (latest Dec-25 & Feb 26) Strategic alignment with BH–BMBC Services Agreement 	Action needed: By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
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.		<ul style="list-style-type: none"> Annual Business Action Plan approved by the Board Board-led strategic planning sessions to test assumptions and refresh priorities (March 25) Management Agreement between BMBC and Berneslai Homes defining governance arrangements 	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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual HRA (R&M) Budget approved by the Board and recommended to BMBC Board-led strategic planning sessions consider financial constraints (Mar 25) Board approves BH budget (March 25 – 25/26 budget, March 26 – 26/27 budget) Financial Sustainability Strategy agreed by BH Board – July 2025. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic Plan balancing financial, environmental and social sustainability Value for Money Strategy approved by Board Feb 25, annual review reported to Board Feb 26) Annual budgets approved by the Board Board report template requiring consideration of: <ul style="list-style-type: none"> Financial implications (including VfM) Strategic alignment Statutory and regulatory compliance Asset Management Strategy (2021–2026) approved by the Board Sustainability Strategy (2022–2027) approved by the Board Procurement Strategy reviewed by ARC (moving to Board) 	Action needed: 1) Review Strategy Framework (reduce number of strategies and define what a strategy is) By whom: 1) Executive Management Team (Lead – Executive Director of Resources) By date: 1) 31 December 2026
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: Governance Structures: <ul style="list-style-type: none"> Management Agreement between BMBC and Berneslai Homes defining governance arrangements Memorandum and Articles of Association defining constitutional purpose and governance Board and Committee structure with defined Terms of Reference Clear allocation of responsibility (specified within the Terms of Reference): <ul style="list-style-type: none"> Audit & Risk Committee – risk, assurance and financial oversight Customer Services Committee – customer, asset and service scrutiny Delegated Decision-Making Framework defining Board, Committee and Executive responsibilities Board and Committee role profiles aligned to social purpose Board and Committee workplans aligned to strategic priorities and risks Formal reporting and escalation arrangements between Committees and the Board Organisational structures: <ul style="list-style-type: none"> EMT and SMT structure Policy Framework 	Action needed: Organisational structures reviewed By whom: Executive Management Team By date: 31 March 2027
(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: <ul style="list-style-type: none"> Board and Committee Terms of Reference reviewed annually (Board approved May 2025) Delegated Decision-Making Framework reviewed Sept-24 and due May-26 Board composition and skills reviewed through succession planning and skills assessments - 25.09.25 Forward Board and Committee workplans reviewed regularly Governance Update reports to the Board DTP governance review (2024–26) informing structural changes approved by the Board 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(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"/>	Evidence: We are a subsidiary to BMBC and there are no plans for BH to form a group structure. Governance structures <ul style="list-style-type: none"> Memorandum and Articles confirm BMBC as sole member and ALMO status Governance Update report presented to every Board meeting during 2025/26. Governance structures reviewed through: <ul style="list-style-type: none"> Governance Update reports Annual Board self-assessment DTP governance review (2024–26) Board approval of changes to: Committee workplans Escalation arrangements Committee responsibilities Delegated Decision-Making Framework covering staffing and structural changes 	Action needed: Organisational structures reviewed
	Comments: NOTE: Some Staffing Structure reviews are overdue.		By whom: Executive Management Team
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"/>	Evidence: <ul style="list-style-type: none"> Strategic Plan aligned to the BMBC 2030 Vision BMBC–Berneslai Homes Management Agreement (10-year) CEO membership of the Barnsley 2030 Board Procurement Strategy embedding collaboration and social value Value for Money Strategy considering joint working Sustainability Strategy recognising partnership working Asset Management Strategy including partnership delivery approaches UKSPF delivery activity evidencing collaboration with BMBC and regional partners 	Action needed:
	Comments:		By whom:
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"/>	Evidence: <ul style="list-style-type: none"> Delegated Decision-Making Framework defining authority of the Chief Executive Chief Executive job description and person specification Formal contract of employment in place Annual Chief Executive appraisal led by the Chair with input from: <ul style="list-style-type: none"> ARC Chair Senior Independent Director 	Action needed
	Comments:		By whom:
(1) The responsibilities of, and delegations to, the chief executive are clearly set out.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Delegated Decision-Making Framework defining authority of the Chief Executive Chief Executive job description and person specification Formal contract of employment in place 	Action needed:
	Comments:		By whom:
(2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Formal contract of employment in place for Chief Executive Chief Executive remuneration aligned to national local government pay arrangements Independent external review of senior management remuneration (2023) Board oversight of remuneration decisions Delegated Decision-Making Framework reserves decisions relating to the Chief Executive to the Board Board Terms of Reference require Board approval and minuting of severance decisions 	Action needed:
	Comments:		By whom:
	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:
(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.	Comments:	<ul style="list-style-type: none"> Chief Executive remuneration aligned to national local government pay arrangements Independent external benchmarking of senior management remuneration (2023) Board oversight of senior remuneration decisions Public sector pay framework supporting transparency and reputational integrity 	By whom: By date:
(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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Delegated Decision-Making Framework reserves decisions relating to the Chief Executive to the Board Board Terms of Reference require Board approval of severance decisions Board minutes record approval and rationale where applicable 	Action needed: By whom: By date:
(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Formal annual appraisal of the Chief Executive led by the Chair Input to appraisal from: <ul style="list-style-type: none"> Audit & Risk Committee Chair Senior Independent Director 	Action needed: <ul style="list-style-type: none"> 1) Full review of the CEO appraisal to ensure formally documented and objectives reported to Board. By whom: CEO By date: 31 July 2026
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Suite of HR policies approved by the Board or delegated to EMT People Strategy approved by the Board May 25 Gender Pay Gap Report reviewed by the Board EDI Action Plan monitored by Be Inclusive Steering Group, which has a Board Champion Recruitment and Selection Policy supporting fair and inclusive recruitment Workforce equality and employment data reported to the Board: <ul style="list-style-type: none"> Gender Pay Gap Report – 27.05.25 	Action needed: By whom: By date:
(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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual staff satisfaction survey reported to the Board- 25.09.25 (Employee Survey Results). Also a company KPI in the quarterly performance report. Employee survey results and action plan to Board 25.09.25 Board Champions provide feedback as a regular agenda item – H&S, Be Inclusive People Strategy (2025–2028) setting how staff feedback informs decisions Board report template requiring consideration of HR and workforce implications 	Action needed: By whom: By date:
(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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: What is in the Services Agreement? Berneslai Homes applies Local Authority NJC terms and conditions through the use of the NJC Job Evaluation Scheme, as set out in approved HR policies and guidance. Job evaluation is undertaken using NJC methodology by trained joint panels and directly determines grading and pay. Recent evidence of Board involvement is the Craft and Apprentice Pay reviews to Board March 2026. Delegations Framework: 'Changes to Employee Terms and Conditions: Any changes would be considered by the Board and the necessary consultations had with trade unions and affected staff.	Action needed: By whom: By date:

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"/> Comments:	Evidence: <ul style="list-style-type: none"> Employee Health and Safety Policy (2024–26) approved by the Board Annual Employee Health and Safety Performance Report to the Board Named Board Health & Safety Champion Health and Wellbeing Strategy informing wellbeing priorities Occupational health and safety services subject to review and audit People Strategy approved by Board 27.05.25 Employee survey results and action plan to Board 25.09.25 Board Champions provide feedback as a regular agenda item – H&S, Be Inclusive 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Quarterly and annual performance reports to the Board Board Fact Sheet (compliance and assurance) Corporate Assurance programme and Annual Audit Plan reported to ARC and Board Building safety and compliance reporting to the Board Repairs performance and backlog reporting to the Board – 27.05.25 Complaints performance reported to CSC with escalation to the Board Board-level KPIs reviewed annually Housing Ombudsman Complaint Handling Code self-assessment reported to CSC and Board 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Quarterly operational (BH and PRIP) reports to the Board Financial performance reported to the Board quarterly Strategic Plan reviewed annually by the Board – Progress against the Annual Business Action Plan reported: <ul style="list-style-type: none"> Update on BH Annual Business Action Plan and 3 year vision 24/25 – 27.05.25 BH Annual Business Action Plan Update – 25.09.25 BH Strategic Plan and Annual Bus Action Plan for 2026/27 and update on actions from 2025/26 Plan Quarter 2 – 11.12.25 Update on BH Annual Business Action Plan – 19.02.26 Delegated Decision-Making Framework defining Board, Committee and EMT responsibilities Board and Committee workplans include monitoring of performance and resident insight Board approval of annual budgets Annual Accounts approved by the Board and AGM Quarterly performance reporting to Board, including Tenant Satisfaction Measures Complaints performance and learning – to Board 27.05.25 Tenant Annual report – to Board 27.09.25 Customer Insight and Engagement Strategy – to Board 11.02.25 	Action needed: Improve monitoring information reported to Board By whom: Executive Management Team (Lead ED Resources) By date: 31 December 2026
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual accounts approved by the Board and AGM – considering the external audit report Corporate Assurance Reviews - Independent validation of Tenant Satisfaction Measures DTP Governance Review 2025/26 - independent assurance on governance effectiveness, decision-making and assurance arrangements, including the quality of information provided to Board. Savills independent review – to examine processes, finances, capital workstreams and performance related to PRIP 	Action needed: 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:
2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission.	Comments:	Evidence: n/a - Organisation operates as an ALMO with no subsidiaries	
(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 - No joint venture or partnership vehicles in place	
(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 the NHF Code of Governance reported to the Board Self-assessment audited by BMBC Corporate Assurance Board recruitment undertaken in line with the Board Succession, Recruitment and Induction Policy Independent governance reviews supported by DTP (most recent 2025) Board KPIs reviewed annually – May-25 Annual Board self-evaluation (May) and Committee self-assessments - CSC (usually November annually, however, was externally undertaken by TPAS in 2025, and will re-commence internally in Nov-26) and ARC (29.01.25,). Board, Committee and Chair appraisals undertaken annually – Outcome of appraisals reported to Board on 11.12.25 as part of the 2026 Board development plan Board development programme agreed annually – dates when monitoring reported to Board Board skills matrix reviewed annually as above Delegated Decision-Making Framework approved by the Board (Sep-24, due May-25) Board and Committee Terms of Reference reviewed annually (May 25) 	Action needed: External validation to be undertaken By whom: Executive Director of Resources By date: 31 st March 2027
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 set out statutory roles and responsibilities Board Terms of Reference define the Board's role and responsibilities Committee Terms of Reference set out delegated responsibilities and reporting arrangements Delegated Decision-Making Framework clarifies delegations to committees and officers Governance Handbook (Decision Time) documents governance processes Board and Committee role profiles set out individual responsibilities Board Code of Conduct sets expected standards of behaviour and governance responsibilities (aligned to NHF Code of Conduct) Board Succession, Recruitment and Induction Policy defines responsibilities Board Chair, SID and Board member Role profiles All members of EMT have job descriptions 	Action needed: 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:
(1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness.	Comments:	<ul style="list-style-type: none"> Chair appointed in line with the Board Succession and Recruitment Policy Chair role profile setting out responsibilities for leading the Board Independent external recruitment support used (Campbell Tickell, 2023) Appointment process involved a panel including the CEO, BMBC shareholder representative, Senior Independent Director and Board member 	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"/> Comments:	Evidence: <ul style="list-style-type: none"> Audit & Risk Committee Terms of Reference prohibit the Board Chair from chairing the Audit & Risk Committee No Remuneration Committee is in place; remuneration responsibilities are retained by the Board 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles prohibit paid BH employees from serving as Board members Executives do not sit on the Board or its Committees (Board and Committee Terms of Reference) 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association prohibit BH paid employees from serving as Board members - Article 20(16) 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association prohibit BH paid employees from serving as Board members - Article 20(16) 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Delegated Decision-Making Framework setting out delegations to staff and committees. Latest Board approval on 26.09.24. Then part of the external review by DTP during 2025 and 2026 and reporting to Board on 28.05.26. Management Agreement between BMBC and Berneslai Homes defining governance and Delegated Decision-Making Framework arrangements Board and Committee Terms of Reference setting out delegated responsibilities 	Action needed: By whom: By date:
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:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association set out reserved matters and constitutional responsibilities Board Terms of Reference define matters reserved to the Board (May 25) Delegated Decision-Making Framework distinguishes reserved and delegated decisions Management Agreement between BMBC and Berneslai Homes sets out governance responsibilities and reserved powers 	Action needed: By whom: By date:
(1) Setting and ensuring compliance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success;	Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association set out the organisation's purpose and constitutional responsibilities Board Terms of Reference define the Board's responsibility for setting and overseeing vision, mission and strategic objectives (approved May 25) Board Member role profiles set out individual leadership responsibilities Delegated Decision-Making Framework confirms matters reserved to the Board relating to strategy 	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"> Board Terms of Reference - external review by DTP approved by Board on 27.05.25 Board-agreed Vision and Values People Strategy (2025–2028) EDI Action Plan – delivery overseen by Be Inclusive Steering Group Customer Engagement Framework – resident voice embedded in decisions Board Code of Conduct covers equality, respect and ethical leadership 	Action needed: External assessment against Public Sector Equality Duty requirements By whom: Executive Director Resources By date: 31 December 2026
(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 covers priorities and resource allocation Value for Money Strategy explicitly defines VfM using the three Es: economy, efficiency and effectiveness The Procurement Strategy is closely aligned to the Value for Money Strategy Financial Regulations ensure public money is controlled, safeguarded and used effectively, efficiently and economically. Budget setting and monitoring framework for financial oversight Performance reporting (KPIs / TSMs) monitors operational effectiveness 	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"> The Memorandum and Articles define the Board's authority. Board Terms of Reference set executive oversight responsibilities. The Delegated Decision-Making Framework reserves key decisions to the Board. The Chief Executive role profile defines responsibilities and authority. Board appraisals evidence executive challenge. Role Profile of the Chair? Regular Chair/Chief Executive meetings 	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 appointment of Chief Executive - 11.12.25 Board Terms of Reference reserve appointment of the Chief Executive to the Board. Board Terms of Reference reserve removal of the Chief Executive to the Board. 	Action needed: By whom: By date:
(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;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> The Memorandum and Articles place financial oversight responsibility with the Board. Board Terms of Reference require approval of the budget (26.03.26), strategic plan (11.12.25) and annual accounts (25.09.25). The Audit & Risk Committee provides assurance on financial reporting and controls through its annual report (to Board on 27.02.25) and the work of the external auditor (to Board on 25.09.25) . The Board approves the audited financial statements prior to publication. 25.09.25 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Delegated Decision-Making Framework in place: The framework defines Board, Committee and EMT responsibilities. The framework sets out reserved and delegated decisions. The framework is approved and overseen by the Board - 25.09.24 and to be reviewed by Board 28.05.26 Board Terms of Reference (May 25) Committee Terms of Reference (May 25) 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Terms of Reference assign responsibility for risk and control oversight. Audit & Risk Committee Terms of Reference provide detailed scrutiny and assurance. Risk Management Strategy sets out the organisation's risk framework and approach. 	Action needed: 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"/> Comments:	Evidence: No subsidiary boards <ul style="list-style-type: none"> Board Terms of Reference require oversight of delegated authority. Committee Terms of Reference set accountability for delegated functions. The Delegated Decision-Making Framework defines delegated powers and reporting back to the Board. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> The Board succession, recruitment and induction policy supports collective skills, competencies and independent challenge. A Board skills matrix is completed annually as part of their appraisal and reported to the Board. Annual Board and individual development programmes address skills and capability. Role profiles set expectations for independence, skills and time commitment. A formal induction process is in place for new Board members. Annual Board and Committee self-assessments consider skills and effectiveness. The Board Code of Conduct requires independent judgement and ethical behaviour. Board Member Agreements confirm roles, responsibilities and time commitment. Include the dates when the Board received reports on their performance. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> The Memorandum and Articles set the framework for Board composition and membership (decision of BMBC as sole member) A Board skills matrix is reviewed annually and reported to the Board. Outcomes of annual Board appraisals are reported to the Board, including identified skills gaps: <ul style="list-style-type: none"> Board composition and skills reviewed through succession planning and skills assessments - 25.09.25 Outcome of appraisals reported to Board on 11.12.25 as part of the 2026 Board development plan Annual Board and Committee self-assessments consider composition and effectiveness.- Board – May-25, ARC – Jan-25, CSC – TPAS review 2025 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> The Memorandum and Articles of Association (Article 13) set the permitted Board size of 9 plus co-optees). Board appointed 1 co-optee to Audit & Risk Committee in (11.12.25) and 3 co-optees to Customer Services Committee (date) with one vacancy to fill. This takes the Board above 12 members. 	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 Terms of Reference reflect the membership structure set out in the Articles. 	
(3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting.	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 is formally appointed. SID role profile approved by Board, which includes: <ul style="list-style-type: none"> leading the Chair's appraisal. supporting and constructively challenging the Chair to ensure Board effectiveness. The Memorandum and Articles provide the constitutional framework for Board roles and appointment of a SID 	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 governs appointment and selection. The policy requires consideration of collective skills and attributes. Board diversity and skills analysis is reported to the 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"> The Board has agreed– Success planning report to Board 25.09.25. These skills are used as the basis for annual skills analysis. Skills analysis is reported annually to the Board – 25.09.25 Skills analysis as part of the appraisal process informs the annual Board development programme. 11.12.25 Board and Committee self-assessments annually consider skills and capability - Board – May-21.12.25.. Feb-25, CSC – Nov-24 (TPAS review in 2025) 	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 – open and merit-based recruitment. The policy applies to Board members, co-optees and Committee members. Recruitment based on skills assessment and interview. The Memorandum and Articles provide the constitutional basis for appointments and nominations. Role profiles define required attributes, responsibilities, and independent judgement. Board and Committee Terms of Reference set out roles and responsibilities. 	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"> The EDI Action Plan sets out the organisation's equality, diversity, and inclusion commitments. Board-level monitoring of Board and Committee diversity is reported to the Board. Monitoring shows Board and Committee diversity does not reflect the community served. 	Action needed: Board recruitment and selection throughout 2026/27 By whom: Board By date: 31 December 2026

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> The Memorandum and Articles of Association includes two Tenant Board Members. . The Customer Services Committee Terms of Reference include tenant members as part of the Committee's composition to increase customer involvement in the governance of the organisation. 	Action needed:
	Comments:		By whom
(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"/>	Evidence: <ul style="list-style-type: none"> NOT Applicable – WE DON'T HAVE ANY SHAREHOLDERS. . 	Action needed:
	Comments:		By whom:
(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"/>	Evidence: <ul style="list-style-type: none"> Board membership, including appointments and retirements, is published in the Annual Report and Financial Statements. A dedicated Board page on the organisation's website publishes details of all Board members. Board Directors are published on Companies House in line with statutory requirements. Board governance KPIs, including diversity information, are published on the organisation's website. 	Action needed:
	Comments:		By whom:
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"/>	Evidence: <ul style="list-style-type: none"> Audit & Risk Committee for assurance, risk, and control oversight. Customer Services Committee for scrutiny of customer, asset, and service performance. Each committee operates under Board-approved Terms of Reference. 	Action needed:
	Comments:		By whom:
(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"/>	Evidence: <ul style="list-style-type: none"> All committees operate under Board-approved Terms of Reference. Committee Terms of Reference are reviewed annually and updated as required. (May 25) Committee minutes are reported to the Board. Committee Chairs provide verbal debriefs to the Board on committee activity. Audit & Risk Committee (Jan-25) and Customer Services Committee (Nov-24 and TPAS review in 2025) provide annual reports and self-assessments to the Board. 	Action needed:
	Comments:		By whom:
(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 type="checkbox"/> No <input checked="" type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Annual Board appraisals include individual skills self-assessments. Skills matrix used to identify skills relevant to committee roles. The Board uses skills information when appointing Board members to committees. 	Action needed: Committee Membership to be reviewed following individual Board Member Appraisals
	Comments:		By whom: Board
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"/>	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy sets out the approach to Board/Committee member pay. Independent external review of Board remuneration is undertaken on a three-year cycle – most recently Feb-26. 	Action needed:
	Comments:		By whom:
(1) Permitted by law and by the organisation's own constitution;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:		

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
	Comments:	<ul style="list-style-type: none"> The Memorandum and Articles of Association (Article 27) permit the payment of Board member remuneration. 	By whom:
(2) Agreed by the board as being in the best interests of the organisation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy sets out the principles for Board pay and is approved by the Board. (approved by Board 25.09.25) The policy provides for independent external review of Board remuneration on a three-year cycle, with final approval retained by the Board - most recently Feb-26. 	Action needed: By whom: By date:
(3) Aligned with the organisation's social purpose and wider reputation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy links Board pay to the organisation's governance role and purpose. Board remuneration was externally benchmarked against peer organisations and approved by the Board in Feb-26. The policy requires independent external review of Board remuneration on a three-year cycle, with approval retained by the Board. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy sets the framework for Board pay. Board remuneration was externally benchmarked against peer organisations and approved by the Board in Feb-26. The policy requires independent external review of Board remuneration on a three-year cycle, with final approval retained by the Board. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy differentiates remuneration by Board role and level of responsibility. Latest remuneration review included the respective roles on the Board (Feb 26) Annual Board appraisals assess performance against agreed criteria including the role profile. 	Action needed: By whom: By date:
(6) Regularly reviewed, drawing on external advice as necessary.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy requires Board remuneration to be reviewed on a three-year cycle by an independent source – Feb-26 	Action needed: By whom: By date:
(7) Disclosed in the organisation's annual financial statements.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board remuneration is disclosed in the Annual Report and Financial Statements. The Annual Report and Financial Statements are published on the BH website. - https://www.berneslaihomes.co.uk/media/g30dufwc/berneslai-homes-limited-31-march-2025-accounts.pdf 	Action needed: By whom: By date:
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association set standard Board member tenure at up to six years, with extensions to a maximum of nine years permitted only by Board agreement. Board member tenure and any extensions are considered and agreed by the Board as part of succession planning. (25.09.25) 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(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 sets out the approach to Board renewal. The policy is based on consideration of required skills, attributes and diversity. Board renewal and tenure are considered by the Board as part of regular succession planning discussions: <ul style="list-style-type: none"> 27.03.25 – councillor Tattersall terms ends and associated recruitment 25.09.25 – approval of Board Succession and Recruitment Policy 25.09.25 – Board Succession Planning and Recruitment Update 19.02.26 - Board membership update 26.03.26 – board membership update 	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 Board appraisals assess individual performance against role profiles. Skills self-assessments and the skills matrix inform assessment of members' skills. Reappointment decisions are considered by the Board in the context of succession planning and Board needs. see list of reports above 	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 of Association (Article 13) set a standard maximum tenure of six years, with extensions to up to nine years permitted only by exception. Any extension beyond six years requires explicit Board approval. One tenure one-year extension agreed during 2025/26 – Richard Fryer. (Report to Board on 25.09.25) 	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 of Association (Article 13(17)) prohibit re-appointment of a Board member for a minimum period of three years after stepping down. 	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"> The Memorandum and Articles of Association (Article 13(17)) apply tenure limits and re-appointment restrictions to all Board and Committee roles, including co-optees. 	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 define roles and responsibilities. Board and Committee workplans are maintained in line with approved Terms of Reference. Delegated Decision-Making Framework clarifies decision routes and authority levels. Standardised Board and Committee report templates ensure complete and consistent information. Reports are subject to an approval process prior to submission, including Executive Management Team review and sign-off. Board and Committee papers distributed seven days (five working days) in advance of meeting date. Report Writers training for relevant officers (March 2026) to ensure appropriate quality and assurance of information. 	Action needed: 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:
(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.	Comments:	<ul style="list-style-type: none"> Memorandum and Articles of Association provide for the appointment and removal of the Company Secretary by the Board. The Executive Director of Resources was appointed as Company Secretary, with approval by the Board in March 2025. 	By whom: By date:
(2) Board and committee meetings are quorate.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association (Article 30) set quorum requirements. Board and Committee Terms of Reference specify quorum arrangements for meetings. The Company Secretary confirms quorum prior to meetings commencing. Quoracy is evidenced through the formal minutes of Board and Committee meetings. 	Action needed: By whom: By date:
(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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee forward workplans and agendas are maintained and included as standard agenda items. Meeting papers are circulated at least five working days in advance via Decision Time. Minutes of meetings record decisions taken and the main points of discussion, including challenge and actions. 	Action needed: By whom: By date:
(4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Terms of Reference set out arrangements for decision-making between scheduled meetings. A formal urgent decision procedure is in place and operated via Decision Time. A Critical Incident Framework defines governance and escalation arrangements for urgent matters. A Serious Incident Protocol sets out roles, responsibilities and notification requirements for urgent and exceptional incidents. NO SUCH DECISIONS TAKEN DURING 2025/26 	Action needed: By whom: By date:
(5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee meetings are held in person at accessible venues and virtually. Board and Committee members are supported to attend meetings virtually where required. Members are provided with appropriate equipment and technical support to enable remote participation. Reasonable adjustments to meeting arrangements are made where required to support attendance and participation. All Board members receive IT equipment, with training, to allow them to effectively participate. 	Action needed: By whom: By date:
(6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Tablets and laptops are provided to all Board/Committee members, with Councillor members using BMBC-issued laptops with network access. BH undertakes an ongoing review of IT equipment to support effective access for remote meetings, as part of corporate arrangements. Digital Communications Policy sets out expectations and guidance for the use of remote meeting platforms and digital communication tools. Training provided, as required, for use of IT equipment and software. 	Action needed: By whom: By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> The Agreement for Services includes provisions governing conduct and escalation of issues involving Board members. 	Action needed: By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(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.		<ul style="list-style-type: none"> The Board Code of Conduct sets out a formal process for handling disputes and grievances involving Board and Committee members. The Memorandum and Articles of Association (Article 19) provide the constitutional basis for addressing breaches of conduct involving Board members. 	By date:
3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Board member appraisals, led by the Chair, including annual skills self-assessments. Annual Chair appraisal, led by the Senior Independent Director with input from the Audit & Risk Committee Chair. Annual Board Development Plan based on identified needs. Board and EMT Strategic Planning Sessions support reflection on performance and priorities. Board and Committee annual self-assessments consider effectiveness and ways of working. Annual Governance KPIs are monitored and reported to support review of Board performance. 	Action needed: By whom: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee members annual appraisals, including skills self-assessments. Chair's annual appraisal undertaken by the Senior Independent Director with input from the Audit & Risk Committee Chair. Annual Board Development Plan is informed by appraisal and self-assessment outcomes. Boards and Committees complete annual self-assessments covering governance effectiveness and conduct of business. (Board – 27 May-25, ARC – 19 Feb-25, CSC – Nov-24 due to TPAS review in 2025) Annual Governance KPIs are monitored and reported to support review of Board and Committee effectiveness. (27 May-25) The Audit & Risk Committee and Customer Services Committee provide annual reports to the Board on their effectiveness and activity. (Board – 27 May-25, ARC – 19 Feb-25, CSC – Nov-24 due to TPAS review in 2025)) 	Action needed: By whom: By date:
(a) Composition, skills, experience and diversity;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Board member appraisals, led by the Chair, include skills self-assessments, with group skills analysis reported to the Board. (25.09.25) The Chair's annual appraisal, led by the Senior Independent Director with input from the Audit & Risk Committee Chair. To be reported to Jul-26 Board All group and individual appraisals and skills self-assessments inform Board development and governance planning. (Board Succession Planning and Recruitment Update to Board 25.09.25) Annual Governance KPIs, including Board composition and diversity data, are reported to the Board to support oversight and review – to Board 27.05.25 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Board member appraisals, led by the Chair, include consideration of behaviours alongside skills self-assessment. (Board Succession Planning and Recruitment Update to Board 25.09.25) The Chair's annual appraisal is led by the Senior Independent Director, with input from the Audit & Risk Committee Chair. To be reported to Jul-26 Board Board and Committee annual self-assessments consider effectiveness, behaviours and ways of working. (Board – 27 May-25, ARC – 19 Feb-25, CSC – Nov-24 due to TPAS review in 2025) Annual Governance KPIs, reported to the Board, support oversight of Board conduct and engagement. (27.05.25) 	Action needed: 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:
(c) Governing instruments, delegations, regulations, standing orders, structures, systems, and other formal documentation as referred to in this code.	Comments:	<ul style="list-style-type: none"> The Board reviews governing documents and key policies in line with the agreed review cycle and were prompted by performance, regulatory change, or best practice. During 2025/26, the Board reviewed and updated key governance documents as part of ongoing review and implementation of the independent DTP governance review, including Board and Committee Terms of Reference, Board and Committee forward workplans. Delegated decision framework and Policy framework to Board in May-26. 	By whom: By date:
(d) Timing and frequency of meetings;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> An annual forward plan for Board and Committee meetings is agreed, setting out the timing and frequency of meetings for the year.26.03.26) Meeting dates are scheduled in advance, during the previous year, to support member availability and effective planning. The 2025–26 Board and Committee meeting schedules were agreed and operated in line with these arrangements. 	Action needed: By whom: By date:
(e) Format of agendas, quality and scope of papers, minutes and communications;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Board and Committee self-assessments consider matters such as agenda format, the quality and scope of papers, and meeting effectiveness, with actions identified and taken forward where required. (Board May-25, ARC Jan-25, CSC Nov-24 due to external TPAS review in 2025)) Minutes continue to formally record decisions, key discussion and agreed actions. During 2025–26, the Board implemented a number of changes arising from the DTP review, including: Revised Board and Committee Terms of Reference, updated Board and Committee forward plans to clarify purpose and reporting routes, strengthened reporting expectations - supported by report writer training: <ul style="list-style-type: none"> 27.02.25 – Scope of DTP Review to Board 27.03.25 – Update on DTP Review to Board 27.05.25 – board approval of Board and Committee ToRs, CSC Role Profile, CSC tenant members, remit of chairs group, Statement of Preferred composition 25.09.25 - Update on DTP Review to Board 11.12.25 - Update on DTP Review to Board and ref to report writers training. 26.03.26 – board approval of Board and Committee workplans 28.05.26 – Final approval of DTP review to be presented to Board covering Delegated Decision-Making Framework and Policy framework 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Board and Committee self-assessments consider the effectiveness of decision-making, including how information, challenge and stakeholder insight are used to inform decisions. Board member appraisals, including reflection on role effectiveness, consider how members contribute to informed and effective decision-making. Decision-making effectiveness is considered through annual Board and Committee self-assessments and Board member appraisals. 	Action needed: 1) Self assessments aligned to NHF Code - completed By whom: By date:
(g) Compliance with this code and legal duties.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual self-assessment against the NHF Code of Governance is undertaken, consulted on with the Executive Management Team, and reported to the Board for review and approval. It is audited by BMBC Corporate Assurance. – to Board 27.05.26 and action plan monitored by Board. The Board considers and agrees its Directors’ responsibilities as part of the approval of the Annual Report and Financial Statements.- Statement included in the Annual Report and Financial Statements New quarterly Statutory Regulatory Submissions report to Audit & Risk Committee commencing at Jun-26 Committee. 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(2) These matters are regularly and formally reviewed.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Outcomes of governance reviews are reported to the Board and Committees through a standing Governance Update report, which is included in the Board forward plan and considered at each Board meeting. Annual Corporate Governance Report is presented to the Board, bringing together the outcomes of key governance reviews, including Board self-assessment, governance KPIs and NHF Code compliance, with the Board considering actions required and next steps. To Board on 27.05.25 Annual reports from Committees (including effectiveness reviews and self-assessments) are presented to the Board and scheduled through Committee and Board forward plans, providing formal assurance on areas within each Committee's remit. (Board – May-25, ARC – Jan-25, CSC – Nov-24 as external TPAS in 2025) 	Action needed: By whom: By date:
(3) All new board and committee members receive a full induction.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> A formal induction plan is in place for new Board and Committee members, setting out the scope, content, and responsibilities for induction. The induction plan is applied to all new appointments to support an understanding of governance roles, responsibilities, and ways of working. Formal inductions carried out during 25 and 26 for D Leech, George Paterson, Aisling McNulty, John Townend, Joan Whitaker, Lisa Sear. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Skills self-assessments, completed as part of the annual appraisal process, inform learning and development needs. Annual Board Development Plan is produced, drawing on skills self-assessment and appraisal outcomes. (Approved by board 11.12.25) Personal Development Plans for Board members are agreed and reviewed following the appraisal process. (approved by Board 11.12.25) Board Succession Planning and Recruitment Update to Board 25.09.25 External development and support opportunities, including Board Mentoring Programmes, are made available where appropriate as part of the induction process and identified as part of the appraisal process, with personal development plans sent to board members annually. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual formal appraisals are undertaken for Board and Committee members and are documented, including completion of an individual skills self-assessment. Process approved by Board 26.03.26 An annual appraisal of the Chair is undertaken, led by the Senior Independent Director, with input from the Audit & Risk Committee Chair: <ul style="list-style-type: none"> Annual Board Development Plan is produced, drawing on group skills self-assessment and appraisal outcomes. (Approved by board 11.12.25) Board Succession Planning and Recruitment Update to Board 25.09.25 covering groups board skills. The appraisal form and skills assessment - received a full refresh and was approved by Board in Mar-26. New 360 Degree feedback process added to appraisals. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> The Chair's appraisal is led by the Senior Independent Director, a senior Board member. The appraisal is informed by input from the Audit & Risk Committee Chair. 360 Degree feedback from Board members is sought in advance of the appraisal to inform the appraisal process. Email to board members requesting feedback in 2025 – responses were direct to appraisers. New questions approved by Board on 26.03.26 and requested to Board and EMT on 20.04.26. 	Action needed: To report the Chair appraisal outcome to Board. By whom: Executive Director of Resources By date: July 2027

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> The Board Member Agreement for Services sets out expectations of Board member conduct and arrangements for addressing issues where these are not met. The Memorandum and Articles of Association (Article 19) provide the constitutional basis for action where a Board member's conduct or performance gives rise to concern. The Board Code of Conduct sets out standards of behaviour and the process for addressing breaches of conduct by Board and Committee members. 	Action needed: By whom: By date:
3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> <ul style="list-style-type: none"> Annual Report and Financial Statements 24-25 approved by Board 25.09.25, included a statement on compliance with the code. 	
(1) Where the formal constitution of an organisation conflicts with the code, the constitution takes precedence.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: The annual self-assessment against the NHF Code of Governance specifies where the M&A or the Management (Services) Agreement conflicts with the Code. <ul style="list-style-type: none"> 	
(2) Where a statement of non-compliance is needed it sets out:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Report and Financial Statements included statement of compliance, including areas of non-compliance. : <ul style="list-style-type: none"> Annual Accounts 24-25 – ‘No weaknesses were identified which have resulted in material misstatement or loss, which would have required disclosure in the financial statements.’ 	
(a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Report and Financial Statements included statement of compliance, including areas of non-compliance. : <ul style="list-style-type: none"> Annual Accounts 24-25 – ‘No weaknesses were identified which have resulted in material misstatement or loss, which would have required disclosure in the financial statements.’ : <ul style="list-style-type: none"> 	
(b) Summary plans for the achievement of compliance, if applicable.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Report and Financial Statements included statement of compliance, including areas of non-compliance. : <ul style="list-style-type: none"> Annual Accounts 24-25 – ‘No weaknesses were identified which have resulted in material misstatement or loss, which would have required disclosure in the financial statements.’ 	
(3) Where an organisation has subsidiaries which have not adopted this code, the reasons for this are given.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: N/A	
(4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Governance Handbook and Resources section on Decision Time is maintained as a central, formally recorded source of governance documentation, including governing instruments, policies, role profiles and terms of reference. It brings together policies, documents and statements referenced in the NHF Code of Governance, supporting visibility and consistency. Documents contained within Decision Time Resources are subject to formal review in line with agreed review cycles, with reviews and updates reported through governance reporting to the Board. 	

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
Principle 4: Control and assurance			
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> • Risk Management Framework and Strategy (2024–2026) is reviewed annually by the Audit & Risk Committee, with oversight by the Board. • Board-approved Risk Appetite Statement was reviewed by Board with external consultants DTP on 16 Jul-25 and approved by Board on 25.09.25. • Quarterly and annual risk updates are reported to the Audit & Risk Committee and the Board, providing ongoing oversight of strategic and operational risks: 03.24.25/27.05.25, 17.06.25/24.07.25, 23.10.25/11.12.25, 29.01.26/19.02.25, 09/04/26/scheduled 28.05.26. • Internal control assurance is provided annually to the Audit & Risk Committee and the Board through the Annual Governance Statement.- Aug/Sep-25 with Final accounts. • All Board and Committee reports include mandatory sections on risk and financial implications, supporting informed decision-making. • Financial performance reports are presented regularly to the Board: <ul style="list-style-type: none"> ○ Final Accounts and Financial Statements 24-25 to Board 25.09.25 ○ BH Financial Position to Board 11.12.25 ○ BH Financial position to Board 19.02.26 ○ BH Draft budget to board 26.03.26 • Going Concern assessment (24/5 financial statements) and Financial Sustainability strategy approved by Board July 25 • Going concern assessment (25/6 financial statements) approved by Board March 26 • The Board Sept 25 (24/5 financial statements) approves the Annual Report and Financial Statements 	<p>Action needed:</p> <p>By whom:</p> <p>By date:</p>
Provisions			
<p>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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> • Board Terms of Reference set out the Board’s responsibility for financial stewardship, risk management, internal control, and audit oversight. • The Audit & Risk Committee Terms of Reference include responsibility for oversight of internal audit, external audit, financial reporting, and internal controls. • An annual Corporate Assurance (internal audit) plan is approved by the ARC and reported to the Board. • Quarterly Corporate Assurance activity reports, including summaries of audits undertaken, assurance opinions and agreed management actions, are reported to the ARC, with an annual Corporate Assurance report also considered. • The External Audit Plan (January 2026) and External Audit Management Letter (August 2025) are considered by the ARC, Management Letter reported to the Board with the financial statements (September 2025). • Audit & Risk Committee has a standing annual agenda item to meet separately with External Audit, without officers present. (when External Audit are on the agenda – 03.04.25, 29.01.26,) • Corporate Assurance officers attend all ARC meetings, supporting transparency and effective audit oversight, and have separate meetings prior to every ARC meeting. • Financial performance monitoring reports are provided regularly to the Board to support assurance over financial viability. • Board approves going concern assessment – financial viability (July 25 and March 26) and Financial Sustainability Strategy (July 25) 	<p>Action needed:</p> <p>By whom:</p> <p>By date:</p>
<p>(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.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Evidence:</p> <ul style="list-style-type: none"> • Audit & Risk Committee Chair reports to the Board on the work of the ARC, including assurance activity, at each Board meeting. • Annual Corporate Assurance report provides an overall opinion on the adequacy and effectiveness of the organisation’s systems of internal control and is considered by the ARC. (17.06.25) • The External Audit Management Letter reports on internal controls reviewed as part of the external audit and is considered by the ARC prior to being reported to the Board. (21.08.25) 	<p>Action needed:</p> <p>By whom:</p> <p>By date:</p>

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
		<ul style="list-style-type: none"> The Annual Governance Statement (AGS), reported to the Board (most recently September 2025), provides formal assurance on internal controls, governance arrangements, and risk management. 	
(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:	Action needed:
	Comments:	<ul style="list-style-type: none"> Audit & Risk Committee Terms of Reference include responsibility for internal audit, external audit, and internal controls. Service Level Agreement with BMBC Corporate Assurance provides an independent internal audit and assurance function. External Auditors are appointed by the Board, following recommendation from the Audit & Risk Committee. Annual internal control assurance provided through the Annual Governance Statement, reported to the ARC and then the Board. (21.08.25) The Audit & Risk Committee undertakes an annual self-assessment and produces an annual report, providing formal assurance on the effectiveness of its work to the Board.– 29.01.25 to ARC, 19.02.25 to Board. 	By whom: By date:
(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:	Action needed: External Audit procurement exercise
	Comments:	<ul style="list-style-type: none"> External Auditors appointed following a formal procurement exercise, with scope for re-appointment subject to performance and review. The External Audit Plan and External Audit Management Letter are reviewed through the Audit & Risk Committee, supporting oversight of auditor independence and effectiveness. External Auditors are formally appointed annually at the AGM (most recently September 2025), following recommendation from the Audit & Risk Committee. 	By whom: Executive Director of Resources By date: 31 July 2026
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:	Action needed:
	Comments:	<ul style="list-style-type: none"> Audit & Risk Committee is comprised solely of non-executive members, none are employed by Berneslai Homes, in accordance with the Memorandum and Articles of Association. The Committee Chair is a qualified accountant. The Committee holds private meetings with both Corporate Assurance and External Audit, without officers present. Minutes and action logs produced for each meeting. The Committee Chair provides a written update to the Board after each Committee meeting, summarising key matters and assurance. The Committee completes an annual self-assessment and annual report to the Board, providing assurance on the Committee’s effectiveness and work undertaken. 	By whom: By date:
(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:	Action needed:
	Comments:	<ul style="list-style-type: none"> The Audit & Risk Committee meets five times per financial year in line with its approved schedule. Minutes produced for each meeting and reported to the Board. Committee Terms of Reference set out meeting frequency and reporting arrangements. 	By whom: By date:
(2) The committee exercises oversight of the internal and external audit functions.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Committee Terms of Reference include oversight of internal audit, external audit and follow-up of recommendations. Corporate Assurance Annual Plan approved by the Audit & Risk Committee, with quarterly activity reports and an annual report considered by the Committee. The Committee reviews and approves the External Audit Plan, Audit Management Letter, and holds private meetings with External Audit. Agreed Management Actions arising from audits are monitored by the Committee. 	By whom: By date:
(3) The committee annually meets with	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:
the external auditors with only non-executives present.	Comments:	Evidence: <ul style="list-style-type: none"> Committee has a standing annual agenda item to meet privately with External Audit, with only non-executive members present. (April 2025 and August 2025) 	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"/> Comments:	Evidence: <ul style="list-style-type: none"> Committee Chair is a Board member and provides summary/minutes of each Committee meeting to the Board. Committee Annual Report is presented to the Board on the work undertaken. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Committee Chair is a qualified accountant and is currently employed in as a financial professional in the housing sector, providing recent and relevant financial expertise. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Board approves the Risk Management Policy. Quarterly and annual risk reports are provided to the Board, including key risks, control effectiveness and the Risk Appetite, which is set and reviewed annually by the Board. All Board and Committee reports include a mandatory risk section. 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Detailed quarterly risk reports to Audit & Risk Committee. Comprehensive annual risk reporting is a standard agenda item for the Audit & Risk Committee. Board receives report on risk management, following scrutiny by the Audit & Risk Committee 	Action needed: 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"/> Comments:	Evidence: <ul style="list-style-type: none"> Risk Management Framework is in place and reviewed annually. Currently under review. Strategic risk register reported quarterly to the Board and Audit & Risk Committee. Board-approved Risk Appetite reviewed annually by the Audit & Risk Committee and the Board. Annual internal control assurance is provided through the Annual Governance Statement. BMBC Corporate Assurance reviews and monitors risks and reports to the Audit & Risk Committee. 	Action needed: By whom: By date:
(3) The board establishes and documents its appetite for the risks the organisation faces in pursuit of its strategy.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> A documented Risk Appetite Statement is established through Board-led sessions and is refreshed annually by the Board. The Risk Appetite is subject to periodic external review and facilitation, most recently through an independent DTP-led review in 2025, to support robustness and challenge. Approved by Board 25 September 2025. 	Action needed: 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"> Board-approved Risk Appetite Statement informs tolerance. Escalation and Serious Incident Protocols are in place to manage and respond to significant events. Business Continuity and Emergency Resilience Plans maintained and reviewed annually and as required, with oversight through risk reporting. Quarterly emergency planning updates included in risk reports to the Audit & Risk Committee and the Board, with an annual summary provided through the Annual Governance Statement. 	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"> Business continuity is included on the corporate risk register and is monitored by the Board. 	
(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"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Board members appointed based upon skills through the Board Succession, Recruitment, and Induction Policy. Board skills matrix and annual skills self-assessment identify collective skills and experience in relation to organisational risks. Annual Board effectiveness review considers capability and capacity. Annual Board Development Plan addresses identified skills and experience gaps. 	By whom:
(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"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Quarterly and annual risk reports, including the Strategic risk register, are considered by the Audit & Risk Committee and the Board. Risk is a standing agenda item for the Board and Audit & Risk Committee, and a mandatory section in all Board and Committee reports. Board Risk Appetite Statement informs review of strategic risks. Corporate Assurance audits of high-risk areas are undertaken, with the plan approved annually and outcomes reported to the Audit & Risk Committee. Performance and risk associated with partnership activity (including PRIP) is monitored through regular reporting to Committees, the Board and BMBC. 	By whom:
(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 checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> As an ALMO, BH is not subject to the Regulator of Social Housing requirement for formal stress-testing of business plans. Stress-testing of financial assumptions and viability is undertaken as part of the annual accounts process, including going-concern and sensitivity assessments, and is considered by the Board (July 2025 and March 2026). 	By whom:
(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"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Annual Report and Financial Statements include a statement covering the Board's risk management approach, principal and emerging risks, and mitigation arrangements, and were approved by the Board (September 2025). 	By whom:
4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed: Company Secretary to have greater involvement in the governance arrangements to ensure continuous improvement and Board meets its legal responsibilities.
	Comments:	<ul style="list-style-type: none"> Memorandum and Articles of Association set out the Board's statutory and constitutional responsibilities. Board Code of Conduct, Board and Committee Terms of Reference, and Delegated Decision-Making Framework arrangements define accountability and oversight arrangements. Agreement for Services and Management Contract with BMBC set out compliance responsibilities and obligations. Company Secretary is available to support the Board in meeting its legal and governance duties. 	By whom: Executive Director Resources
(1) The board has a robust internal control framework and has regular assurance about the effectiveness of key controls including controls to ensure	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Annual internal control assurance through the Annual Governance Statement and reported to the Board (September 2025). 	By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
compliance.		<ul style="list-style-type: none"> Corporate Assurance and External Audit provide independent assurance over controls. Quarterly financial reporting, regular data protection reporting, and annual health & safety reporting provide ongoing compliance assurance. Underpinned by Memorandum and Articles, Board Code of Conduct, Board and Committee Terms of Reference, Agreement for Services, and Delegated Decision-Making Framework and arrangements, supported by the Company Secretary role. 	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"/> Comments: GAP: Effective safeguarding report to Board	Evidence: <ul style="list-style-type: none"> Compliance scorecard provides regular oversight of key compliance areas. Corporate and external audits provide independent assurance on compliance arrangements. Annual health & safety report to the Board. Internal control framework reported to the Board through formal governance reporting. 	Action needed: Safeguarding Board policy session on 9 July 2026 Annual Safeguarding report 30 July 2026 (as per forward plan) By whom: Executive Director of Customer and Estate Services Head of Housing Management By date: July 2026
(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"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual Governance Statement reflected in the Annual Report and Financial Statements. Annual Governance Statement reported to and considered by the ARC and Board as part of formal governance reporting. 	
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"/> Comments:	Evidence: <ul style="list-style-type: none"> Whistleblowing Policy (including Board arrangements) 2024–26, approved by the Audit & Risk Committee and the Board. 	Action needed: 1) Add SID as a Whistleblowing route By whom: 1) Risk and Governance Manager By date: September 2026 (Board)
(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Whistleblowing Policy (including Board arrangements) 2024–26, approved by the Audit & Risk Committee and the Board). Designated Whistleblowing Officer (Executive Director of Resources), supported by the Head of Governance & Strategy. Whistleblowing arrangements referenced in the Annual Governance Statement (reported to the Board, September 2025). Whistleblowing reporting form on the BH website for staff, tenants, and the public. Whistleblowing is promoted through staff communications (including team brief items). Quarterly confirmations are sought from key managers to ensure concerns are centrally logged and reported 	Action needed: By whom: By date:
(2) The board (or an appropriate committee) regularly receives an account of matters raised under these policies, and actions taken in response.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Whistleblowing activity and actions taken are reported to the Board through the Annual Governance Statement (September 2025). 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance:
(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: <ul style="list-style-type: none"> Whistleblowing Policy provides a route for Board-level concerns and is reported to the Board through the Annual Governance Statement. The Board Code of Conduct sets expectations for raising and recording concerns. Memorandum and Articles of Association and Agreement for Services provide formal governance routes for escalation. BMBC Corporate Assurance provides independent oversight and investigation where required. 	Action needed:
	Comments:		By whom:
	By date:		

Report Title	Berneslai Homes Annual Investment Strategy 2026/2027	Confidential	Yes
Report Author	Executive Director of Resources	Report Status	For Approval
Report To	Board	Officer Contact Details	Rachel Taylor, Executive Director of Resources rachel.taylor@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> <ul style="list-style-type: none"> Section 2 Investment Priorities Section 3 Strategy Appendix A Scheme of Delegation Appendix B Policy Statement Appendix C Creditworthiness Policy Appendix D Long Term Credit Rating Comparison Table Appendix E Summary of Cash Management Q3 and an Investment Portfolio Overview. <p>The Audit & Risk Committee considered the report on the 9th April 2026 and BMBC Treasury Management were present.</p> <p>The Committee considered the context of the increased geopolitical uncertainty and its impact on the global economy and were assured the strategy and policy were robust.</p> <p>The Audit & Risk Committee recommended that the Investment Strategy be approved by the Board.</p>
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2. Recommendation/s

Audit & Risk Committee recommend that Board approve the following: -

- (i) The Investment Strategy.
- (ii) The investment limits set out at paragraph 3.4.
- (iii) The instruments list set out at paragraph 3.8.
- (iv) The Scheme of Delegation outlined in Appendix A and the Policy Statement outlined in Appendix B.

Report of the Director of Finance and S151 Officer, Barnsley MBC

Report to Berneslai Homes Audit and Risk Committee: 9 April 2026

ANNUAL INVESTMENT STRATEGY AND POLICY STATEMENT 2026/27

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 Annual Investment Strategy and Policy Statement 2026/27 was reviewed by the Audit and Risk Committee at its meeting on 9th April 2026. The Committee considered the information in the context of the increased geo-political uncertainty and its impact on the global economy and were assured the strategy and policy was robust.

1.4 The Audit and Risk Committee recommend the Board approve the following:

- **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 E.*

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). Refer to Appendix D for a detailed comparison of long-term credit ratings:

Approved Counterparties	Minimum Long-Term Rating (Fitch or Equivalent)	Maximum Amount	Maximum Duration
UK Government	AA-*	Unlimited	1 year
Barclays Bank PLC <i>(the organisation’s own bank)</i>	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 E, 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 2026/27 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 E).

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.

APPENDIX D**Long-Term Credit Rating Comparison Table**

Credit Quality	Description	Moody's	S&P	Fitch
Highest	Prime / Extremely Strong	Aaa	AAA	AAA
High Grade	Very Strong	Aa1	AA+	AA+
		Aa2	AA	AA
		Aa3	AA-	AA-
Upper Medium	Strong	A1	A+	A+
		A2	A	A
		A3	A-	A-
Lower Medium	Adequate / Investment Grade	Baa1	BBB+	BBB+
		Baa2	BBB	BBB
		Baa3	BBB-	BBB-
Non-Investment (Speculative)	Speculative / Junk	Ba1	BB+	BB+
		Ba2	BB	BB
		Ba3	BB-	BB-
Highly Speculative	Vulnerable	B1	B+	B+
		B2	B	B
		B3	B-	B-
Substantial Risk	Highly Vulnerable	Caa	CCC+	CCC
		Caa2	CCC	
		Caa3	CCC-	
Extremely Speculative	In Danger	Ca	CC	CC
			C	C
Default	Default	C	D	RD/D



Berneslai Homes

Q3 Investment Report 2025-26

Investment Portfolio Overview

The balance held with each fund / counterparty as at 31st December 2025 was as follows:

Fund Balance as at 31.12.2025

FUND NAME	Type of Investment	Credit Rating	Period Closing Balance
Barclays Bank Plc	Current Account	A	£637,256.59
Aberdeen Standard Liquidity Fund (Lux) - Sterling Fund (Class K3)	Money Market Fund	AAA	£1,000,000.00
BlackRock Institutional Sterling Liquidity Fund (Core)	Money Market Fund	AAA	£1,000,000.00
Fidelity Institutional Liquidity Sterling Fund (Class A)	Money Market Fund	AAA	£1,202,073.99
Goldman Sachs Sterling Liquid Reserves (Institutional)	Money Market Fund	AAA	£750,000.00
Invesco Sterling Liquidity Portfolio (Institutional)	Money Market Fund	AAA	£1,000,000.00
Morgan Stanley Sterling Liquidity Fund (Institutional)	Money Market Fund	AAA	£750,000.00
SSgA Sterling Liquidity Fund (Institutional)	Money Market Fund	AAA	£1,000,000.00
£ GBP Totals			£7,339,330.58

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 2025/26:

Average Balance Q3 2025/26

FUND NAME	Type of Investment	Investment Limit	Days Invested	Average Daily Balance
Barclays Bank Plc	Current Account	£2.5M	92	£1,039,383.15
Aberdeen Standard Liquidity Fund (Lux) - Sterling Fund (Class K3)	Money Market Fund	£2.5M	92	£1,081,521.74
BlackRock Institutional Sterling Liquidity Fund (Core)	Money Market Fund	£2.5M	92	£972,826.09
Fidelity Institutional Liquidity Sterling Fund (Class A)	Money Market Fund	£2.5M	92	£1,346,021.08
Goldman Sachs Sterling Liquid Reserves (Institutional)	Money Market Fund	£2.5M	92	£865,489.13
Invesco Sterling Liquidity Portfolio (Institutional)	Money Market Fund	£2.5M	92	£1,122,282.61
Morgan Stanley Sterling Liquidity Fund (Institutional)	Money Market Fund	£2.5M	92	£850,543.48
SSgA Sterling Liquidity Fund (Institutional)	Money Market Fund	£2.5M	92	£917,119.57
£ GBP Totals				£8,195,186.84

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 2025/26.

Average Yield

The average return on investments during the third quarter of 2025/26 was 3.96% (4.09% Q2 and 4.33% Q1). 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 K3)	3.98%	4.10%	4.34%
BlackRock Institutional Sterling Liquidity Fund (Core)	3.92%	4.06%	4.28%
Fidelity Institutional Liquidity Sterling Fund (Class A)	4.01%	4.14%	4.37%
Goldman Sachs Sterling Liquid Reserves (Institutional)	3.94%	4.07%	4.30%
Invesco Sterling Liquidity Portfolio (Institutional)	4.01%	4.14%	4.37%
Morgan Stanley Sterling Liquidity Fund (Institutional)	3.95%	4.08%	4.33%
SSgA Sterling Liquidity Fund (Institutional)	3.93%	4.07%	4.31%
£ GBP Totals	3.96%	4.09%	4.33%

Economic Summary Q3 2025/26

By December 2025, the UK economy showed a marked loss of momentum following a strong start to the year. In the latter half of 2025 there was stagnant growth, a cooling labour market and a fourth interest rate cut by the Bank of England aimed at stabilising a fragile economic recovery. The November 2025 Autumn Budget introduced significant tax and spending measures as Government borrowing reached £132 billion for the first eight months of the 2025/26 financial year, £10 billion more than the same period in 2024/25.

On 18th December 2025, the Bank of England's Monetary Policy Committee (MPC) voted 5-4 in favour of cutting the bank rate by 0.25 percentage points to 3.75%, its lowest level since late 2022. The decision in part due to UK headline CPI inflation falling to 3.2% in the 12 months to November 2025, down from 3.6% in October and 3.8% in September, and its lowest level in eight months. Although inflation remains above the Bank of England 2% target, forecasters are expecting it to fall back towards target more quickly in the near term.

Interest rates are a key driver of the Council's treasury management activities and are closely monitored by officers. As shown in the table below, the latest MUFG and Capital Economics forecast is for interest rates to begin to decline once inflation in the UK is successfully contained. The next Bank Rate reduction is expected in the second half of 2026, with subsequent cuts over the next 2 years on the basis that inflation and employment data in the UK is supportive of such cuts. As there are so many variables at this time, caution must be exercised in respect of all interest rate forecasts and officers will continue to work with our treasury advisers to closely monitor interest rate forecasts.

	Latest	Mar-26	Sep-26	Mar-27	Sep-27	Mar-28
UK Base Rate ~ MUFG Corporate Markets	3.75%	3.75%	3.50%	3.25%	3.25%	3.25%
UK Base Rate ~ Capital Economics	3.75%	3.50%	3.25%	3.00%	3.00%	3.00%

Investment Performance to date and outlook for 2025/26

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 £98,968.64* during the third quarter of 2025/26 (£49,456.85 in Q2 and £32,558.72 in Q1). The increase in the third quarter is due to receiving interest from the Fidelity fund for the full financial year to date. The investment interest forecast for 2025/26 is currently estimated at £240,000; however, this is subject to levels of cash and interest rate movements during the final quarter.

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 2025/26 investment strategy.

** Excludes a proportion of interest receivable from the Barclays current account.*

Report Title	Equality, Diversity and Inclusion – Equality Pay Gap Reporting 2025 and Be Inclusive Action Plans 2025-27	Confidential	No
Report Author	HollyJordan@berneslaihomes.co.uk SarahBarnes@berneslaihomes.co.uk	Report Status	Approval
Report To	Board	Officer Contact Details	NicolaScott@berneslaihomes.co.uk SarahBarnes@berneslaihomes.co.uk

1. Executive Summary

Berneslai Homes has a legal obligation to comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED).

To ensure legal compliance and to drive a values driven culture that places inclusion and belonging at the heart of everything we do, the organisation has developed and delivered EDI strategies and annual action plans. This report sets out the results of the 2025 equality pay gap reporting, progress made on both the colleague and customer actions in the 2025 EDI action plan, and the latest actions in the 2026/27 Be Inclusive action plan.

The 2025 equality pay gap analysis highlights a relatively small overall gender pay gap, with a mean gap of 1.97% and a median gap of 2.1%, alongside positive progress in disability pay outcomes, where disabled colleagues earn slightly more on average than non-disabled colleagues.

However, the report also identifies areas requiring continued focus, particularly an increase in the ethnicity pay gap (mean 10.8%, median 2.86%). Bonus payments also remain disproportionately received by male employees, reflecting the composition of specific workforce groups.

These findings reinforce the importance of targeted, evidence-led action through the Be Inclusive action plan to address representation, progression and inclusion across the organisation.

	<p>Improving inclusion will positively impact tenants and residents by ensuring that our services are accessible and that diversity and inclusion are considered and reflected in policy, service design and delivery. This can be evidenced through the improved Tenant Satisfaction Measure (TSM08) result which measures the proportion of tenants agreeing that we treat tenant fairly and with respect. This measure has increased from 77.9% in 2024/25 to 80.1% in 2025/26.</p>
<p>2. Recommendation/s</p>	<p>It is recommended that the Board:</p> <p>2.1 Acknowledge the gender, ethnicity and disability pay gap report 2025</p> <p>2.2 Approve the publication of the gender, ethnicity and disability pay gap report 2025 on the Berneslai Homes website</p> <p>2.3 Acknowledge the progress made on the 2025/26 EDI action plan</p> <p>2.2 Acknowledge the 2026/27 Be Inclusive action plan</p>

3. Background

- 3.1 As an employer with more than 250 employees, we are legally required to publish details of our Gender Pay Gap. This requirement is set out in the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. Berneslai Homes is also subject to the Public Sector Equality Duty (PSED) within the Equality Act 2010, and are required to have "due regard" to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not. This includes assessing the impact of our policies, practices and services on different groups and taking proportionate action where inequalities are identified.
- 3.2 The Board Chair made a commitment to actively drive equality, diversity and inclusion as part of the Chair's Challenge in 2024. This was a pledge to:
- Assess how diverse and inclusive the organisation currently is
 - Set a clear vision for improvement
 - Take practical, accountable steps to achieve that vision
- 3.3 While we fully recognise our statutory obligations, Berneslai Homes' places inclusion and belonging at the heart of everything we do. This commitment, evidenced by the Chair's Challenge, reflects our organisational values and underpins how we value and support our colleagues, customers and communities. To support this, strong governance is in place which includes the Be Inclusive Steering Group, Board Champion and Inclusion Champions. It is also the reason for introducing voluntary ethnicity and disability pay gap reporting in 2024, because they help to understand and address inequalities.

- 3.4 Berneslai Homes' Equality, Diversity and Inclusion (EDI) Strategy 2022–2025 (Appendix 1 [EDI Strategy 2022 - 2025](#)) sets out our approach to meeting statutory equality duties and driving organisational improvement. Following the conclusion of the EDI Strategy in 2025, Board agreed to include EDI objectives within the People Strategy and the Tenant and Engagement Strategy with an annual Be Inclusive action plan being developed to ensure delivery of these objectives.
- 3.5 Actions relating to colleagues and customers have been intentionally separated within the action plan. This reflects the different statutory duties, delivery mechanisms, and measures of success associated with workforce and customer-facing activity. Separating these actions provides greater clarity of ownership and accountability, enables more targeted and meaningful actions for each group, and supports clearer monitoring and reporting of progress and impact.
- 3.6 The action plan has been informed by robust evidence, including workforce and job applicant data, gender, ethnicity and disability pay gap reporting, equality monitoring data and staff survey results. This analysis has been used to identify key risks and priority areas, ensuring actions are targeted, proportionate and evidence-led.
- 3.7 The Be Inclusive Steering Group agreed at a meeting on 19 March 2026 to commission an external review of equality, diversity and inclusion for colleagues and customers. This will support the Chair's Challenge and provide an assessment of the current position. The review findings will help to understand any gaps and support the development of the Be Inclusive action plan to address these.

4. Current Position / Issues for Consideration

- 4.1 Insights from the equality pay gap report 2025 (Appendix 2)
- 4.1.1 The 2025 gender, ethnicity and disability pay gap analysis provides further insight into workforce representation and structural drivers of pay inequality:
- i. The gender pay gap remains low overall, with a mean gap of 1.97% and a median gap of 2.09%, and an increase in female representation within the upper pay quartile indicates positive progression into higher-paid roles.
 - ii. Despite this, occupational segregation continues, with a higher proportion of males in lower and upper middle pay quartiles and females concentrated in lower-paid administrative roles, contributing to ongoing pay variation.
 - iii. Bonus pay distribution remains uneven, with 89% of bonus recipients being male, largely due to the structure of performance-related payments within repairs services.
 - iv. The ethnicity pay gap has increased (mean 10.86%, median 2.86%), affected by a small cohort size and the departure of an executive director. This highlights the need to strengthen ethnic diversity, particularly in higher-graded

roles. This will be challenging as ethnic representation is very limited in the Barnsley borough.

- v. The disability pay gap remains positive, with disabled colleagues earning slightly more on average and increased representation across all pay quartiles, reflecting improved disclosure and inclusion.

Overall, the analysis confirms that pay gaps are driven primarily by workforce composition and representation, rather than equal pay for equivalent roles, reinforcing the importance of focusing on recruitment, progression and inclusive workforce planning.

4.2 Progress on EDI strategy 2022-25 Year 3 action plan

- 4.2.1 The following actions have been completed or embedded as ongoing activity from the EDI strategy 2022-25 Year 3 action plan (Appendix 3 [EDI Strategy 3 Year Action Plan](#)):

Data and Governance

- ✓ Established the EDI Steering Group (*now known as the Be Inclusive Steering Group*)
- ✓ Refreshed staff equality monitoring data
- ✓ Enhanced EDI data analysis for colleagues including annual gender, disability and ethnicity pay gap reporting

Educate and Raise Awareness

- ✓ Communications and events programme established, positioning EDI as a corporate priority

Policies and Processes

- ✓ Recruitment audit completed to identify potential discrimination
- ✓ Recruitment and selection training delivered to managers to reduce bias and promote fair decision-making
- ✓ Equality Impact Assessment (EIA) training delivered for policy owners
- ✓ Inclusion Passport launched
- ✓ EDI embedded into governance processes, including:
- ✓ EIAs required for business cases
- ✓ EDI considerations included within Project Initiation Documents (PIDs) for the Transformation Board
- ✓ Ongoing monitoring of the impact of policies and processes

Customers

- ✓ Equipment and Adaptations review completed (subject to EMT approval)
- ✓ Enhanced engagement with the Smithies Lane Gypsy / Traveller site
- ✓ Increasing diversity across tenant engagement groups (ongoing cycle to ensure representative participation)
- ✓ Explored options to continue support for residents furthest from the job market following the end of UKSPF funding for Ambition Coaches
- ✓ Implemented the Insight & Engagement Strategy

- 4.2.2 The following Year 3 actions from the EDI Strategy remain outstanding or are ongoing, and have been incorporated into the 2026/27 Be Inclusive action plan:

Data and Governance

- i. Continued development of approaches to refresh and strengthen customer EDI data through the *Knowing Our Customers* programme, including improved recording of reasonable adjustments and customer feedback.
- ii. Agreement and implementation of EDI performance indicators to ensure EDI measures are fully embedded within service delivery performance reporting.

Educate and Raise Awareness

- i. Definitions of our organisational values, culture, and expected standards of behaviour, alongside a refresh of the Code of Conduct.
- ii. Design and implement a comprehensive management and leadership development programme.
- iii. Ongoing review of development and learning provision to ensure alignment with EDI objectives.

Customers

- i. Monitoring and embedding of EDI requirements within the Consumer Standards.
- ii. An ongoing programme to increase diversity and representation across tenant groups, recognising this as a continuous improvement cycle.

4.2.3 The EDI Strategy identified a range of indicators to measure progress and success. Positive improvements have been observed across several key measures:

- Achieved the Housing Diversity Network DNA award.
- Be Well @ Work Gold award retained.
- Disability Confident status retained.
- Gender Pay Gap - reduced year-on-year from 7.16% to 2.1%.
- Harry's Pledge and Barnsley Carer's Charter criteria have been met.
- Mindful Employer status retained.
- Waiting and delivery times for adaptations have reduced significantly, from an average of 220.84 days in 2024/25 to 119.91 days in 2025/26.
- We currently employ 22 apprentices, meeting our target of 4% of the total workforce.
- We have increased the amount of EDI engagement opportunities for staff including volunteering at Barnsley PRIDE.
- Progress continues in attracting and retaining a more diverse workforce:

	2024/25	2025/26
Disability	13.2%	13.8%
Other Minority Ethnic backgrounds	2.8%	3%
LGBTQ+	3%	2.4%*

* The slight reduction is attributable to the small cohort size, where minor changes in headcount can have a disproportionate impact on percentages.

4.2.4 The following indicators have not shown positive improvement during this reporting period:

- i. Board profile is not yet fully representative, including disabled, LGBTQ+ and younger (18–35) members.
- ii. Ethnicity pay gap - has increased from -54.5% to 10.86%. Individuals moving roles or leaving the organisation has a significant impact due to the small cohort size,. This is particularly evident within senior and executive-level roles.
- iii. The proportion of women in construction roles has reduced from 2.7% to 2.1%, against a target of 15%.
- iv. While Disability Confident status has been retained, progress to Level 3 (Leader) has not yet been achieved.

4.3 Be Inclusive action plan 2026/27

4.3.1 Activity is now structured around three core pillars in the Be Inclusive action plan 2026/27:

- i. Data and Governance
- ii. Education and Awareness
- iii. Policies and Processes

4.3.2 Actions relating to colleagues and customers have been separated for the first time. This reflects the different statutory duties, delivery mechanisms, and measures of success associated with workforce and customer-facing activity. Separating these actions provides greater clarity of ownership and accountability, enables more targeted and meaningful actions for each group, and supports clearer monitoring and reporting of progress and impact.

4.3.3 The proposed actions for 2026/27 are set out in full in the Be Inclusive action plan found in Appendix 4 for which Board’s feedback is sought.

4.3.4 These actions will be shared with Inclusion Champions and all colleagues through internal communications, and with customers on our website. Progress will be monitored by the Be Inclusive Steering Group.

5. Customer Voice/Impact

5.1 Delivery of the Be Inclusive actions will positively impact tenants and residents by ensuring that our services are accessible and that diversity and inclusion are considered and reflected in policy, service design and delivery. This can be evidenced through the improved Tenant Satisfaction Measure (TSM08) result which measures the proportion of tenants agreeing that we treat tenant fairly

and with respect. This measure has increased from 77.9% in 2024/25 to 80.1% in 2025/26.

- 5.2 Embedding EDI measures and insight into our performance framework and service delivery will provide evidence of this impact.
- 5.3 The revised and more diverse Resident Insight and Engagement framework, which includes a range of transactional surveys, the Tenant Voice Panel, the three focussed tenant influence panels, along with enhanced tenant governance representation on Customer Services Committee, is already strengthening the tenant voice and influence. Tenants will be able to review our self-assessment and contribute to a service wide regulatory improvement action plan.

6. Risk and Risk Appetite

- 6.1 The risk is that Berneslai Homes does not consistently embed a culture that actively acknowledges, promotes and celebrates the diverse talents and backgrounds of colleagues and tenants. If not addressed, this could limit our ability to create a strong sense of belonging, resulting in a workforce that does not reflect the communities we serve.
- 6.2 To further reduce the risk, we aim to:
 - i. Strengthen culture, leadership and governance by embedding inclusive values through clear accountability and leadership behaviours.
 - ii. Promote fairness, inclusion and belonging by using colleague feedback, staff survey and equality data to identify and address barriers.
 - iii. Embed inclusive recruitment and workforce planning to attract, develop and retain diverse talent and reflect the communities we serve.
 - iv. Ensure inclusion is built into policies and processes through equality impact assessments and regular review.
 - v. Use detailed pay gap analysis to identify structural barriers to progression and target interventions that improve representation across all pay quartiles.
- 6.3 There is a risk that the required developments to the IT system and tight staffing resources will impact progress on the delivery of the customer action plan. Resources have been realigned from the Performance and Information Team and the Customer Services Team to work jointly on reviewing and developing the key actions and IT system requirements to deliver our Knowing Our Customers project. The role of Service Improvement and Regulation Co-Ordinator, which has been vacant for over 12 months due to budget transfer to support complaint handling, will now be advertised by the end of May 2026. IT system developments are being considered by the Transformation Board.

Progress of the actions will be monitored by the Be Inclusive Steering Group.

7. Strategic Alignment

7.1 The Be Inclusive action plan aligns with:

- Barnsley 2030 Vision, supporting the ambitions of Healthy Barnsley and Learning Barnsley, and the Council's equality aspiration to create a more equal borough where no one is left behind and diversity is embraced and respected.
- Building Together culture change programme within the People Strategy, which seeks to foster a positive and inclusive culture that enables our people and organisation to thrive.
- Tenant and Engagement Strategy which allows tenants to shape, monitor and improve service delivery.

8. Data Privacy

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

9. Consumer Regulatory Standards

9.1 Delivery of the Be Inclusive Action Plan supports strong compliance with requirements across all [consumer regulatory standards](#) and in particular the [Transparency, Influence and Accountability standard](#) (TIA) which requires landlords to be open with tenants and treat them with fairness and respect so that tenants can access services, raise complaints, influence decision making and hold their landlord to account.

9.2 Progress of the actions in our Be Inclusive action plan as set out on section 4.6, in particular the **essential** delivery of the Knowing Our Customers project will support our ability to use relevant information and data to do the following as set out in section 2.1 of the TIA standard:

1. Understand the diverse needs of tenants, including those arising from protected characteristics, language barriers, and additional support needs.
2. Assess whether our services deliver fair and equitable outcomes for tenants.
3. Ensure that communication with and information for tenants is clear, accessible, relevant, timely and appropriate to the diverse needs of tenants.
4. Ensure that our services are accessible, and that the accessibility is publicised to tenants. This includes supporting tenants and prospective tenants to use online landlord services if required.
5. Registered providers must allow tenants and prospective tenants to be supported by a representative or advocate in interactions about landlord services.

10. Other Statutory/Regulatory Compliance

10.1 Berneslai Homes continues to meet its statutory and regulatory obligations in relation to equality, diversity and inclusion. The organisation remains compliant with the Equality Act 2010 and the Public Sector Equality Duty (PSED).

10.2 In line with the Duty, Berneslai Homes gives due regard, in the exercise of its functions, and the need to:

- i. Eliminate unlawful discrimination, harassment and victimisation, and any other conduct prohibited under the Equality Act 2010;
 - ii. Advance equality of opportunity between individuals who share a protected characteristic and those who do not, including removing or minimising disadvantage and encouraging participation where it is disproportionately low;
 - iii. Foster good relations between people who share a protected characteristic and those who do not, promoting understanding and reducing prejudice.
- 10.3 The Be Inclusive Action Plan supports compliance by embedding equality considerations into governance, policy development, workforce planning and service delivery.
- 10.4 Equality impact assessments are used to inform decision-making, and equality monitoring data is reviewed to support transparency, accountability and continuous improvement.

11. **Financial**

There are no financial implications arising directly from this report.

12. **Human Resources and Equality, Diversity and Inclusion**

Embedding inclusion and belonging across the organisation is a key enabler of a high performing, resilient and sustainable workforce. Evidence shows that organisations which prioritise inclusive cultures achieve stronger people outcomes and improved business performance.

13. **Sustainability Implications**

There are no sustainability implications arising from this report.

14. **Associated Background Papers**

Not applicable.

15. **Appendices**

Appendix 1 - EDI strategy 2022-25 ([EDI Strategy 2022 - 2025](#))

Appendix 2 - Equality pay gap report 2025

Appendix 3 - EDI strategy 2022-25 Year 3 action plan ([EDI Strategy 3 Year Action Plan](#))

Appendix 4 - Be Inclusive action plan 2026/27

16. **Glossary**

EDI – Equality, Diversity and Inclusion



Equality, Diversity and Inclusion Strategy 2022-25

Purpose

Equality, Diversity and Inclusion is our passion; it weaves through our DNA at Berneslai Homes.

The Strategy shows:

- our commitment;
- our strong position;
- our priorities moving forward;
- how we will bring this to life for everyone - customers, people, communities, and partners.

Our position is unique and strong but we will always aim higher. We will do the right thing, push harder, and make a positive difference to people's lives, inspire others and act as a beacon of good practice in EDI. It's about inclusion for all.

"You can do what I cannot do. I can do what you cannot do. Together we can do great things."

Mother Teresa

It's about:

EQUALITY
of access to opportunities.

DIVERSITY
Recognise and celebrate differences.

INCLUSION
Belonging and acceptance,
feeling valued for who you are.

Our vision

Our values

Everyone who works for Berneslai Homes will embrace these values and make them relevant to their role.

Our vision is clear:

Creating great homes and communities with the people of Barnsley.

Our mission supports our vision:

Great place, great people, great company.

Creating and developing vibrant neighbourhoods where diverse communities thrive and develop; attracting and retaining talented people, serviced by a diverse organisation.

Customer first

Tailoring services to individual needs, providing excellence and always doing the right thing.

Can do attitude

Removing barriers and achieving high performance to be an exemplar in EDI.

Curious

Confident to question - learning about different cultures and educating others.

Alignment

The wider landscape of EDI internal and external is recognised in this strategy. It reflects the Barnsley 2030 Vision; Healthy, Learning Barnsley and their equality aspiration – a more equal town where no-one is left behind, diversity is embraced and respected.

BE PROUD Diversity. Inclusion
– They're more than just words.

Going above and beyond our duties.

Equality Act 2010 and Public Sector Equality Duty 2011 to:

- Eliminate discrimination.
- Advance equality of opportunity.
- Foster good relations between different groups.

Inclusive of our key strategies; the local and national policy direction.

- Strategic Plan 2021-31.
- Housing Diversity Network DNA accreditation report.
- Yorkshire and Humberside EDI Baseline Survey Report and more.

Supporting local and national campaigns and pledges:

No Place for Hate.
Stand up to Domestic Abuse.
Harry's Pledge.
Black Lives Matter
and many others.

Our promises

Ensure equal and fair access to our services, based on individual needs.



Value people as individuals and not form opinions based on bias, prejudice, assumptions or stereotypes.



Recognise, respect, accept and celebrate people's differences.



Have a workplace culture which is inclusive, warm, welcoming and free from discrimination, harassment, bullying or victimisation.



Treat people fairly and with dignity and respect.



Do the right thing even if it isn't the easiest thing.



Call out Inappropriate language and behaviour, no matter how small it seems.

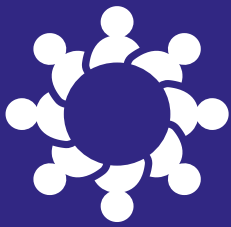


Empower people to be their true selves – everyone has a right to be who they are.



Key Themes





BOARD

Recognition and ownership of EDI is driven by all board members - living our inclusion for all culture and providing allyship.

- Create more opportunities for diverse board membership.
- Maximise board visibility and involvement at estate walkabouts, community events and equality forum.
- Create opportunities for succession - apprentice/shadow board role.
- Enhance EDI performance and monitoring information to board.





CUSTOMER FIRST

- Ensure customer EDI insight data is accurate, regularly refreshed to ensure we know our customers and their specific needs.
 - Continue to utilise customer insight to plan effective services.
 - Continue to provide support to assist tenants manage their finances.
 - Explore new and innovative ways in addressing fuel poverty and austerity.
 - Ensure customers maximise their benefit entitlements.
 - Ensure everyone has a voice by more engagement with harder to reach groups and reach harder.
 - Review the engagement framework to ensure EDI is fully encompassed.
 - Investigate how we can further enhance online engagement.
 - Increase tenant involvement in range of social initiatives and events.
 - Improve the effectiveness of the adaptations process for our customers.
 - Undertake full review of the lettings process to improve transparency and fairness allowing customers to make informed choices.
- We will ensure for all digital developments EDI is fully considered and opportunities for improvement maximised.
 - Continue to work with the council to ensure every neighbourhood has affordable digital connections.





PEOPLE FIRST

- Maximise utilisation of our coaching and mentoring schemes for our protected characteristic employees.
- Ensure all employees own our EDI ethos by the delivery of our new EDI training model.
- Our leaders are equipped at managing a diverse and agile workforce.
- Our succession planning and leadership development programme addresses underrepresented groups and is inclusive for all.
- The Wellbeing Champion support service continues to thrive.
- Increase the diversity of our workforce across all services and hierarchy, review recruitment process.
- Address gender, race, disability and other pay gaps.
- Increase and encourage wider employee engagement with Equality groups and events.
- Continue to monitor and action satisfaction.
- Maximise staff involvement in the wide range of EDI involvement opportunities and peer support groups.
- Increase collaboration with national and regional networks to influence and improve outcomes.
- Continue to encourage everyone to own the EDI ethos and 'call it out'.
- Raise profile of Equality Champions, as the ambassadors of embedding the EDI ethos across the company and improve their effectiveness.





COHESIVE COMMUNITIES

- Maximise opportunities with the Equality Forums.
- Drive the 'can't do, won't do' zero tolerance approach to tackling ASB.
- Facilitate strong and healthy relationships between diverse communities, to take pride and be proud of their estates.
- Prominent presence in EDI borough wide events.
- Active partner in tackling worklessness and delivering the Council's relaunched Employer Promise by:
 - Increase training opportunities for tenants
 - Explore social enterprise opportunities for tenants
 - Enhancing our Apprenticeship offer
 - Extend our School and College engagement provision
 - Increase opportunities for placements
- Develop a Race Equality Action Plan, monitor and ensure actions are progressed.
- Enhance and continue to build strong collaborate partnerships.



Success Measures

- Housing Diversity Network DNA Award.
- Retain IIP Gold and progress to Platinum.
- Retain Disability Confident and progress to level 3.
- Retain Mindful Employer status.
- Achieve Be Well At Work accreditation.
- Attract a greater number of diverse employees – 12% (disability, LGBTQ+ and BAME).
- Increase women in construction to achieve overall target of 15%.
- Achieve the representative board profile and increase the number of disabled, young people (18-35 age) and LGBTQ+ members.
- Reduce gender pay gap year on year.
- Continue to increase apprenticeships to achieve 4% of workforce.
- Implement the EDI action plan.
- Increase employee EDI engagement opportunities.
- Achieve Carers Accreditation.
- Reduce waiting and delivery time of adaptations.



Year 1 Action Plan

BOARD

- Explore opportunities for an apprentice/Shadow Board role.
- Maximise board visibility and involvement at estate walkabouts, community events and equality forum.
- Enhance EDI performance information and monitoring.

CUSTOMER FIRST

- Ensure customer EDI insight data is accurate, regularly refreshed so we know our customers and their specific needs.
- Undertake a full review of the lettings process to improve transparency and fairness allowing customers to make informed choices.

PEOPLE FIRST

- Review and update EDI policies, guidance, and procedures.
- Ensure all employees own our EDI ethos 'call it out' by delivery of our new EDI training model.
- Maximise staff involvement in the wide range of EDI involvement opportunities and peer support groups.
- Raise profile of Equality Champions, as the ambassadors of embedding the EDI ethos across the company and improve their effectiveness.
- Identify ways of how we can increase the diversity of our workforce across all services and hierarchy.
- Implement ethnicity pay gap reporting framework.

COHESIVE COMMUNITIES

- Explore and implement social enterprise opportunities for tenants.
- Enhancing our Apprenticeship offer.
- Strengthen and embed our approach and partnership arrangements in respect of Domestic Abuse, Prevent, Hate Crime and Safeguarding.
- Understand the experience of BAME tenants living in our neighbourhoods (Star survey results).



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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, BARNSELY, South Yorkshire S70 2RD.

November 2021

Gender, ethnicity and disability pay gap report 2025



Introduction

At Berneslai Homes, we're committed to making sure there's equal and fair treatment of all colleagues, regardless of their gender, ethnicity or if they have a disability.

Our People Strategy focuses on building a culture where colleagues feel they belong, while our Customer Strategy prioritises listening, learning, and acting on a wide range of voices. These commitments underpin our dedication to creating opportunities for everyone and driving positive change.

Pay gap reporting helps to use data to track trends and embed equity, diversity, and inclusion into our pay processes. It's influenced by many factors including pay awards and changes in the workforce. The figures in this report come from the most recent snapshot date, 5 April 2025.

In 2024, we introduced our Disability Pay Gap Report alongside our Gender and Ethnicity Pay Gap Reports, reinforcing our commitment to fairness, transparency, and equity. We're proud of the progress we've made so far, but we know there's more to do.

We continue to perform significantly better than the national UK average gender pay gap of 7%. In 2023, our mean gender pay gap was 2.34%, decreasing to 1.97% this year. This reduction is largely attributable to our sliding-scale pay award, designed to provide enhanced financial support to lower-paid roles, many of which are within female dominated areas of our organisation.

This year, we have seen an increase in both our ethnicity and disability pay gaps. Our ethnicity pay gap stands at 2.86%, while our disability pay gap is -0.1%. Reporting on ethnicity and disability pay gaps remains voluntary and presents ongoing challenges in benchmarking. Currently, around 20% of UK employers calculate their ethnicity pay gap, with only around half choosing to publish their findings.

Disability pay gap reporting is even less common, with only around 12% of UK organisations publishing this data. National ethnicity pay gap figures vary widely, ranging from 0% to 18%, while disability pay gaps are typically estimated to fall between 12% and 17%.

We remain committed to transparency and continuous improvement in our pay equity efforts. By continuing to measure this data, we can make informed decisions to reduce pay gaps and create a culture where all contributions are valued.

Understanding the pay gap

Mean = The average hourly rate of pay.

Median = The midpoint in a distribution of hourly pay rates.

Gender identity: This requires binary categorisation (men and women), but we acknowledge that not all colleagues may identify with this framework.

Pay quartiles: Our workforce is split into four equal parts based on pay, from the highest to lowest pay scale.

Our gender pay gap

We recognise the factors contributing to our gender pay gap, especially the low number of women in craft operative roles in Property Services where bonus payments can be earned. This under-representation contributes significantly to the gap, and we're committed to taking positive action to address gender imbalance in this area.

Reducing the gender pay gap is a gradual process, and we'll continue to use new, innovative approaches over the coming years to reduce this gap. Our ongoing commitment to inclusivity, fairness, and flexibility remains central to creating a supportive and empowering workplace for everyone.

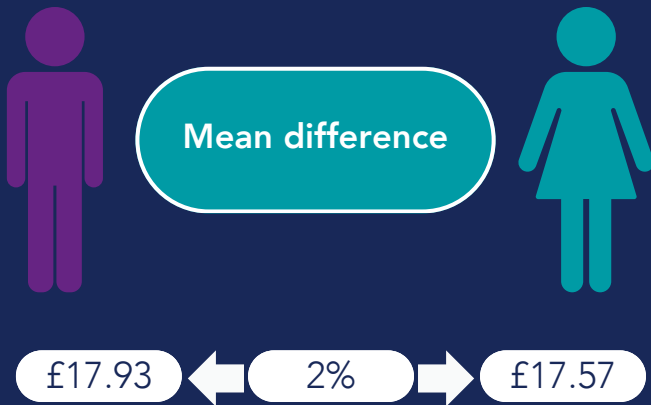
Actions

- ✓ Quarterly equality monitoring data reviews, enabling trends by gender to be identified, monitored, and addressed.
- ✓ Inclusion Steering Group and Board Champion role, providing clear oversight and accountability for gender-related outcomes.
- ✓ Further embedding of the Be Yourself Passport, a tool designed to help colleagues thrive and feel a sense of belonging by addressing workplace barriers that can impact progression and pay outcomes, such as caring responsibilities, which disproportionately affect women in the workplace.

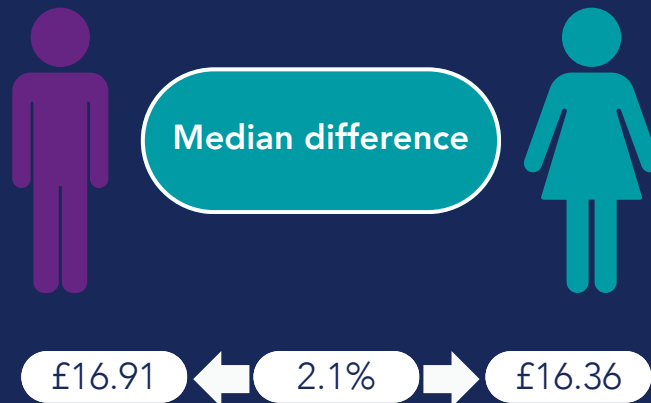
Gender pay gap report

National mean gender pay gap = 6.9%

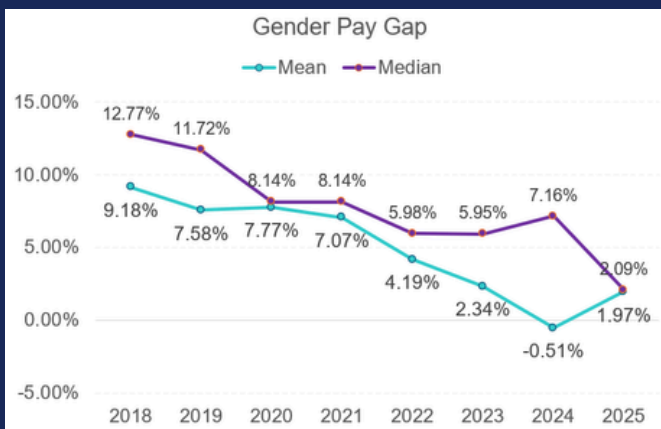
National median gender pay gap = 12.8%



Mean is the average hourly rate of pay and the percentage difference between men and women.

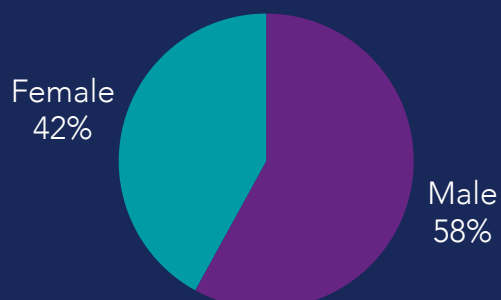


Median is the middle hourly rate of pay and the percentage difference between males and females. At Berneslai Homes, women earn 98p for every £1 that men earn when comparing the median hourly rate.



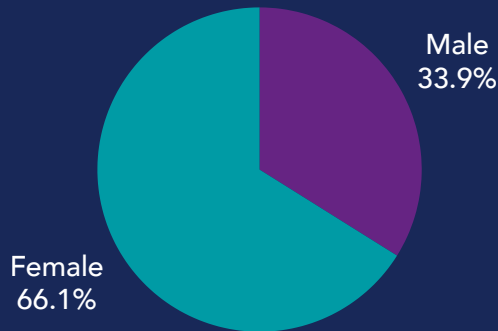
Total workforce

As of 5 April 2025 (snapshot date), 302 (58%) of our workforce were male and 222 (42%) were female.

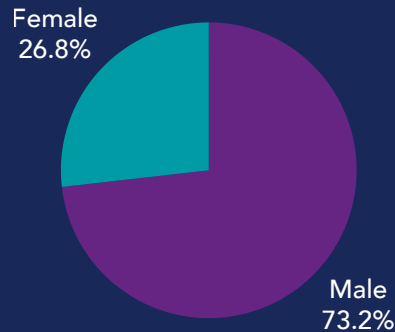


Gender pay gap report

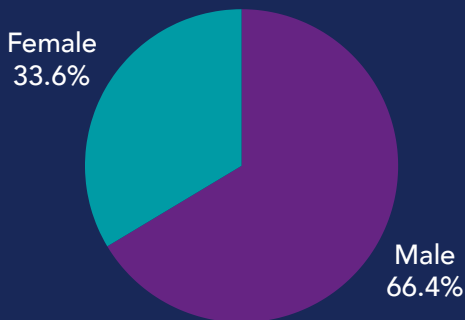
Lower pay quartile



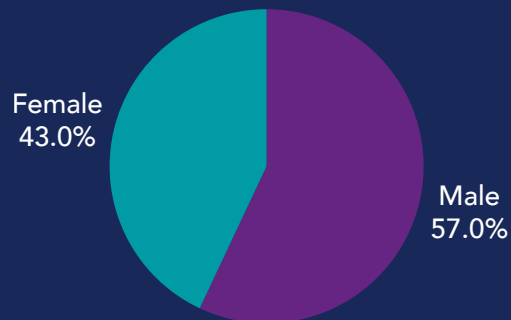
Lower middle pay quartile



Upper middle pay quartile



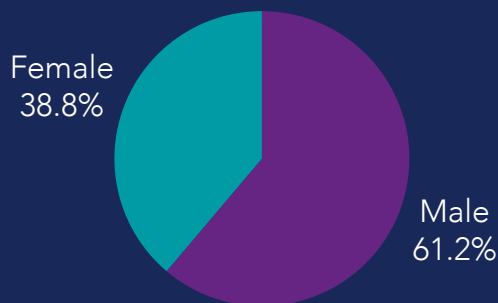
Upper pay quartile



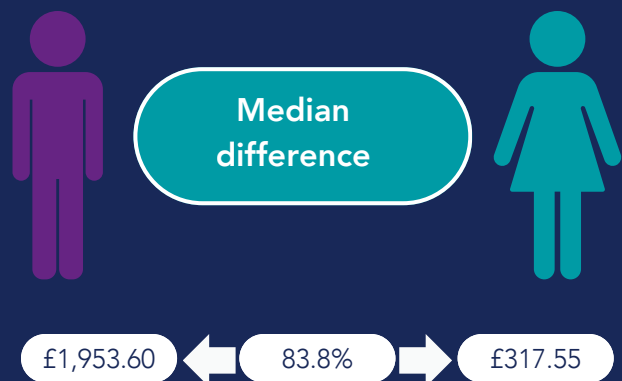
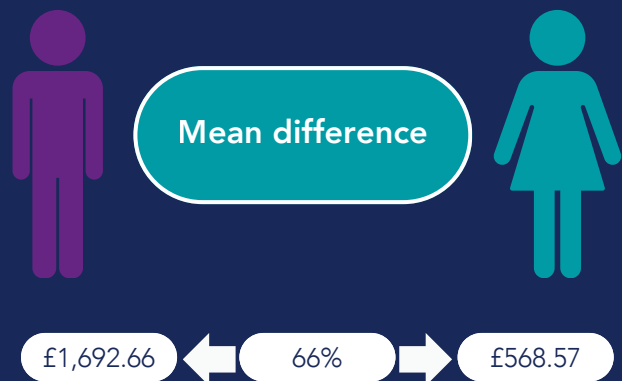
Bonus pay

Bonus pay includes extra duty payments, long service awards, and mentor and apprentice of the year awards.

39.6% of our colleagues received bonus pay, of which:



The majority of colleagues who received bonus pay were male. This is because the majority of bonus payments are linked to Property Services operatives receiving a performance allowance – the majority of which are male.



Our ethnicity and disability pay gap

We're publishing our ethnicity and disability pay gaps as analysing pay information is one way we can identify and investigate disparities in the average pay between different groups in the workforce.

It helps us to understand whether unjustifiable disparities exist and provides evidence from which to develop an action plan.

Our ethnicity pay gap is a measure of the difference between White British and other ethnic groups' average earnings across the organisation on the snapshot date, 5 April 2025.

Actions

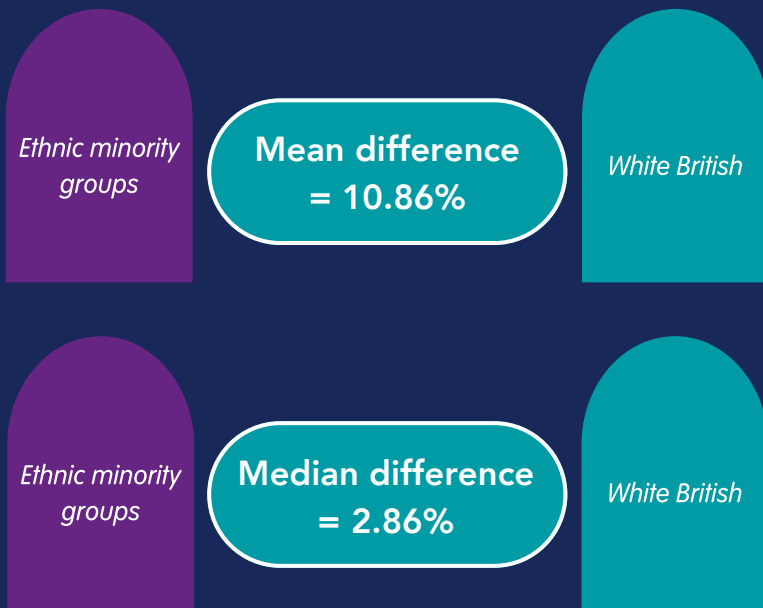
- ✓ Our Inclusion Champions network has representation from across the business and supports local action and accountability on equality issues.
- ✓ Equality impact assessments applied to key policies, restructures, and decisions that may affect pay or progression.
- ✓ Annual recruitment audits, ensuring recruitment and selection processes do not disadvantage ethnically diverse applicants.



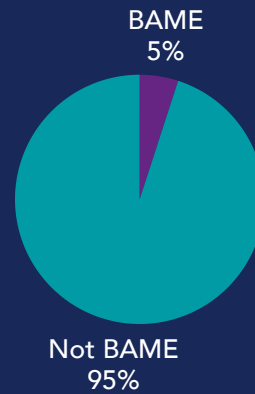
Ethnicity pay gap report

National ethnicity median pay gap = 14.8%

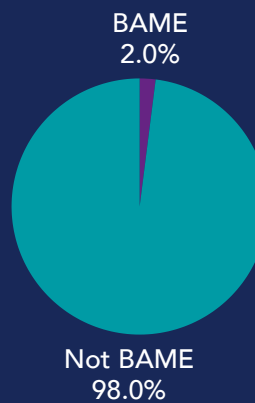
Pay gap based on the median average is the most reliable and widely used measure of pay equality.



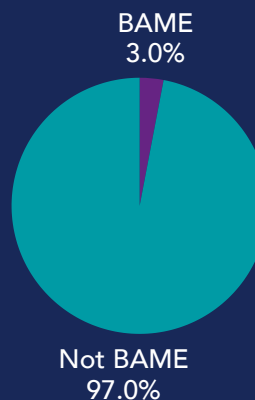
Lower pay quartile



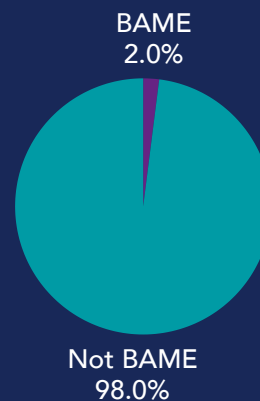
Lower middle pay quartile



Upper middle pay quartile

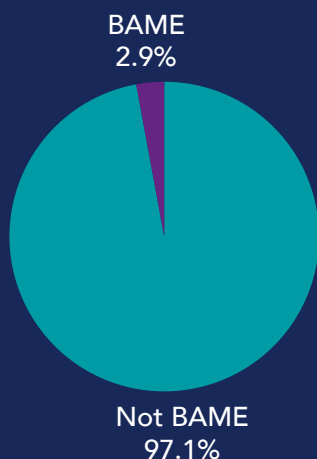


Upper pay quartile



Total workforce BAME representation

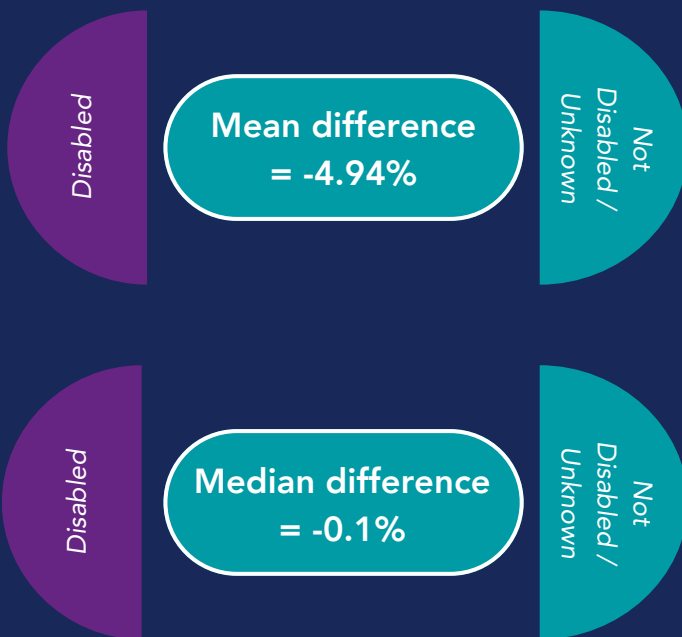
The representation of minority ethnic colleagues within the organisation is consistent with the local population, indicating proportional representation. As of 5 April 2025, 2.9% of our workforce identified as BAME. Colleagues who marked 'prefer not to say' / 'not known' were not counted in the calculations.



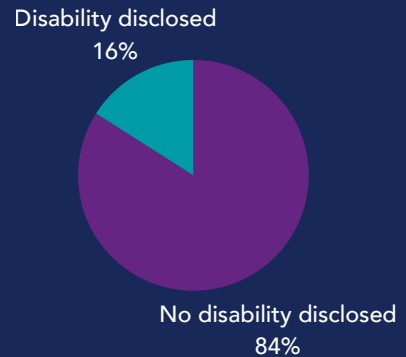
Disability pay gap report

National disability median pay gap = 17.2%

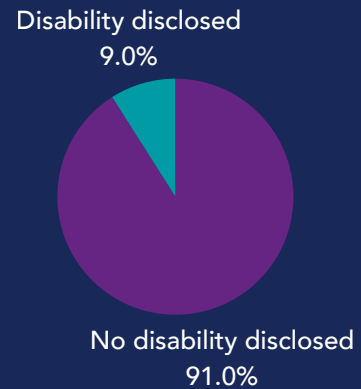
Pay gap based on the median average is the most reliable and widely used measure of pay equality.



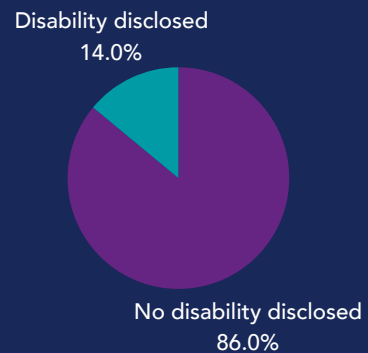
Lower pay quartile



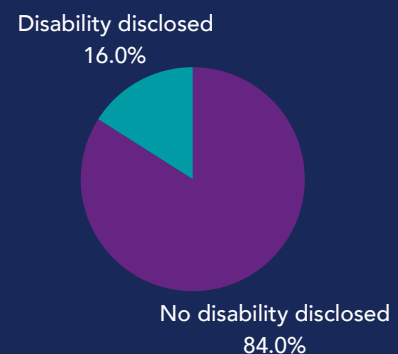
Lower middle pay quartile



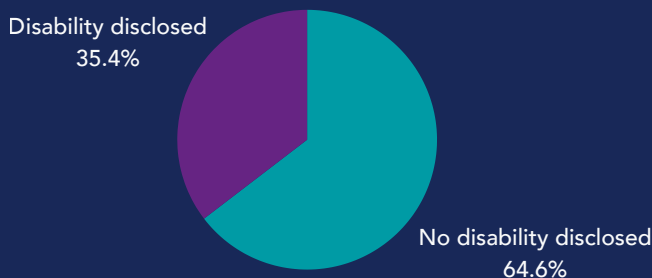
Upper middle pay quartile



Upper pay quartile



Total workforce disability status



As of 5 April 2025, 35.4% of colleagues identified as disabled. Colleagues who marked 'prefer not to say' / 'not known' were not counted in the calculations.



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Registered Office: 10th Floor, Gateway Plaza, Off Sackville St, Barnsley, South Yorkshire, S70 2RD.

April 2026

EDI Strategy Year 3 Actions

2024/25



Year 3 EDI Actions

DATA & GOVERNANCE

**EDUCATE & RAISE
AWARENESS**

EDI AIMING HIGHER

POLICIES & PROCESSES

CUSTOMERS



berneslai
homes

DATA & GOVERNANCE

1. Establish EDI Steering Group
2. Refresh staff equalities monitoring data
3. Investigate ways to refresh customer EDI data - 'Knowing Our Customers' programme
4. Agree EDI performance indicators ensuring that EDI measures are integrated into service delivery performance
5. Enhance EDI data analysis for customers & staff, including annual gender, disability & ethnicity pay gap reporting



EDUCATE & RAISE AWARENESS

1. Define our values, culture, expected standards of behaviour & refresh our code of conduct
2. Create management & leadership development programme
3. Review development and learning
4. Communications & events programme, highlighting EDI as a corporate priority



POLICIES & PROCESSES

1. Recruitment audit to identify any discrimination
2. Recruitment & selection training for managers, to eliminate discrimination
3. Equality Impact Assessment training for policy makers
4. Launch Inclusion Passport



CUSTOMERS

1. EDI elements of Consumer Standards monitored and embedded
2. Explore improvements to recording of reasonable adjustments for customers
3. Equipment & Adaptations review
4. Implement the Insight & Engagement Strategy including:
 - Developing engagement with the Smithies Lane Gypsy / Traveller site
 - Increasing diversity amongst tenant groups
 - Further embedding and enhancing partnerships with external Equality forums and networks
5. Explore options to continue to support those furthest away from the job market after funding UKSPF for Ambition Coaches ends

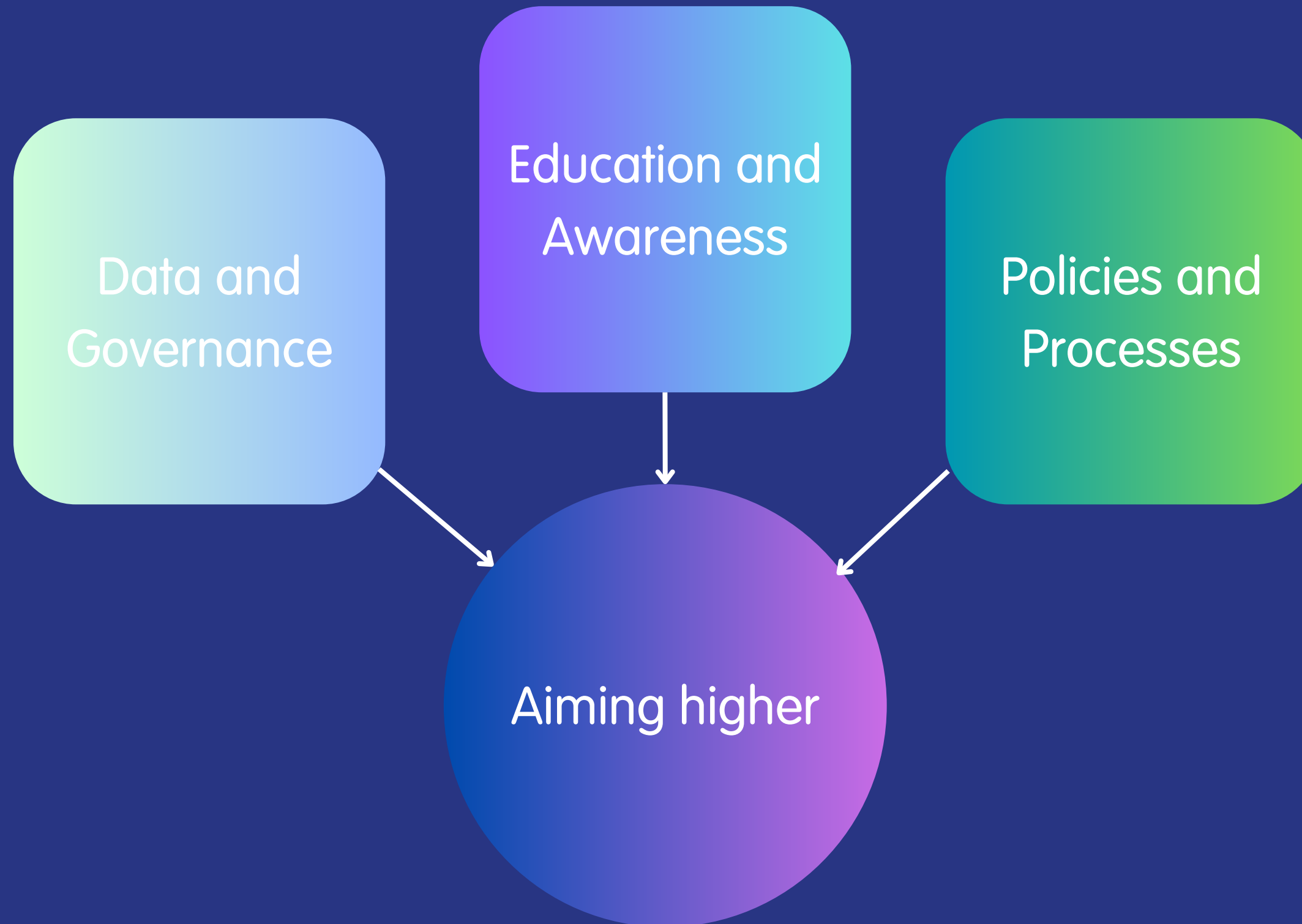


APPENDIX 4

Be Inclusive Action Plan 2026



Key themes



Action Plan - Colleagues

Theme	Actions	Success Measures	Key Dates
Data and Governance	<ul style="list-style-type: none"> Enhance EDI data analysis for colleagues: <ul style="list-style-type: none"> annual gender, disability & ethnicity pay gap reporting regular updates of equalities monitoring data Embed Be Inclusive Steering Group and Board Champion role 	Gender, disability, and ethnicity pay gap reports show positive movement in median and mean gaps, and where gaps do not improve, the organisation can provide a clear, evidence-based explanation for exceptions	Published annually, next report: May 2026
		Improvements are evidenced within workforce diversity data, including increased representation of disabled, ethnically diverse, and LGBTQ+ colleagues	Published quarterly within the Performance Report
		The Be Inclusive Steering Group has a formally agreed purpose, membership and standard agenda, with a clearly defined and active Board Champion role	To be agreed by BI Steering Group
Education and Awareness	<ul style="list-style-type: none"> Define our values, culture and expected standards of behaviour Create leadership development programme Review development and learning to support an inclusive culture Refresh Inclusion Champion network Communications and events programme, including Stop Social Housing Stigma campaign 	Achieve improvement in staff survey results for the belonging-related survey question: "I feel Berneslai Homes' culture is inclusive and creates belonging for employees of different backgrounds"	Survey published: May 2026 Analysis: June/July 2026
		Inclusive leadership programme designed and successfully launched	Launch Q3 2026/27
		Review of learning and development offer to support inclusive culture / All colleagues understand BH inclusion commitments and behavioural standards	TBC - to be agreed following new CEO starting
		Agree annual Be Inclusive comms and events plan, including the development of a BH 'belonging' video and increased colleague participation	Comms plan April 2026-March 2027; Video September 2026 (during National Inclusion Week)
		Inclusion Champions network established with representation from all business areas, and quarterly meetings held with documented actions	Recruitment of new Champions completed by Q1 2026/27, review of Champion demographics in Q2 2026/27
Policies and Processes	<ul style="list-style-type: none"> Annual recruitment audit to identify any potential discrimination Equality Impact Assessments: updated form and refreshed guidance embedded across EMT and Board reporting, with a dedicated EIA section added to the Transformation project initiation document Monitor impact of Be yourself passport Code of conduct review 	No significant gaps or discriminatory patterns identified through annual recruitment audits, with any minor findings addressed within the Opportunity in Employment report	Recruitment audit will take place Jan-June 2026, OIE: May 2026
		100% of EMT and Board reports include a completed and up-to-date Equality Impact Assessment (EIA), where appropriate	SMT: 12 March, with workshops delivered June 2026
		Achieve an improvement in staff survey scores for the belonging-related question, with ongoing impact of 'Be yourself' passport monitored through feedback captured during People and Culture Business Partner meetings	Survey published: May 2026 Analysis: June/July 2026. BP meetings held quarterly
		Revised Code is published, embedded and communicated to all staff and contractors	Development: Apr - Aug 2026 Consultation: Sep 2026

Action Plan - Customers

Theme	Actions	Success Measures	Key Dates
<p style="text-align: center;">Data and Governance</p>	<ul style="list-style-type: none"> Complete full refresh of customer inclusion data through 'Knowing Our Customers' programme Explore improvements to recording and monitoring of reasonable adjustments for customers Integrate 'Be inclusive' analysis or trends across key service delivery performance and information measures. Complete the Consumer Standards Self Assessment and develop action plan to ensure inclusion elements of Consumer Standards are monitored and embedded across all service areas 	<p>Publicity campaign developed and run 10% increase in proportion of customer records updated with inclusion and demographic data</p>	<p>30/6/2026 31/3/2027</p>
		<p>Suite of Inclusion measures developed across all key service areas (Repairs, Lettings, Housing Management, Income) Monitor the percentage of repairs appointments adjusted for accessibility needs within SLA, and complaints linked to unmet accessibility requirements</p>	<p>30/9/2026</p>
		<p>Consumer Standards self assessment completed and action plan developed</p>	<p>30/9/2026</p>
<p style="text-align: center;">Education and Awareness</p>	<ul style="list-style-type: none"> Website enhancements to improve accessibility for customers Communications and events programme, including Stop Social Housing Stigma campaign 	<p>Awareness campaign and 'how to' video guide to promote new website accessibility tools to customers.</p>	<p>Launches April 2026, repeat campaign for National Inclusion Week in September</p>
		<p>Increased number of customers engaged through events, social media, and campaigns.</p>	<p>April 2026-March 2027 incorporated in comms plan.</p>
		<p>Agree annual Be Inclusive comms and events plan, including the development of a BH 'belonging' video</p>	<p>Comms plan April 2026-March 2027; Video September 2026 (during National Inclusion Week)</p>
<p style="text-align: center;">Policies and Processes</p>	<ul style="list-style-type: none"> Develop Policy and procedure framework incl scheduled reviews, enhanced EDI framework and governance routes Implement the Insight & Engagement Strategy: ensure diverse representation amongst tenant groups maintain partnerships with external forums and networks Code of conduct review 	<p>All relevant customer-facing policies reviewed as and when required in line with governance requirements with robust EDI and evidenced/measurable outcomes</p>	<p>31/3/2027</p>
		<p>Improved customer satisfaction scores relating to staff professionalism, behaviour, and conduct</p>	
		<p>Tenant panels and engagement activities reflect local demographics across protected characteristics</p>	
		<p>Revised Code is developed and published following customer consultation</p>	<p>Development: Apr - Aug 2026 Consultation: Sep 2026</p>

Report Title	Probation Policy and Procedure	Confidential	No
Report Author	Holly Jordan, Learning & Development Business Partner	Report Status	For Approval
Report To	Board	Officer Contact Details	hollyjordan@berneslaihomes.co.uk

1. Executive Summary	<p>1.1 This report seeks approval to amend Berneslai Homes' probation period in response to changes introduced by the Employment Rights Act 2025. From 1 January 2027, employees will gain the right to claim unfair dismissal after six months' service, significantly reducing the current qualifying period from two years.</p> <p>1.2 As the proposed change alters the probation period for new employees, it constitutes a change to terms and conditions of employment and therefore requires Board consideration and approval.</p> <p>1.3 Berneslai Homes' existing probation arrangement of six months (five months plus a one-month extension) was developed under the previous legislative framework and will overlap with the new statutory protection period. This overlap limits the organisation's ability to conclude probationary periods in a timely, fair, and legally compliant manner, particularly where dismissal may need to be considered.</p> <p>1.4 Two options have been assessed. Under both options, at the end of the probation period and where relevant, up to eight weeks would be available to undertake a fair and transparent dismissal process before the six-month qualifying period for unfair dismissal applies. However, a fixed four-month probation period with no extension provides the strongest assurance of legal compliance, consistency, and effective workforce management.</p>
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	<p>1.5 The proposed changes also strengthen governance by introducing the completion and recording of probation documentation within the organisation’s learning management system (Inspire), improving oversight, monitoring, and compliance assurance.</p> <p>1.6 The recommended option mitigates legal and reputational risk, supports fair and transparent decision-making, strengthens management accountability, and aligns with Barnsley 2030 ambitions to improve efficiency and workforce capability.</p>
<p>2. Recommendation/s</p>	<p>It is recommended that the Board approve the change to the probation policy, reducing the probation period from six months to four months with no extension, in line with the Employment Rights Act 2025.</p>

3. Background

- 3.1 Under changes to the Employment Rights Act 2025, from 1 January 2027 employees will gain the right to claim unfair dismissal after six months’ service, reducing the current qualifying period from two years.
- 3.2 This change means that Berneslai Homes’ current six-month probation arrangement (five months plus a one-month extension) will overlap with statutory protection. As a result, where dismissal is being considered, there would be insufficient time within the probation period to undertake a fair and robust dismissal process before these rights apply.
- 3.3 This increases the risk associated with effectively managing and concluding probationary periods, particularly where employment may need to be terminated, and exposes the organisation to potential legal and reputational risk if processes are not aligned with the new legislative framework.

4. Current Position / Issues for Consideration

- 4.1 The current probation policy was developed under the previous employment rights framework and does not sufficiently reflect the reduced qualifying period for unfair dismissal. Without revision, the policy limits the organisation’s ability to conclude probationary periods in a timely, fair, and legally compliant manner, increasing legal and reputational risk. A revised approach is therefore required to maintain compliance, strengthen governance, and support effective workforce management.
- 4.2 Two options are proposed:
 - A. **Option 1: Three-month probation period with a one-month extension**
This option introduces a shorter initial probation period, with a one-month extension where concerns are identified. It supports early assessment and feedback; however, the availability of an extension may lead to some inconsistency in application across the organisation.

B. Option 2: Four-month probation period with no extension

(recommended option)

This option establishes a fixed four-month probation period with no scope for extension, providing greater clarity and consistency for both managers and employees. It strengthens assurance by supporting timely, evidence-based decision-making and consistent management practice.

Under both options, where relevant, up to eight weeks would remain available to undertake a fair and transparent dismissal process before the six-month qualifying period for unfair dismissal applies. The recommended option provides the strongest assurance to the Board of legal compliance, transparency, and workforce effectiveness.

- 4.3 Discussions have taken place with Barnsley Council, who are currently considering their options. Both options under consideration align with the proposals set out in this report. Although there is no requirement for Berneslai Homes and Barnsley Council to operate the same probationary arrangements.
- 4.4 As part of the revised probation policy, probation review documentation will be completed and recorded within the organisation's learning management system (Inspire). This change will improve oversight and governance by enabling more effective monitoring and tracking of probation activity.

5. Customer Voice / Impact

Customer views have not been sought for this report, as the content specifically relates to employees of Berneslai Homes.

6. Risk and Risk Appetite

- 6.1 The relevant strategic risk is that 'We don't have the appropriately skilled and motivated workforce to deliver services effectively which meet statutory and regulatory requirements'. The recommendation to reduce the probation period will mitigate the risk. A 4 month probation period will enable the exit of poor performers before the qualifying period for unfair dismissal claims is reached.
- 6.2 There is also a reputational risk if probation arrangements are perceived as unclear, inconsistent, or unfair. Failure to address this could negatively impact employee confidence, external perception, and trust in the organisation as a fair employer.
- 6.3 A further risk is that the organisation does not maintain a suitably skilled, supported, and motivated workforce capable of delivering services that meet statutory and regulatory requirements. If unmanaged, this could affect service quality, performance outcomes, and organisational resilience.

6.4 The proposal to revise the probation policy in line with the Employment Rights Act 2025 mitigates these risks by strengthening legal compliance, providing clearer structure and guidance for managers, and reinforcing support for employees throughout the probation period. This ensures fair, transparent, and consistent decision-making, reduces legal and reputational risk, and supports the development and retention of a capable workforce.

7. **Strategic Alignment**

7.1 A legally compliant probation period allows the organisation to retain new entrants who can effectively perform, which supports the people strategy. Resourcing and recruitment is a key theme in the people strategy and sets out how the organisation will build sustainable teams for the future by attracting and retaining talent.

7.2 The probation policy supports improving opportunities for employment and training by providing a clear framework for supporting, developing, and assessing new employees, helping them to build capability and succeed in their roles.

7.3 It also contributes to Increasing efficiency and effectiveness by ensuring consistent, lawful probation processes that strengthen workforce performance and enable the organisation to deliver high-quality services in line with Barnsley 2030 ambitions.

8. **Data Privacy**

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

9. **Consumer Regulatory Standards**

Implementation of the updated probation policy supports compliance with the Transparency, Influence and Accountability Standard by setting out clear and transparent processes for managing new employees. It ensures managers are accountable for fair and consistent decision-making and provides employees with clarity on expectations, review arrangements, and potential outcomes. This approach demonstrates good governance and effective people management, which underpins organisational accountability.

10. **Other Statutory/Regulatory Compliance**

The probation policy supports compliance with employment rights legislation, including the Employment Rights Act 2025 and the Equality Act 2010, by ensuring fair, transparent, and lawful processes are followed when confirming or terminating employment during the probationary period. This has a positive impact by strengthening legal compliance, minimising employment law risk, and promoting fair and consistent decision-making across the organisation.

11. **Financial**

There are financial implications associated with unfair dismissal claims should the reduced probation period not be implemented. Introducing the reduced probation period will mitigate these potential costs.

12. **Human Resources and Equality. Diversity and Inclusion**

The probation policy supports managers to apply consistent, lawful probation practices, strengthening management capability and. The policy has a positive impact on Equality, Diversity and Inclusion by promoting fair, transparent, and non-discriminatory decision-making in line with employment rights legislation.

Trade unions will be consulted on the changes should Board approval be given.

13. **Sustainability Implications**

There are no sustainability implications arising from this report.

14. **Associated Background Papers**

Not applicable.

15. **Appendices**

None.

16. **Glossary**

Not applicable.

Rents: key facts and trends

Rent increases (2026/27)

Increase (2026/27)



4.8% increase

Applies to



Rents, non-dwelling rents, service charges, and district heating (kWh charge).

Policy basis referenced



Government rent policy allowing increases up to CPI + 1% (10-year policy).



Board factsheet

May 2026

Average weekly rent (before)



£93.35

Average weekly rent (after)



£97.83

Average weekly increase



£4.48 per week. (52 weeks)

Data: May 2026

Rent convergence

Regulatory update

The Regulator of Social Housing (RSH) updated the Rent Standard in April 2026, reflecting a government decision on rent convergence.



Rent setting: April 2027 - March 2028

Rent increases set at CPI + 1% + £1 per week, applying where rents are below formula rent. The average rent works out at an additional £4.48 per week (52 weeks). We charge rent over 48 weeks which means the average weekly rent will be £105.98 per week.

Rent setting: April 2028 onwards

Rent increases set at CPI + 1% + £2 per week, applying where rents are below formula rent.

Local governance

Report to Barnsley Council Private (Purple) Cabinet.

Next steps

Seek agreement to undertake tenant consultation on priorities for investment arising from rent convergence opportunities.

Data: May 2026

How tenants pay their rent



Payment methods

- Allpay Direct Debit: 5,722 accounts, 33.20%.
- Universal Credit APA: 4,886 accounts, 28.35%.
- Full benefit: 2,223 accounts, 12.90%.
- Web public - credit card: 2,185 accounts, 12.68%.
- Post Office: 618 accounts, 3.59%.
- Automated telephone - credit card: 532 accounts, 3.09%.
- Standing order: 393 accounts, 2.28%.
- Web staff - credit card: 342 accounts, 1.98%.
- PayPoint: 333 accounts, 1.93%.

Total: 17,234 accounts

Data: May 2026

Key insights

- **Accounts paid via Direct Debit or UC APA: 61.5%**
- **Payment profile: majority of payments are automated or digitally enabled.**

Average rent

- **Rent charged over 48 weeks: £105.98 per week.**

New technology - efficiency

Universal Credit rent verification automation

Background and scale

- 2025/26: final phase of DWP UC Managed Migration.
- 2,000+ customers migrated in-year. Total UC caseload now 10,000+.

Statutory requirement

- Housing costs must be verified for every UC claim via the DWP Landlord Portal.

Operational impact (manual process)

- High-volume, time-intensive activity.
- Diverted staff from rent accounts, arrears management and customer service.

Annual rent increase pressure

- All UC claims must be re-verified each April following the rent increase.
- Creates a significant operational peak.

2025/26 position

- 7,500+ claims manually verified (early April–mid May). Required four to five colleagues daily.
- Reduced arrears activity, account management and customer service. Not sustainable within existing resources.

Automation solution

- NEC UC Rent Verification module.
- Automates submission and verification with DWP.
- Replaces large-scale manual data entry.

Implementation and delivery to date

- Live by end of March 2026. In place ahead of rent increase effective 6 April 2026.
- By 27 April 2026, 6,400+ UC housing cost records verified via automation.

Data: May 2026





Minutes of Berneslai Homes Public Board held 26th March 2026
3.00 p.m.
(Virtual Meeting)

Present:

- Ken Taylor (KT) - Chair
- Richard Fryer (RF) - Board Member
- David Leech (DL) - Board Member
- Gez Morrall (GM) - Board Member
- Kevin Osborne (KO) - Board Member
- George Paterson (GP) - Board Member
- Rebecca Mather (RM) - Board Member
- Jo Sugden (JS) - Board Member

In attendance

- Amanda Garrard (AGa) - CEO
- Dave Fullen (DF) - Executive Director, Customer & Estate Services
- Rachel Taylor (RT) - Executive Director, Resources and Company Secretary
- Russell Thompson (RTh) - Interim Executive Director, Property Services
- Paul Clifford (PC) - Service Director BMBC
- Alison Dalton (AD) - Head of Strategic Housing BMBC

Observing

- Steve Feast (SF) - BH CEO (from 1/4/2026)

	ACTION
<p><u>Item 1 – Apologies</u></p> <p>Apologies were received from Adam Hutchinson Board member.</p>	
<p><u>Item 2 – Declarations of Interest</u></p> <p>None were declared.</p>	

Item 3 – PRIP Q3 Performance

RTh presented the report summarising the key points. Board noted the stable performance and improvement since Q2. Performance at Q3 is 73% for Property Services and 80% for Wates. Operational delivery is strong, including on time job completions, void turnaround times and 100% gas safety compliance. Adaptations are also ahead of target.

An overview of the key challenges was provided.

Customer satisfaction remains an area for improvement. Voicescape is being introduced to provide better insight into BH tenants' perceptions, and PRIP actions are being aligned with the Housing Ombudsman's *Repairing Trust* report. A consultant is reviewing the end-to-end customer experience, including key hygiene factors. Challenges remain around keeping appointments, and work is ongoing to address these. Collaborative work with Council colleagues will be progressed through the Core Group to ensure consistent measurement. Sub-contracting levels were also noted: Property Services Repairs Team are within target, while Wates are not; further analysis is underway to understand the drivers and agree actions.

KO asked about tenant satisfaction and whether any cohorts were more satisfied than others. RTh advised that tenants aged 50+ report higher satisfaction. Voicescape data will provide further segmentation, and the team is progressing this work. A wider discussion is also underway via PRIP to align internal PRIP KPIs and TSMs, with the aim of establishing a single, consistent KPI set (rather than multiple measures). RTh also noted KO's encouraging feedback on calling ahead of appointments.

Wates has made good progress in reporting near misses, while Property Services is continuing to embed this practice. The Health and Safety Manager is attending toolbox talks to encourage reporting and build confidence that raising near misses is the right approach. This work has started well and is being rolled out. PC welcomed this approach.

Social value remains a key focus. Wates is progressing well while Property Services is slightly behind target. Engagement with local partners continues (e.g., Barnsley College and Skillmill). A dedicated officer role is also being considered to support longer-term planning and sustain social value activity. PC referred to the robust framework currently in place at BMBC and advised that BH may wish to utilise this.

GP said he was pleased with the report and its level of detail, and suggested Customer Services Committee be involved in establishing a single set of TSMs. RF agreed that this aligns with the Committee's remit and will progress the work, liaising with RTh on timing. GP also raised concerns about the high level of sub-contracting, noting the potential cost implications. RTh confirmed this has been discussed with the Council and that contractual advice was sought, as it was commonly assumed either organisation could subcontract at will; this is not the case. This will be discussed at the Core Group with both partners.

RF/RTh

<p>Resolved:</p> <ul style="list-style-type: none"> • Board considered Q3 2025/26 PRIP Performance Report update summary report. • Where PRIP performance targets have not been achieved, Board were satisfied with the explanations provided and that adequate controls and actions are in place • Board agreed where more detailed consideration is required by Customer Services Committee on any customer focused KPIs. 	
<p><u>Item 4 – HRA 2026/27 Budget and Capital Investment Proposals 2026 – 31</u></p> <p>RT presented the report for the Boards information, noting that it is in the public domain and has already been approved by the Council. The report sets out the HRA budget and the key repairs and maintenance elements of the HRA business plan.</p> <p>GP stated that the report was well prepared and suitably detailed, which he found helpful. He noted the reference to the PRIP contract and the independent review, and looks forward to receiving further updates on this in future reports.</p> <p>Resolved:</p> <p>Board noted the HRA 2026/27 Budget & Capital Investment Proposals.</p>	