BOARD MEETING
30TH JULY 2026 AT 4.00 P.M.
GATEWAY PLAZA, LEVEL 10

PUBLIC AGENDA

Item	
1.	**Apologies**
2.	**Declarations for Interest**
3.	**Tenants Voice – Independent Living (Presentation)**
4.	**CEO Presentation (For Assurance)**
5.	**Quarterly Risk Update (For Approval)**
6.	**Audit and Risk Committee Annual Report (For Approval)**
7.	**Annual Self Assessment against the Housing Ombudsman Service (HOS) Complaint Handling Code (For Approval)**
8.	**Disrepair Annual Report 2025 2026 (For Approval)**
9.	**Year End Update on Berneslai Homes 2026/27 Annual Business Action Plan (For Assurance)**
10.	**Employee Health and Safety Performance 2025 2026 (For Approval)**
11.	**Minutes of previous Board Meeting held 10th June 2026**

Date of Next Meeting – 24th September at 4.00 p.m.

Chief Executives Report

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News

Prime Ministerial Changes

Andy Burnham became Prime Minister on 20 July 2026. He is a supporter of social housing and has indicated an early desire to significantly increase the supply of council homes. The delivery vehicle for this is likely to be the South Yorkshire Mayoral Combined Authority (SYMCA).

This ambition aligns with that of the new administration in Barnsley which has expressed a desire to develop more council homes

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News

a) Work by the NFA with the LGA and NHF on legal routes to access (including an amendment in the Social Housing Bill) has led to further conversations with MHCLG. Civil servants are keen to understand where exactly the problems lie with the existing legal routes (warrants, injunctions etc), and what the best solution might be.

a) MHCLG has published learning from the implementation of Phase 1 of Awaabs Law. This is being considered and will be incorporated into our ongoing actions including the implementation of phases 2 and 3.

b) The implementation of Phase 2 of Awaabs Law has been delayed until 30th November 2026

c) The RSH has published the outcome of its consultation on revisions to the Transparency, Influence and Accountability standard – including Social Tenant Access to Information (STAIRs) requirements – and a separate Competence and Conduct (C&C) standard. The C&C requirements are aimed at driving greater professionalism and higher standards by ensuring relevant housing staff have the required skills, knowledge, experience, and behaviours to deliver a high standard of service to tenants. The STAIRs requirements will give tenants of private registered providers (PRPs) – Not Berneslai Homes - a similar level of access to information relating to the management of social housing that local authority tenants already have.

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Consumer Regulation Inspection Outcomes:

The Regulator published judgements following 32 inspections in April and June 2026. Common themes for high scoring organisations, which in consistent with the previous quarter:

- Up to date stock condition including HHSRS and using data to inform strategic approach to asset management
- Complies with Decent Homes and as appropriate assurance of compliance
- Delivers an effective, efficient and timely repairs service
- Proactive approach and effective way of managing damp and mould
- Delivers on all elements of asset health and safety
- Works in partnership with other organisations to tackle anti social behaviour
- Offers tenancies and terms of occupation compatible with the purpose of its accommodation
- Allocations are undertaken fairly and equitably and in a transparent way
- Supports tenants to maintain their tenancies
- Treats tenants with fairness and respect
- Offers opportunities for meaningful tenant engagement and can evidence outcomes that align with wider governance
- Has up to date and recent tenant data and uses that data to tailor services appropriately
- Understand the impact of new policies and service changes on customer groups including those with protected characteristics
- Makes a range of tenant information available
- Addresses complaints fairly, effectively and promptly and timescales are in line with the Housing Ombudsman Service

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Key Operational Updates

a) Positive Progress in dealing with Damp, Mould and Condensation during June with more improvements in July:
   i. Emergency hazards made safe improved to 78% (74% in May)
   ii. Significant hazards investigated improved to 58% (21% in May)
   iii. Compliance planned for end of August 2026
   iv. All other DMC indictors remain at 100%

b) Preparation of phase 2 and 3 of Awaabs Law is progressing well (even though implementation date slightly delayed

c) Empty Homes recovery plan heavily revised and implementation commenced – see elsewhere on the Board agenda

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Green Project Update

a) All trades groups have challenged the job evaluation process which has added time to the project whilst reviews and appeals have been undertaken
b) Further challenges in relation to apprentice supervision, key Performance Indicators (bonus) payment and other allowances
c) Initial staff survey was inconclusive in terms of support for the proposal to move to Green Book terms and conditions
d) Extended consultation period to the end of August to allow for conclusion of job evaluation process and solutions to other challenges
e) Implementation date the 1st October 2026
f) Positively managing the risk that colleagues within the craft workforce do not support the transition to Green Book terms and conditions

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Staffing Update

a) Executive Director of Property starts 10th September

b) Head of Finance starts 10th August

c) Head of Repairs and Maintenance – Ben Gothard in post since late June

d) Interim Executive Director of Resources in place for initial 3 month period

a) Recruit of Head of Customer Services to be completed by end of July

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Areas of focus

a) Work with Board, EMT and SMT to develop “the Berneslai Homes Way”

b) Define our approach to data management including the development of a revised Data Strategy

c) Undertaking a review of requirements of housing and business systems to develop a future vision and roadmap

a) Improving financial management and financial performance across the company

b) Review of Governance through Board Task and Finish Group

a) Managing the impact of absence within EMT

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Focus of Todays Meeting

a) Governance
    i. Risk management review
    ii. Audit and Risk Committee annual report
    iii. Governance Update

b) Asset Management
    i. Disrepair
    ii. Empty Homes
    iii. Building Safety

c) Complaints Handling Code Self Assessment

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Creating great homes and communities with the people of Barnsley

Report Title	Quarterly Risk Update	**Confidential**	No
Report Author	Executive Director of Resources	**Report Status**	For Assurance
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

1.1 This report provides Board with a quarterly update on risk management and the current strategic risk position. A more detailed risk report was considered by Audit & Risk Committee in June 2026, providing detailed scrutiny of the strategic risks, risk scoring methodology and implementation of the new Risk Management Framework. Following Committee feedback, a key focus moving forward is the further refinement of risk scoring and strengthening the distinction between existing controls and planned actions.

1.2 Good progress has been made in embedding the new Risk Management Framework through the delivery of risk management training, implementation of the new risk system, and development of an Assurance Framework to strengthen reporting and oversight.

1.3 There are currently 15 strategic risks. Whilst a number of inherent risks remain high, all residual risks reduce to no higher than Amber following the application of controls, providing assurance that risks are being managed within acceptable levels. The report also reinforces the requirement for risks to be managed within the Board-approved Risk Appetite, with any exceptions subject to EMT review and escalation where required.

1.4 The report also provides an update on fraud awareness, training and communication activities supporting compliance with the Failure to Prevent Fraud offence and confirms that there are currently no contingent liabilities to report.

	Customer Voice/Impact 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.
2. Recommendations	It is recommended that Board: i. Scrutinise the Risk Management Quarterly Update, including the comments and scrutiny provided by Audit & Risk Committee. ii. Review the Strategic Risks and scrutinise the organisation's key risk exposures.

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 Implementation of the Risk Management Framework continues to progress. Risk management training was delivered to managers and lead officers throughout June to support the rollout of the framework and embed a consistent approach to risk identification, assessment and reporting across the organisation.

4.2 Work is continuing to populate and refine risks within the new system, with ongoing support being provided to risk owners.

4.3 Following discussion at the June Audit & Risk Committee, a further review of risk scoring is a key focus to ensure greater differentiation between risks where likelihood and impact assessments are currently similar. In addition, existing controls and planned actions are being reviewed to ensure a clear distinction between controls that are already operating and actions that are intended to further reduce risk.

4.4 Further work has commenced to 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 details of the risks are attached (**Appendix A**). This report focuses on the Strategic Risk Register, Board are also asked to review and comment on the Operational and Project risks, all available to view on the risk system. The direction of risks will be included in future reports, once sufficient data is available to indicate movement. The detail of the risks is updated regularly during facilitated meetings and lead officer monitoring.

4.7 The current 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. As outlined at paragraph 4.4, Audit & Risk Committee has asked for the scores to be re-evaluated.

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.

4.9 In addition to the overall risk score, risks must be considered against the Board-approved Risk Appetite. The Residual Risk Rating should normally fall within the tolerance associated with the agreed appetite category. For example, risks with an Averse appetite would be expected to remain within the Green or Amber range. Where a risk exceeds the level of risk considered acceptable for its appetite category, the reasons for this must be clearly documented and reviewed by EMT. Where the position cannot be brought within appetite through further controls or mitigation, this will be escalated to Board for consideration and agreement.

4.10 The highest scoring risks are rated 12 (Amber), are described below:

a) Failure to recognise, take and manage opportunities for innovation & improvement (Balanced Risk Appetite).
b) Ineffective decision making as a result of poor data quality and fragmented systems and not having a data-driven culture (Averse Risk Appetite).
c) Rising global tensions and economic pressures affecting our costs and ability to deliver services (Cautious Risk Appetite).

Contingent Liabilities

4.11 The Contingent Liabilities Register captures and monitors risks which have the potential to generate significant (£100K+) financial liabilities for Berneslai Homes which are dependent upon future events. There are no current liabilities to report.

Emergency Planning Update

4.12 Berneslai Homes maintains robust emergency planning and business continuity arrangements, aligned with Barnsley Council, with recently refreshed Business Continuity Plans now progressing through EMT for approval to ensure consistency and alignment with corporate risk expectations.

4.13 During the recent period, no significant business continuity incidents or emergency resilience events required activation of formal contingency arrangements. However, Berneslai Homes continued to support organisational resilience through proactive tenant communications, including advice issued during the June 2026 Amber Heat Health Alert, advance notification of planned Housing Online system downtime, and communications regarding a temporary technical issue affecting the repairs system that ensured emergency repair services remained available throughout.

Fraud Update

4.14 Berneslai Homes has a robust approach to preventing, detecting and responding to fraud in line with the Failure to Prevent Fraud offence, which came into effect on 1st September 2025.

4.15 Audit & Risk Committee received an update in June 2026 on fraud awareness training and communications, including completion rates for the revised mandatory e-learning module, delivery of face-to-face training sessions, and ongoing fraud and whistleblowing awareness activity across the organisation.

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 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 Live Risk Register for Strategic and Operational Risks.

14.2 RSH Sector Risk Profile 2025.

14.3 The Annual Governance Statement Action Plan is available to view in Decision Time Resources.

15. Appendices

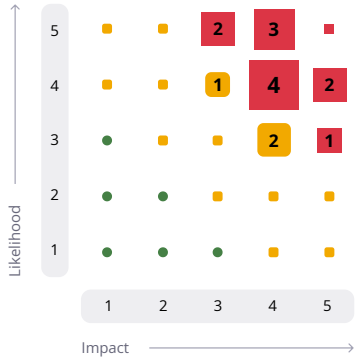
15.1 Appendix A – Strategic Risks – Full details.

Appendix A - Strategic Risk Register

14th July 2026

Heatmap

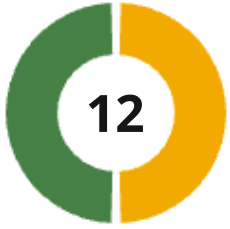
Inherent (Initial)



Residual (Current)

Controls

Actions



Ref	Title	Category	Owner	Inherent	Residual	Status
15	Income insufficient to meet expenditure requirements on an ongoing basis	Financial Stability (Cautious Risk Appetite)	Steve Feast	4 x 5 = 20	3 x 3 = 9	Emerging
11	Non-compliance with legal, regulatory or adopted governance codes	Consumer Regulation (Averse Risk Appetite)	Rachel Taylor	5 x 4 = 20	2 x 2 = 4	Potential
09	Successful cyber breach involving loss of data and/or significant disruption to our ability to function	Cyber Security (Averse Risk Appetite)	Rachel Taylor	5 x 4 = 20	3 x 2 = 6	Potential
07	Failure to meet customer needs and expectations	Consumer Regulation (Averse Risk Appetite)	Dave Fullen	4 x 5 = 20	3 x 3 = 9	Active
01	Non-compliance with the requirements of Awaab's Law	Building Safety (Averse Risk Appetite)	Russell Thompson	4 x 5 = 20	3 x 3 = 9	Active
06	Ineffective decision making as a result of poor data quality and fragmented systems and not having a data-driven culture	Data Quality & Integrity (Averse Risk Appetite)	Rachel Taylor	4 x 4 = 16	3 x 4 = 12	Active
14	Rising global tensions and economic pressures affecting our costs and ability to deliver services	Financial Stability (Cautious Risk Appetite)	Rachel Taylor	4 x 4 = 16	3 x 4 = 12	Potential
12	Culture at Berneslai Homes does not support delivery of agreed objectives and values	Strategic Delivery (Balanced Risk Appetite)	Steve Feast	4 x 4 = 16	3 x 3 = 9	Potential
02	Environmental objectives are not delivered and net zero targets not met	Sustainability (Cautious Risk Appetite)	Russell Thompson	4 x 4 = 16	3 x 3 = 9	Active
13	Failure to recognise, take and manage opportunities for innovation & improvement	Strategic Delivery (Balanced Risk Appetite)	Steve Feast	3 x 5 = 15	3 x 4 = 12	Active
08	Increased customer hardship and reduced community cohesion	Customer Experience (Balanced Risk Appetite)	Dave Fullen	3 x 5 = 15	3 x 3 = 9	Active
10	Poor reputation or relationships with stakeholders	Reputation (Cautious Risk Appetite)	Steve Feast	5 x 3 = 15	3 x 3 = 9	Potential
03	Reactive repairs services are not delivered efficiently and effectively	Customer Experience (Balanced Risk Appetite)	Russell Thompson	3 x 4 = 12	3 x 3 = 9	Active
04	Ineffective management of investment in existing homes including planning and delivery of capital works programmes	Asset Management (Balanced Risk Appetite)	Russell Thompson	4 x 3 = 12	3 x 2 = 6	Active
05	Insufficient skilled and motivated workforce to deliver services effectively	Workforce (Balanced Risk Appetite)	Rachel Taylor	4 x 3 = 12	3 x 3 = 9	Active

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

Control	Owner
Financial Statements prepared on the going concern basis	Rachel Taylor
Budget business partnering meetings	Lydia McMath

Control	Owner
BMBC relationship is actively maintained through regular engagement and collaboration.	Steve Feast
Financial Sustainability Strategy	Rachel Taylor
Management Accounts monthly	Rachel Taylor
Financial Regulations	Rachel Taylor

Action	Owner	Due Date	Completed	Status

No Actions added

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

Control	Owner
Learning from Housing Ombudsman determinations and sector-wide publications	Toni Allen
Board Succession Planning policy and reporting to Board	Claire Denson
Annual Governance Statement	Claire Denson

Control	Owner
Corporate Assurance and Agreed Management Actions	Claire Denson
Annual Business Action Plan	Samantha Roebuck
BH/BMBC Governance framework	Rachel Taylor
Financial Statements prepared on the going concern basis	Rachel Taylor
External governance groups provide insight and assurance through national and regional leadership involvement	Rachel Taylor
RSH Standards Annual Self-Assessment	Sarah Barnes
Consumer Standards Oversight Board with BMBC	Dave Fullen
DTP governance reviews	Claire Denson
Housing Ombudsman Code Annual Self-Assessment	Toni Allen
TPAS review on tenant engagement and governance.	Sarah Barnes
BMBC Services Agreement oversight	Steve Feast
BMBC relationship is actively maintained through regular engagement and collaboration.	Steve Feast
Board Annual Development Programme	Claire Denson
NHF Code of Governance annual self-assessment	Claire Denson

Control	Owner
Oversight of KPIs by EMT and Board	Rachel Taylor
Financial Regulations	Rachel Taylor

Action	Owner	Due Date	Completed	Status

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

Control	Owner
Mandatory Data Protection and Info Gov eLearning	Donna Grieves
Team Briefs on Data Protection & Info Gov regularly	Donna Grieves
BMBC IT Cyber Security protection of systems	Samantha Roebuck

Control	Owner
Business Continuity plans to mitigate failure of core systems	Claire Denson

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 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

Inherent (Initial)	4	x	5	20	Residual Risk	3	x	3	9

Control	Owner
Building Together Cultural Programme	Carla Wragg
Housing online collects tenant data	Sarah Barnes

Control	Owner
Customer Services Committee tenant membership with direct link to TVP	Dave Fullen
Customer Insight and Engagement Strategy	Sarah Barnes
Strategic Plan	Samantha Roebuck
Vulnerability Protocol	Dave Fullen
Value for Money Strategy	Rachel Taylor
RSH Standards Annual Self-Assessment	Sarah Barnes
Consumer Standards Oversight Board with BMBC	Dave Fullen
Housing Ombudsman Code Annual Self-Assessment	Toni Allen
Data Strategy and action plan	Kimberley Curry
Customer feedback insights - framework for learning	Sarah Barnes
Tenant involvement in performance monitoring	Dave Fullen
Complaints Policy and Procedure	Toni Allen

Action	Owner	Due Date	Completed	Status
Knowing your Customers Project	Sarah Barnes	24/12/2026		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

Control	Owner
Awaab's Law Yorkshire governance group	Russell Thompson
Investment in resources for the Damp & Mould Team	Russell Thompson
Damp and Mould Project Plan for Phase 1,2 and 3	Russell Thompson

Control	Owner
Learning from Housing Ombudsman determinations and sector-wide publications	Toni Allen
Setting Investment Programme with Council	Russell Thompson
Damp & Mould Policy	Russell Thompson
EMT monitoring report - damp and mould	Russell Thompson
Ongoing CPD and learning	Russell Thompson
Process maps for damp and mould for Phase 1 Awaab's Law	Russell Thompson
Council Service Agreement Core Group covers damp and mould updates regularly	Russell Thompson
HHSRS training	Russell Thompson
Damp and Mould weekly meeting	Lucy Levitt
Customer Services Committee and Board regular Damp and Mould reporting	Russell Thompson
ALMO NFA Damp and Mould external meeting attendance	Russell Thompson
NEC / Power BI damp and mould section	Russell Thompson
HouseMark monthly and quarterly reporting to	Russell Thompson
Gap analysis for Awaab's Law Phase 1	Russell Thompson

Control	Owner
Damp and Mould basics training	Lucy Levitt

Action	Owner	Due Date	Completed	Status
HHSRS training	Hannah Darwin	01/07/2026	31/05/2026	Green
HouseMark damp and mould gap analysis	Russell Thompson	21/06/2026	14/05/2026	Green

06 - Ineffective decision making as a result of poor data quality and fragmented systems and not having a data-driven culture

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

Control	Owner
AI integrated into current policies	Kimberley Curry
Data validation – independent audit	Samantha Roebuck

Control	Owner
Data Logic data validation tool	Kimberley Curry
Routine data reconciliation and checks	Samantha Roebuck
Data Strategy and action plan	Kimberley Curry

Action	Owner	Due Date	Completed	Status
Determine and implement an organisational culture, inc database decision-making	Steve Feast	01/10/2026		Green

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)					Residual Risk				
	4	x	4	16		3	x	4	12

Control	Owner
Global crisis monitoring and assessment of organisational impacts	Steve Feast
Business Continuity plans to mitigate failure of core systems	Claire Denson

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

Control	Owner
Building Together Cultural Programme	Carla Wragg
Learning and Development Annual Plan	Carla Wragg

Control	Owner
Leadership & Management Development	Carla Wragg
People Strategy	Carla Wragg
Recruitment and Selection Policy and procedures	Nicola Scott
Staff Engagement Groups	Carla Wragg
PDR and 121 Process on Inspire and monitored	Nicola Scott

Action	Owner	Due Date	Completed	Status
Determine and implement an organisational culture, inc database decision-making	Steve Feast	01/10/2026		Green

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)					Residual Risk				
	4	x	4	16		3	x	3	9

Control	Owner
Sustainability Strategy 2022-2027 with a clear action plan	Russell Thompson
Partnerships with net zero interventions	Mandy Smith
Asset Management Strategy 2021-2026	Jarrod Waistnidge

Control	Owner
Annual stock condition survey to meet 100% within the next 2 years	Jarrod Waistnidge
Capital Programme development and prioritisation	Russell Thompson
Achieve EPC by 2030 funding and plan in place	Jarrod Waistnidge

Action	Owner	Due Date	Completed	Status
Options Appraisal Process joint working with Council	Steve Feast	31/12/2026		Green
NEC Asset Management module	Jarrod Waistnidge	21/04/2026	20/04/2026	Green

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

Control	Owner
Building Together Cultural Programme	Carla Wragg
Annual Business Action Plan	Samantha Roebuck

Control	Owner
Strategic Plan	Samantha Roebuck
Leadership & Management Development	Carla Wragg
Transformation Board	Rachel Taylor
Financial Sustainability Strategy	Rachel Taylor

Action	Owner	Due Date	Completed	Status

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	5	15	Residual Risk	3	x	3	9		

Control	Owner
Rent arrears management process	Sanchia Waite
Voicescape Engage module used for triaging tenant support	Sarah Barnes

Control	Owner
Violence and Aggression form and procedure	Ian Bell
Restructures ongoing	Steve Feast
Vulnerability Protocol	Dave Fullen
Domestic abuse target hardening fund	Dave Fullen
BMBC support packages signposting	Liam Davies
Health and Wellbeing Strategy	Nicola Scott
ASB Team working with the Council	Liam Davies
Tenants First support service	Liam Davies
Neighbourhood Officers increased by 8 posts	Liam Davies
Communications Strategy	Siobhan Dransfield
Domestic Violence partnership - linked in with	Liam Davies
Staff Engagement Groups	Carla Wragg
Downsize support is available to tenants seeking to move to more appropriate housing.	Chloe Allott

Action	Owner	Due Date	Completed	Status

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		

Control	Owner
Building Together Cultural Programme	Carla Wragg
BH/BMBC Governance framework	Rachel Taylor

Control	Owner
Website information transparent and accessible to tenants	Sarah Barnes
Barnsley Chronicle engagement maintained through quarterly meetings with Editor and BH CEO and Strategic Comms Manager	Siobhan Dransfield
Customer Insight and Engagement Strategy	Sarah Barnes
Strategic Plan	Samantha Roebuck
Stakeholder map and management action plan	Steve Feast
Membership of strategic partnerships	Steve Feast
Customer Satisfaction surveys	Toni Allen
BMBC relationship is actively maintained through regular engagement and collaboration.	Steve Feast
Customer feedback insights - framework for learning	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
PRIP monthly reporting validated by Council	Russell Thompson
Regular repairs delivery meetings between Council and contract partners	Russell Thompson
NEC / DRS Scheduling and appointment functionality improved	John Lees

Control	Owner
Process maps for repairs and voids	Russell Thompson
Customer Satisfaction surveys	Toni Allen
Board Oversight of Repairs Performance (TSMs)	Russell Thompson
BMBC Services Agreement oversight	Steve Feast
HRA Financial Monitoring monthly meetings	Steve Feast
Repairs Clarification document	Russell Thompson
Repairs performance reported to EMT and Board quarterly	Russell Thompson
PRIP Core Sub Group	Russell Thompson
Task Focus Groups - Operational, People, Financial, Performance (KPIs)	Russell Thompson
PRIP and PSRT Diagnostic reviews and actions work by repairs consultant	Russell Thompson
Repairs & Maintenance Policy 2024-2027	Russell Thompson

Action	Owner	Due Date	Completed	Status
Savills Review Action Plan to deliver	Russell Thompson	30/10/2026		Amber
Integrate and consolidate we have to improve repairs performance	Russell Thompson	30/09/2026		Green

04 - Ineffective management of investment in 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 investment in existing homes is 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

Control	Owner
Asset and Building Safety Board oversight	Russell Thompson
Asset Management policies and procedures	Jarrod Waistnidge

Control	Owner
Programme Delivery and Performance Tracker	Jarrod Waistnidge
30 Year Stock Investment Programme (Council Shared)	Russell Thompson
Board oversight of Homes and Capital Programmes	Russell Thompson
Investment programme 2026-2027	Russell Thompson
Customer Satisfaction surveys	Toni Allen
Asset Management Strategy 2021-2026	Jarrod Waistnidge
HRA financial and delivery oversight meetings	Steve Feast
PIMMS Asset Management System	Jarrod Waistnidge
Stock Condition Surveys inform investment works	Jarrod Waistnidge

Action	Owner	Due Date	Completed	Status
Options Appraisal Process joint working with Council	Steve Feast	24/12/2026		Green
NEC Asset Management module	Jarrod Waistnidge	21/04/2026	20/04/2026	Green

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

Control	Owner
Building Together Cultural Programme	Carla Wragg

Control	Owner
Local Government Terms & Conditions nationally negotiated	Carla Wragg
Learning and Development Annual Plan	Carla Wragg
People Strategy	Carla Wragg
Recruitment and Selection Policy and procedures	Nicola Scott
PDR and 121 Process on Inspire and monitored	Nicola Scott
NEC Asset Management module	Jarrod Waistnidge

Action	Owner	Due Date	Completed	Status
Determine and implement an organisational culture, inc database decision-making	Steve Feast	01/10/2026		Green

Creating great homes and communities with the people of Barnsley

Report Title	Audit and Risk Committee Annual Report 2025-26	**Confidential**	Yes
Report Author	Chair of Audit and Risk Committee	**Report Status**	For Approval
Report To	Board	**Officer Contact Details**	Claire Denson, Risk & Governance Manager clairedenson@berneslaihomes.co.uk

1. Executive Summary	1.1 The Annual Report and self-assessment were considered by the Audit & Risk Committee on 25 June 2026. Members concluded that the Committee continues to provide effective scrutiny and challenge across governance, risk management, audit, assurance and financial reporting and recommended that the report be presented to Board. The self-assessment identified a small number of development opportunities relating to member challenge, assurance visibility, training and diversity, which will be taken forward through a development action plan. The agreed actions to be monitored by the Committee. 1.2 The annual report has been fully aligned to the Committee's Terms of Reference (linked **Appendix C**), strengthening the clarity of assurance provided to Board. Customer Voice/Impact 1.3 The aim of the Committee Annual Report and Self-Assessment is to scrutinise internal performance and governance. Customer views are therefore not directly sought for this report. However, actions arising from the Committee's work (e.g. transparency, risk management, governance improvements) support better outcomes for tenants.
2. Recommendation	It is recommended that: 1. Board approve the Audit and Risk Committee Annual report 2025-26 providing assurance the Committee is fulfilling its remit.

3. Background

3.1 The Audit and Risk Committee Annual Report is recognised as best practice in evaluating performance and identifying development requirements.

3.2 The Committee plays a key role in enabling the Board to meet the National Housing Federation Code of Governance (2020), Principle 4: Control and Assurance:

'The board actively manages the risks faced by the organisation, and obtains robust assurance that controls are effective, that plans and compliance obligations are being delivered, and that the organisation is financially viable.'

3.3 The Committee is specifically expected to undertake the following within the Code:

The Code	**Evidence:**
4.2 **Audit committee**: a committee exercises independent scrutiny and challenge to provide the board with assurance.	• All members are non-executive members and are not employed by Berneslai Homes. • The Chair is a qualified accountant.
(1) The committee responsible for audit meets regularly and its minutes are available to the board.	• Quarterly Audit Committee meetings. • Annual workplan. • Minutes mandatory and reported to board.
(2) The committee exercises oversight of the internal and external audit functions.	• Internal Audit report to every Committee meeting. • Annual Internal Audit plan monitored by Committee. • Oversees procurement of External Auditors. • Annually we review External Audit performance. • External Auditors report to Audit Committee twice a year presenting the audit planning report and final accounts statement.
(3) The committee annually meets with the external auditors with only non-executives present.	• External Auditors meet Audit Committee during Audit Committee meetings. • Standard annual agenda item with only non-execs present.
(4) The chair of the committee is a member of the board and regularly reports to it.	• The Chair is also a member of the board and reports the minutes/summary of every Committee meeting to board.
(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.	• Chair is a qualified accountant and is currently employed in an accounting role external to BH.

3.4 The Committee is responsible for providing independent scrutiny and challenge across governance, risk, internal control, audit and financial reporting arrangements.

3.5 Included within the report process is a strengthened member self-assessment, aligned to the Terms of Reference (linked **Appendix C**), NHF Code of Governance and Code of Conduct, providing a more structured evaluation of effectiveness.

4. Current Position/Issues for Consideration

4.1 The Annual Report is now aligned to the financial year (April–March), replacing the previous January reporting cycle, improving alignment with governance and assurance reporting. The full Audit and Risk Committee Annual Report 2025 –26 is included at **Appendix A**.

4.2 During 2025 – 26, the Committee has continued to provide robust scrutiny across all its responsibilities, including:

a) Risk management and oversight of the implementation of the new Risk Management Framework.
b) Internal and external audit activity, including the review of audit plans, reports and assurance opinions.
c) Governance and assurance arrangements, including the Annual Governance Statement and assurance reporting.
d) Financial reporting and statutory accounts, including review and recommendation to Board.

4.3 The Committee has met and exceeded its Terms of Reference, including holding five meetings during the year and maintaining appropriate levels of scrutiny and challenge.

4.4 Membership changes during the year have supported continued effectiveness of the Committee, including the appointment of a new Independent Member, Committee Co-optee and Councillor.

4.5 Key assurance highlights from the year include:

a) A Reasonable annual assurance opinion from Internal Audit.
b) Strengthened monitoring and escalation of Internal Audit actions.
c) Enhanced scrutiny of cyber security, data quality, data protection and building safety.
d) Oversight of emerging regulatory requirements, including fraud legislation.
e) Review of compliance arrangements through a modern slavery deep dive.

4.6 The Committee has played a key role in overseeing the development and implementation of the new Risk Management Framework, strengthening consistency, transparency and reporting.

Actions and comments from the self-assessments:

4.7 The self-assessment identified a small number of development areas for an agreed strong and effective Committee. In particular, members highlighted the opportunity to strengthen the level of challenge, particularly in relation to the timely delivery of Internal Audit actions, and to broaden visibility of wider independent assurance beyond Internal and External Audit.

4.8 The self-assessment identified that diversity within the committee could be strengthened. It highlighted the need for continued focus on induction, training and support to ensure all members are fully equipped to contribute to increasingly technical discussions. Members recognised that the

implementation of the new Risk Management Framework and system will further strengthen oversight in this area.

4.9 To support this, members are asked to meet separately to consider the feedback, identify any key themes or areas for improvement and agree a set of development actions to support the Committee's effectiveness.

5. Customer Voice/Impact

5.1 The aim of the Committee self-assessment is to scrutinise internal performance and governance. Customer views are therefore not directly sought for this report. However, actions arising from the Committee's work (e.g. transparency, risk management, governance improvements) support better outcomes for tenants.

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.

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 governance links to the successful achievement of all our priorities:

1) Listening and responding to our customers
2) Keeping tenants safe and warm
3) Improving opportunities for employment and training
4) 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 Assessments) 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 Audit and Risk Committee with assurance around their operating arrangements.

11. Financial

11.1 There are no financial implications arising directly from this report. However, there may be minor cost implications arising from any development actions agreed by members following the self-assessment.

12. Human Resources and Equality, Diversity and Inclusion

12.1 An effective Audit & Risk Committee supports oversight of Equality, Diversity and Inclusion and Human Resources arrangements through its review of governance, risk management and internal control, ensuring that appropriate assurance is provided to Board.

13. Sustainability Implications

13.1 No specific zero carbon implications from this report.

14. Associated Background Papers on Decision Time

14.1 Not applicable.

15. Appendices

15.1 Appendix A – The Audit and Risk Committee Annual Report 2025-26.
15.2 Appendix B – Audit & Risk Committee Terms of Reference.

APPENDIX A

berneslai homes

Audit & Risk Committee

ANNUAL REPORT 2025-26

FOREWORD BY THE CHAIR OF THE AUDIT & RISK COMMITTEE

I am pleased to present the Audit & Risk Committee Annual Report for the period 1 April 2025 to 31 March 2026. This year, the report has been restructured to align fully with the Committee's Terms of Reference (ToRs), providing clearer assurance on how we have fulfilled our delegated responsibilities and supported strong governance across Berneslai Homes. The members' self-assessment has also been updated in line with the ToRs, incorporating the NHF Code of Governance and the Code of Conduct.

Throughout 2025-26, the Committee has continued to provide robust challenge, scrutiny and support. In January 2026, we marked the completion of the Board term of our Senior Independent Director and Audit & Risk Committee member, Mark Johnson. We were pleased to welcome George Paterson as our new Independent Board Member, Audit & Risk Committee member, and Asset Management and Repairs Board Champion. We also congratulate Jo Sugden on her promotion to Senior Independent Director, and we were pleased to co-opt Aisling McNulty to the Committee, further strengthening diversity of experience and perspective within our membership.

We have overseen a substantial programme of assurance activity, including detailed reviews of risk management, information governance, cyber security, building safety, internal audit and external audit planning. The Committee has also monitored key organisational risks, reviewed quarterly and annual assurance reports, and ensured that emerging issues, such as cyber resilience, data protection performance and new regulatory requirements, were appropriately scrutinised and addressed.

During the year, the Committee played a key role in the development and oversight of the organisation's new Risk Management Framework. The Committee was satisfied that the framework strengthens the identification, management and reporting of risk and provides a more consistent and transparent basis for assurance to the Board.

Despite the scale and complexity of the work considered, no matters raised by the Committee remain unresolved at the time of writing.

I would like to thank all Committee members and officers for their professionalism, constructive engagement and commitment to continuous improvement. The Committee is well positioned to continue supporting Berneslai Homes through the year ahead and in delivering our obligations under the refreshed Strategic Plan.

Adam Hutchinson
Chair of the Audit & Risk Committee
April 2026

1. Constitutional Authority and Purpose

1.1 The Audit & Risk Committee provides an independent and high-level focus on the adequacy of governance, delegated risk management and control arrangements. This report demonstrates how the Committee has fulfilled those responsibilities during 2025-2026, and up to the date of this report, including scrutiny of governance, controls, audit activity and assurance arrangements.

1.2 The Committee contributes to Berneslai Homes' commitment to the principles of the National Housing Federation Code of Governance (2020), particularly Principle 4: Control and Assurance.

1.3 This report shows how the Audit & Risk Committee has successfully fulfilled its terms of reference and has scrutinised the Company's governance and control environments.

1.4 For completeness, the Audit & Risk Committee Terms of Reference are included as standard at the linked **Appendix C**.

2. Composition

2.1 The Audit & Risk Committee comprises six members: the Chair, two independent members, one councillor, one tenant member and one co-opted member.

Member	Dates of appointment to Audit Committee
Current members	
Jo Sugden – Independent / SID	April 2021 – Current
Adam Hutchinson – Chair	September 2022 – current
Gez Morrall – Tenant	December 2023 – current
George Paterson – Independent	January 2026 – current
Aisling McNulty – Co-optee	January 2026 – current
Councillor TBC	June 2026
Leaving members	
Mark Johnson – SID	January 2020 to April 2020 / April 2021 to January 2026
Kevin Osborne – Councillor	September 2022 – May 2026

2.2 There is strong officer support to the Audit & Risk Committee through the regular attendance of the Executive Director of Resources, Executive Director of Property Services, Head of Strategy, Governance and IT, Finance leaders, and BMBC Corporate Assurance.

3. Meetings and Quorum

3.1 The Committee exceeded its Terms of Reference (ToR) requirement to meet at least four times, holding five meetings during the year:

Audit & Risk Committee Member	Possible Meetings	Meetings Attended
Adam Hutchinson - Chair	5	5
Mark Johnson	4	3

Audit & Risk Committee Member	Possible Meetings	Meetings Attended
Jo Sugden	5	5
Kevin Osborne	5	2
Gez Morrall	5	4
George Paterson	1	0
Aisling McNulty	1	1

Total Possible Attendances	26
Total Actual Attendances	20
Percentage Attendance	77%

3.2 To support effective governance, we have now implemented a clearer and more consistent process for managing apologies across all Board and Committee meetings, including training and development events. Members are now required to send apologies directly to the Board Chair and, where relevant, their Committee Chair, copying in the Governance Team, and to provide as much notice as possible. This ensures we can proactively monitor attendance, maintain quoracy for all meetings, and keep Chairs fully informed of any changes in participation.

3.3 Private discussions with Internal and External Audit are in line with Terms of Reference (TOR) expectations.

4. Duties and Responsibilities

4.1 Internal Control, Governance and Risk Framework

4.1.1 The Committee met all ToR requirements by:

a) Providing independent scrutiny of governance, risk and control arrangements at each meeting.
b) Reviewing and recommending the Annual Governance Statement, ensuring robust governance and regular monitoring of its action plan, including whistleblowing arrangements and oversight mechanisms.
c) Undertaking quarterly reviews of the Risk Register, covering both operational and strategic risks.
d) Receiving the annual Risk Management Report, and scrutinising the implementation of the new risk framework
e) Receiving regular assurance reports on:
    i. GDPR & Data Protection compliance
    ii. Cyber and information security
    iii. Building Safety Compliance
f) Receiving regular updates on governance culture, control environment and assurance mechanisms.
g) Monitoring fraud risks through fraud updates and scrutiny of fraud resilience.
h) Supporting transparency through publication of Committee summaries online.

4.1.2 These activities directly demonstrate fulfilment of the ToR's expectation that the Committee promotes strong governance and ensures the adequacy of internal controls.

5. Internal Audit

5.1 The Committee met all ToR obligations through:

a) Reviewing and approving the Annual Corporate Assurance Plan and ensuring its risk-based alignment to organisational priorities.
b) Receiving all Corporate Assurance reports, tracking management actions and challenging delays.
c) Monitoring the implementation of recommendations at every meeting.
d) Meeting privately with the Head of Corporate Assurance.
e) Monitoring Corporate Assurance performance, resourcing and adherence to professional standards.

5.2 In terms of the 2025/26 report, which the Berneslai Homes Audit and Risk Committee is to consider at its meeting on the 25th June 2026, the Head of Corporate Assurance has provided a Reasonable (positive) annual assurance opinion. Whilst a reasonable assurance opinion was given, the Audit and Risk Committee were asked to continue to ensure that the Agreed Management Actions included in the assurance reports throughout the year to address findings and implications raised are fully and timely implemented to improve the framework.

6. External Audit

6.1 The Committee met its ToR duties by:

a) Receiving and discussing the External Audit Plan.
b) Scrutinising the Annual Audit Letter and ensuring issues were addressed.
c) Holding the required private meeting with External Audit.
d) Ensuring External Audit were present at all appropriate meetings.
e) Monitoring the independence, effectiveness and quality of External Audit.

7. Financial Accountability

7.1 Delivery against ToR requirements included:

a) Reviewing the annual accounts and recommending them to Board within statutory deadlines.
b) Monitoring financial reporting, performance, forecasting and treasury management.
c) Receiving the annual BMBC update on Investments, confirming adherence to the Investment Strategy.
d) Challenging financial assumptions relating to Repairs First and other key programmes.

8. Risk

8.1 The Committee fulfilled its ToR risk duties by:

a) Reviewing strategic and operational risk registers quarterly.
b) Monitoring material breaches and ‘serious detriment’ risks.
c) Overseeing risk appetite and strategy.
d) Supporting embedding of risk culture across the organisation.
e) Preparing for the new risk management framework, currently being implemented.

9. Outcomes for 2025-26

9.1 Publishing Committee summaries has strengthened transparency by giving stakeholders clear, accessible visibility of the Committee's discussions, assurances and decisions, demonstrating open and accountable governance.

9.2 Ongoing implementation of the recommendations from the DTP review to streamline governance structures and generate efficiencies.

9.3 Enhanced risk insight via deep dives:

a) a comprehensive Cyber Security Deep Dive, delivered by Barnsley Council, which outlined the organisation's security strategy and controls, compliance with UK GDPR and Public Services Network standards, and the assurance measures in place to strengthen overall preparedness and resilience.
b) a focused deep dive on Data Quality, Performance Reporting and the organisation's work with 3C, which outlined how data is captured, validated and reported, and the improvements being made to strengthen accuracy and consistency. The session also highlighted how collaboration with 3C is helping to enhance reporting processes, improve the reliability of key performance measures and reinforce data governance across the organisation.

9.4 Improved follow-up of Internal Audit recommendations (Agreed Management Actions). EMT now monitors these Actions more closely through regular review and clearer escalation, ensuring actions progress as planned. In parallel, the Audit & Risk Committee has increased its scrutiny, receiving more focused update reports and providing stronger challenge where delays or recurring issues arise. This enhanced approach has improved visibility, accountability and the timely completion of Internal Audit recommendations.

9.5 Committee members, alongside other board members and EMT, undertook a focused review of the organisation's risk appetite and strategic risk register. This has fed into the new risk management framework.

9.6 The ongoing implementation of the requirements of the Failure to Prevent Fraud legislation.

9.7 Training received by members:

a) Attended a presentation covering how Berneslai Homes operates as an ALMO, including how the PRIP and DLO models work.
b) Annual overview provided by BMBC Internal Audit and Financial Services regarding Berneslai Homes Investments.
c) The new Committee Members are undertaking their induction programmes, including meetings with relevant leadership team members and the Board and Committee Chairs.

10. Committee's self-assessment

10.1 The Committee's self-assessment is undertaken by members in line with this report. It has been strengthened this year by aligning it directly with the Audit & Risk Committee Terms of Reference and the NHF Code of Governance and Code of Conduct.

10.2 The updated approach shifts the focus from broad, generic questions to a more structured evaluation of core assurance responsibilities: governance, risk management, internal and external audit oversight, financial reporting, behaviours, independence and transparency. This ensures the assessment now provides a clearer, more evidence-based view of the Committee's effectiveness, supports improved accountability, and identifies development needs more precisely in line with regulatory and good-practice expectations.

10.3 The completed self-assessments have been reviewed by the Committee Chair. Members are asked to meet separately to consider the feedback, identify any key themes or areas for improvement, and agree a set of development actions to support the Committee's effectiveness.

11. Plans for 2026-27 (including development needs where required)

11.1 Monitoring the implementation of the new Risk Management System and Framework.

11.2 Ongoing oversight of Modern Slavery compliance, including a deep dive at the June Committee.

11.3 Continued monitoring of the implementation of the Failure to Prevent Fraud legislation, with the two-yearly review of the Fraud policies

11.4 Ongoing monitoring of Emergency Planning and Business Continuity.

11.5 Implementation of the DTP-recommended changes to the Committee workplan, currently under development.

11.6 Ongoing induction programme for the new Committee members.

11.7 Ongoing escalation of key issues through the Committee Chair.

12. Conclusion

12.1 The Audit & Risk Committee is satisfied that robust governance, risk management and internal control arrangements have operated effectively throughout the year, supported by constructive challenge, strengthened assurance processes and strong engagement from officers and Committee members.

12.2 The Committee will continue to build on this progress during the year ahead, maintaining close oversight of emerging risks, ensuring timely implementation of agreed actions, and supporting the organisation to remain resilient, transparent and well-governed as it delivers services for tenants and stakeholders.

Creating great homes and communities with the people of Barnsley

Report Title	Annual Self-Assessment against the Housing Ombudsman Service (HOS) Complaint Handling Code	**Confidential**	No
Report Author	Executive Director of Customer and Estate Services	**Report Status**	For Approval
Report To	Board	**Officer Contact Details**	Toniallen@berneslaihomes.co.uk

1. Executive Summary	1.1. This report presents the draft 2026 self-assessment against the HOS Complaint Handling Code. The self-assessment concluded that there is **full compliance** with the Code for the period 2025/26 whilst identifying some minor actions which will enhance future compliance. 1.2. Under the Code it is the responsibility of a landlord (Barnsley Council) and their Member Responsible for Complaints to approve the self-assessment and publish their response to it online by 30th September 2026 and confirm compliance with the HOS. 1.3. BMBC Cabinet Spokesperson for Regeneration and Culture who is the designated Member Responsible for Complaints (MRC) will be asked to approve the self-assessment, at BMBC cabinet on 9th September 2026. The Cabinet Spokesperson and the Board Complaints Champion have been asked to produce a response to the self-assessment by 11th September 2026. These will be published on the Berneslai Homes website.
2. Recommenda-tion/s	2.1. Board approves the draft self-assessment and delegate authority to the Executive Director of Customer and Estate Services to make final amendments and sign off ahead of BMBC's final approval.

	2.2. Board note that the Board Complaint Champion will meet with the Council's MRC and will draft their response to the self-assessment by 11th September 2026.

3. Background

3.1 The Social Housing (Regulation) Act 2023 empowered the Housing Ombudsman to issue a code of practice about the procedures members of the Scheme (landlords) must have in place for considering complaints. It also placed a duty on the Housing Ombudsman to monitor compliance with the code of practice that it issued.

3.2 Complaince became a statutory duty from 1st April 2024 and placed an obligation on Landlords to comply with the code including the completion of an annual self-assessment to demonstrate compliance.

3.3 The Complaints Policy was revised in June 2024 to fully align to the code. In May 2026 the Housing Ombudsman Compliance team reviewed the policy and the self-assessment that was submitted in 2025. The Ombudsman made minor wording amendment recommendations which were accepted. The amended policy was approved by Board at its meeting on 10th June 2026. The self-assessment is based on the new policy.

3.4 Following the 2026 self-assessment a number of additional measures which will enhance compliance were identified. These are set out at 4.3, below.

4. Current Position/Issues for Consideration

4.1 Board should note the positive continuous improvement in complaint handling and evidence contained within the self-assessment. The recent HOS full compliance review supports this and should give further assurance.

4.2 The deadline for submitting the Self-Assessment to the HOS is 30th September 2026 for landlords with over 1,000 stock.

4.3 The draft, completed self-assessment is attached at Appendix 1. The draft concludes that there was full compliance in 2025/26 and identified a number of minor actions detailed below to further strengthening compliance. This self-assessment is reflective and whilst a good predictor of continued compliance through 2026/27 cannot guarantee it. The Annual Complaint Handling and Learning Report 2025/26 (approved by Board on 10th June 2026) outlined the residual risks and mitigations in ensuring continued compliance throughout 2026/27.

Actions to enhance compliance with The HOS Complaint Handling Code.

Section of Code	Action	Target
Section 3 – Accessibility and Awareness. 3.3 High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.	Create a short 'How to Make a Complaint' video. This will be available on the website, You Tube channel and can be used when promoting our complaint policy, giving residents a visual step by step guide to making a complaint.	30th September 2026
Section 7 – Putting Things Right. 7.4 – Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.	Review the Compensation policy against the HOS updated guidance.	30th September 2026
Section 9 – Scrutiny & Oversight: Continuous Learning and Improvement. 9.3 – Landlords must report back on wider learning and improvements from complaints to stakeholders, such as resident panels, staff and relevant committees.	BH learns from HOS Spotlight reports by reviewing and assessing our service/policies and procedures against them. Any good practice will be adopted and will be included in reports to stakeholders and Customer Services Committee	6 monthly

4.4 Board are asked to note that links within the draft self-assessment to the complaint policy will be amended with links to the revised policy when it is published on 12th August 2026, following BMBC approval.

4.5 Board are asked to approve the draft self-assessment and delegate authority to the Executive Director of Customer and Estate Services to make final amendments and sign off ahead of BMBC's approval and before submission to HOS.

4.6 A meeting has been set up ahead of Cabinet with BMBC's MRC and our Board Complaint Champion to consider and develop their response, which will be published alongside the self-assessment.

5. Customer Voice/Impact

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

- Feedback to the Tenants Voice Panel (TVP)
- Tenant members of Customer Services Committee
- Customer satisfaction surveys.
- Feedback following publication of performance and learning reports.

5.2 The engagement team have recruited to the Customer Services Tenant Improvement Panel (TIP) and quarterly meetings commenced in April 2026. The TIP consider complaints trends, performance and insight to support a positive complaint handling culture.

6. Risk and Risk Appetite

6.1 The completion of the self-assessment following the HOS guidelines and the same principles and evidence as we followed in 2025/26 minimises the risk of non-compliance with the code.

6.2 This report does not consider any ongoing compliance risks; these were included in the 2025/26 Annual Complaint Handling and Learning Report.

7. Strategic Alignment

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

8. Data Privacy

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

9. Consumer Regulatory Standards

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

10. Other Statutory/Regulatory Compliance

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

11. Financial

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

12. Human Resources and Equality. Diversity and Inclusion

12.1 The completion of the self-assessment provides evidence of how the complaint service meets all the requirements of the HOS Complaint Handling Code. Section 3 of the self-assessment focuses on accessibility and awareness with a particular focus on removing barriers and ensuring fair treatment. The self-assessed concluded that there is full compliance in this area.

13. Sustainability Implications

13.1 This self-assessment has no impacts on sustainability.

14. Appendices

14.1 Appendix 1 - Self-assessment draft version June 2026.

15. Associated Background Papers

15.1 2024 Complaint Handling Code

16. Glossary

16.1 None.

Appendix 1

Barnsley Council and Berneslai Homes

Housing Ombudsman Complaint Handling Code - Self-assessment

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

The self-assessment reflects on performance in the 2025/26 year and considers the Housing Ombudsman Code and its responsibilities which became a legal duty from 1st April 2024.

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

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

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

The self-assessment will be reviewed in June 2027 unless we are required to do so earlier as a result of any judgment by the Housing Ombudsman or any significant changes to our complaint handling policy or procedures.

Section 1: Definition of a complaint

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
1.2	A complaint must be defined as: *'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.'*	Yes	Section 5 of our Complaint Policy defines a complaint in this way.	*Our policy definition is: 'A complaint is an expression of dissatisfaction, however made, about the standard of service, actions, or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents'*
1.3	A resident does not have to use the word 'complaint' for it to be treated as such. Whenever a resident expresses dissatisfaction landlords must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with the landlord's complaints policy.	Yes	Section 5 of our complaint policy sets out this requirement	Our complaints policy section 5 states: *'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.'* Complaint handling training for all staff forms part of the corporate induction with mandatory eLearning training to be completed within the first week. This eLearning is completed as a refresher course by staff yearly and is mandatory training. In depth face to face complaint handling and investigation training is available for all employees that lead on investigating and responding to complaints. We issue routine communication to staff via team briefs when there are changes to policy. We ask on our complaints eform if they would like us to speak with a representative Our website has information about complaints submitted by a third party.

1.4	Landlords must recognise the difference between a service request and a complaint. This must be set out in their complaints policy. A service request is a request from a resident to the landlord requiring action to be taken to put something right. Service requests are not complaints, but must be recorded, monitored and reviewed regularly.	Yes	Our complaints policy recognises this difference: Our website frequently asked questions explain the difference.	Our complaint policy has this definition: '*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.*' In 2025/26 Berneslai Homes' Customer Services Team handled 1093 service requests. Staff training sets out the difference between a service request and a complaint. We record service requests on our main IT system (NEC). These are monitored and review in our performance reports. They are discussed at monthly performance meetings and published in our quarterly performance report.
1.5	A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Landlords must not stop their efforts to address the service request if the resident complains.	Yes	We include this approach in our complaints policy section 5 Our website FAQs includes a question "How do you deal with my complaint?" The response outlines how we respond to complaints relating to handling of service requests.	Our policy states: *'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'.* We include this requirement in staff training On our complaints handling survey, we ask a question on 'How easy it was to make a complaint'. During 2025/26, 64% found it easy to make a complaint. This is a 10% reduction from 2024/25. During 2025/26 we changed our methodology for gathering tenant feedback and 100% of surveys were completed using digital technology. To understand this feedback more, we will be conducting some telephone surveys during 2026/27. In early 25/26 we launched our new tenant information pack which has a section on making a complaint.

1.6	An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where landlords ask for wider feedback about their services, they also must provide details of how residents can complain.	Yes	We explain that surveys are not counted as complaints in: Section 5 of our complaint policy states Our website has an FAQ	Our complaints policy section 5 states: *'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.'*- **The FAQ on our website states: Will my survey response be treated as a complaint? -** Our complaints survey or any other surveys that are carried out within Berneslai Homes: has a statement outlining that response to surveys are not handled as complaints and include the following statement Our survey includes this advice: "*This survey is to gather feedback from our tenants. If you have experienced any dissatisfaction with the service you have received and would like to make a complaint, you can do this by completing our online form or you can contact us in the following ways:* *By phoning 01226 787878 (Monday to Friday, 9am to 5pm)* *By emailing customerservices@berneslaihomes.co.uk*

Section 2: Exclusions

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
2.1	Landlords must accept a complaint unless there is a valid reason not to do so. If landlords decide not to accept a complaint, they must be able to evidence their reasoning. Each complaint must be considered on its own merits	Yes	Section 5 of our Complaint Policy sets out the complaints we will not accept and how we explain our decision to residents: We record and report on complaints that we have not accepted, on our NEC system.	*Our policy states:* *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*

			We excluded in part or fully excluded 24 complaints in 2025/26.	*•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.* *See 2.2 below.*
2.2	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: • 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.	Yes	Section 5 of our Complaint Policy sets out the complaints we will not accept and how we explain our decision to residents. We also confirm this on the FAQ section of our website:	Our complaints policy section 5 states: *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 it 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 ureasonable.* We record and report on complaints that we have not accepted, on our NEC system. See 2.1
2.3	Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds. Landlords must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.	Yes	Section 5 of our policy confirms that we accept complaints in these circumstances Our website also explains this. .	Section 5 of our policy which states: • *'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.'* Our training demonstrates how we set out this expectation for staff. We notify the customer in writing in our acknowledgement letter; we detail the points we won't investigate and reasons why. We save a copy of this letter in the complaint case folder within SharePoint.
2.4	If a landlord decides not to accept a complaint, an explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. If the Ombudsman does not agree that the exclusion has been	Yes	Section 5 of our policy explains this requirement. Our website FAQs explain this too.	Our complaints policy section 5 states: *'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*

	fairly applied, the Ombudsman may tell the landlord to take on the complaint.			○ *The resident's right to take that decision to the Ombudsman.'* We record and report on complaints that we have not accepted, on our NEC system. See 2.1
2.5	Landlords must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.	Yes	Section 5 of our policy - sets out that we do not take a blanket approach to excluding complaints. Our website FAQ explains this. –	*Section 5 of our policy states:* *"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 complaints that we have not accepted. See 2.1

Section 3: Accessibility and Awareness

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
3.1	Landlords must make it easy for residents to complain by providing different channels through which they can make a complaint. Landlords must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process.	Yes	Section 6 of our policy sets out the varied and accessible ways in which a resident can make a complaint and the reasonable adjustments we make. Section 14 of the policy contains our EDI statement and how we monitor accessibility. Our complaints eform ask if the customer has any additional support or requirements On our complaints handling survey, we ask a question on 'How easy it was to make a complaint' - During 2025/26, **64%** found it easy to make a complaint.	Our Reasonable Adjustment Policy is published on our website. This is a summary of the 25/26 complaint handling survey results. We made 2 reasonable adjustments in 2025/26.

3.2	Residents must be able to raise their complaints in any way and with any member of staff. All staff must be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the landlord.	Yes	Section 4 of our policy sets out roles and responsibilities of staff and we train all our frontline staff in identifying complaints and understanding the next steps (Section 13) and passing on to our trained complaint handlers Complaint handing is a mandatory part of our on boarding. We communicate through our e-bulletin to staff and team briefs when there's a change in policy. On our complaints handling survey, we ask a question on 'How easy it was to make a complaint' - During 2025/26, 64% found it easy to make a complaint. This is a summary of the 25/26 complaint handling survey results.	Our policy states in Section 4 "*'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."*– Complaint policy at section 13 states: '*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.'*
3.3	High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.	Yes	Whilst we set an annual target that our complaint volumes are in line with peer group median, we welcome and see complaints as positive. Our staff training encourages complaints. Our website promotes that it is OK to complain. We have promotional information in our public spaces and online and we have reviewed our new tenant information pack which has a section on complaints, We increased transparency on complaint handling on the performance section of our website.	Section 9 of our Complaints Policy states: *'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'.* During 2025/26, 64% found it easy to make a complaint. This is a summary of the 25/26 complaint handling survey results. We are re in the process of creating a short 'How to make a complaint' video. This will be made available on our website, You Tube channel and can be used when promoting our complaints policy, giving residents a visual step by step guide to making a complaint.
3.4	Landlords must make their complaint policy available in a clear and	Yes	Our policy, which our involved tenants influenced, is published online and as a	See 3.3

	accessible format for all residents. This will detail the two-stage process, what will happen at each stage, and the timeframes for responding. The policy must also be published on the landlord's website.		download and we have a FAQs on our website which outlines our 2-stage approach and timeframes. We have published a quick guide to the complaints policy, which is published on our website. We have an easy to read 1-page leaflet of our complaints process which is also published on our website. • There is also a link from BMBC website under the FAQ section – other complaints. • Our Facebook page also provides information. • Summary on the back of acknowledgement letters. • Posters in community buildings and other local noticeboards • Translation functionality on our website. • A section in our new tenant information pack	
3.5	The policy must explain how the landlord will publicise details of the complaints policy, including information about the Ombudsman and this Code.	Yes	Section 6 of our Complaints policy sets out the ways that we publicise details of the complaints policy and including the Ombudsman and the Code. Section 10 of the complaints policy provides details of the Housing Ombudsman and the Code.	Our Policy states: *'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*

			We publish this information in our annual report, tenant e-bulletin and posters in communal spaces.	*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'.* *See 3.3 and 3.4.*
3.6	Landlords must give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the landlord.	Yes	Section 6 of our complaint policy explains how residents can use a representative We also publish this on our website We ask about representatives on our complaint e-form: When making a complaint the complaint handler will ask the resident if they have a preferred contact method and any additional support they may need. In 2025/26, 72% of complaints were made over the phone, 26% digitally,	Section 6 of our complaints policy states: *'A complaint can be made in any of the following ways:* *By a third party or representative (e.g. family, friends, Local Authority Councillor, MP, Board Member, Mayor's office). (We deal with normal day to day enquiries from councillors through a separate procedure, but we clarify with the resident and/or councillor whether the contact is an enquiry or a complaint).*

			0.7% by letter, 0.2% face to face and 0.09% via a councillor/MP.	
3.7	Landlords must provide residents with information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.	Yes	Section 10 of our policy sets out our commitment to provide this information to residents. This is included in the FAQ section of our website and all acknowledgement and response letters.	Section 10 of our complaints policy states: *'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.'* *'Residents can contact them regarding enquiries and advice at any point before or during the complaint process. Their contact details are below:* *Phone: 03001113000* *E-mail info@housing-ombudsman.org.uk* *Online at www.housing-ombudsman.org.uk* *Post to Housing Ombudsman Service, PO Box 1484, Unit D, Preston, PR2 0ET'*

Section 4: Complaint Handling Staff

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
4.1	Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the Ombudsman and ensuring complaints are reported to the governing body (or equivalent). This Code will refer to that person or team as the 'complaints officer'. This role may be in addition to other duties.	Yes	We have a centralised Customer Services Team who have responsibility for complaint handling and supporting other colleagues who investigate and respond to complaints. Section 4 of our Complaint Policy sets out these responsibilities.	Section 4 of our complaint policy states: '*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)*

			Stage 1 complaints are investigated by service area responsible officers who have all been trained. The Customer Services Team lead on Stage 2 and Housing Ombudsman Investigations. The Customer Services Team have an audit, compliance and learning role. The Customer Services Team are responsible for producing reports including reports to the governing body (Board and BMBC).	*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.*

4.2	The complaints officer must have access to staff at all levels to facilitate the prompt resolution of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly.	Yes	Job profiles for the Customer Services Team (Complaints Officers) include this authority and autonomy. Section 4 of our complaints policy contains responsibilities for different officers.	See 4.1 above. The Customer Services Team have direct access to EMT diaries to set up meetings to discuss complaints and raise concerns. We have escalation processes for the customer services officers to raise concerns with senior officers about complaint handling.
4.3	Landlords are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff must be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively	Yes	Section 9 of the complaint policy sets out our positive approach to handling and learning from complaints. Complaints handling awareness is a mandatory aspect of our onboarding for all staff. Officers with responsibility for complaint investigation and resolution complete mandatory training including refresher training. All complaints are reviewed on completion and service improvements identified, recorded and monitored by our Customer Services Team. We have monitoring and reporting frameworks in place including ensuring good governance and tenant influence. We have a form for staff to complete when a service improvement has been identified. We increased permanent resources within the Customer Services Team in 2025/26 to improve our capacity to resolve complaints at the 1st stage more effectively. This has had a	Section 9 of our Complaints Policy states: *'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 n following ways:* *•Residents through regular updates on our website, social media and in our annual reports.* *•Involved residents through our Customer Services Tenant Improvement Panel which meets every 3 months and our Tenant Voice Panel on an annual basis.* *•Staff through regular team brief updates and training.*

			positive impact on performance in 2025/26 with 96% of stage 1 complaints and 100% of Stage 2s being handled within timescales. The results from our 25/26 ccomplaint handling survey show that 80% of customers felt staff treated their complaint fairly and 57% said they felt staff had listened and understood them.	*•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.*

Section 5: The Complaint Handling Process

Code provision	**Code requirement**	**Comply: Yes / No**	**Evidence**	**Commentary / explanation**
5.1	Landlords must have a single policy in place for dealing with complaints covered by this Code. Residents must not be treated differently if they complain.	Yes	We have one single complaint policy which welcomes complaints and ensures people who complain are treated positively and with courtesy and respect. -	We do not refer residents to third party complaints policies; all complaints are handled in line with our policy.

			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. Our website promotes that it is OK to complain. In 2025/26, 80% of complainants completing a survey were satisfied that we treated them fairly.	
5.2	The early and local resolution of issues between landlords and residents is key to effective complaint handling. It is not appropriate to have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.	Yes	We only have 2 stages in our complaint policy. We do not have an informal stage. This is published on our website and acknowledgement letters and printed guides	We have a 2-stage process and do not have an 'informal' stage.
5.3	A process with more than two stages is not acceptable under any circumstances as this will make the complaint process unduly long and delay access to the Ombudsman.	Yes	Our policy has only 2 stages.	We have a 2-stage process and do not have an 'informal' stage.
5.4	Where a landlord's complaint response is handled by a third party (e.g. a contractor or independent adjudicator) at any stage, it must form part of the two stage complaints process set out in this Code. Residents must not be expected to go through two complaints processes.	Yes	Section 5 of our complaint policy set out that complaints handled by our contractors must be handled in line with our policy.	Section 5 of our complaints policy states: Residents wanting to make a complaint about services delivered by a contractor such as Wates, they should be made directly 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, outlines that complaints handled by our contractors must be handled in line with our policy. Our SLAs and Contracts also set out this requirement and key personnel from these organisations attend complaint handling training. Acknowledgement letters explain who is responding and what the process is.
5.5	Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.	Yes	Section 5 of our complaint policy sets out how we handle complaints about third parties.	See 5.4 above.
5.6	When a complaint is logged at Stage 1 or escalated to Stage 2, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. The Code will refer to this as “the complaint definition”. If any aspect of the complaint is unclear, the resident must be asked for clarification.	Yes	Section 7 of our complaint policy which is published on our website sets out how we define and acknowledge complaints. In 2025/26,57% of complainants were satisfied with our understanding of their complaint.	Our acknowledgement letters have a template which includes the “complaint definition”, our understanding and the outcomes the resident is seeking. Where there is any doubt, we will contact the resident.
5.7	When a complaint is acknowledged at either stage, landlords must be clear which aspects of the complaint they are, and are not, responsible for and	Yes	This is covered in Section 7 of our Complaint Policy and summarised on our website FAQs	See 5.6 above. Our standard acknowledgment letters have a section outlining the aspects of the complaint we

	clarify any areas where this is not clear.			are dealing with, and we clarify areas outside of our responsibility. We contact residents to clarify areas we are not clear about and include this in our letters.
5.8	At each stage of the complaints process, complaint handlers must: a. deal with complaints on their merits, act independently, and have an open mind. b. give the resident a fair chance to set out their position. c. take measures to address any actual or perceived conflict of interest; and d. consider all relevant information and evidence carefully.	Yes	Section 7 of our complaint policy meets these requirements and section 7 sets out our approach to training. Our complaint handling survey measures resident feedback and experience. All staff receive mandatory complaint handling awareness training, and complaint handlers have more in-depth training which is refreshed annually.	In 2025/26 here's how we raised awareness and trained staff to handle complaints: 52 staff received complaint induction training. 200 completed the Handling Complaints eLearning-Mandatory 45 staff attended our company face to face complaint handling investigation and response writing training.
5.9	Where a response to a complaint will fall outside the timescales set out in this Code, the landlord must agree with the resident suitable intervals for keeping them informed about their complaint.	Yes	Section 7 of our Complaint Policy, our website and our acknowledgement letters outline our approach to timescales. Performance reports are shared with Board and BMBC. In 2025/26 we handled **96%** of stage 1 complaints and **100%** of stage 2 complaints within the timescales per the code (including the extension). In 2025/26 we needed to extend 17% of stage 1s and 4% of stage 2s, which demonstrates complaints are handled at the earliest opportunity and supports policy that complaints are only extended when justified reasons and not as standard practice. However, for stage 1 complaints,	*Section 7 of our complaints policy states:* *"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*

			those where we extended, we can only evidence written agreement with residents in **85%** of cases. We can evidence that **100%** of stage 2 complaints that required an extension was agreed.	*discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters".* From April 2026, we have strengthened monitoring of complaints nearing their target time. This will ensure we agree extensions in all cases.
5.10	Landlords must make reasonable adjustments for residents where appropriate under the Equality Act 2010. Landlords must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review.	Yes	Section 6 and 14 of our complaint policy outlines how we make reasonable adjustments. We summarise this approach on our website and printed guide We record diversity data alongside our complaint records and use this to analyse and assess for any negative impacts. When making a complaint the complaint handler will ask the resident if they have a preferred contact method and any additional support they may need. Our Complaints eform asks if the customer needs any additional support, reasonable adjustments or has any vulnerabilities that we should be aware of. We made 2 reasonable adjustments in 2025/26. Our Reasonable Adjustment Policy is published on our website.	Section 6 of our complaints policy states: '*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."* *•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.* Section 14 of our complaints policy states: '*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.* *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.*
5.11	Landlords must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Landlords must clearly set out these reasons, and they must comply with the provisions set out in section 2 of this Code.	Yes	Section 7 of our policy sets out the reasons we will refuse to escalate to stage 2. This is also documented in any decision letter and recorded on our IT system. Residents are advised of their right to contact the HO.	Section 7 of our complaints policy states: *'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.'*

5.12	A full record must be kept of the complaint, and the outcomes at each stage. This must include the original complaint and the date received, all correspondence with the resident, correspondence with other parties, and any relevant supporting documentation such as reports or surveys.	Yes	We record all complaints on our Housing Management system, NEC and documentation in restricted access files in SharePoint.	We record on our NEC system details of the complaint, date the complaint was received and responded to and the outcome of all stages, We keep separate files for complaints, and this includes all of the details, outcomes, evidence contact, supporting documentation and correspondence. They are kept in line with our retention policy.
5.13	Landlords must have processes in place to ensure a complaint can be remedied at any stage of its complaints process. Landlords must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation.	Yes	Section 8 of our complaint policy sets out our intention to remedy complaints at any stage and is consistent with the code. We publish our range of remedies online Staff responsible for complaint handling receive training on remedy and resolution. We have a compensation framework that is followed when awarding compensation to ensure it is fair and consistent to all.	In section 8 of our complaints policy, it states: '*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.'
5.14	Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. Landlords must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.	Yes	We have a Warning Indicator Policy which details unacceptable behaviour and how we manage this. We also refer to this in section 12 of our complaint policy In 2025/26 we did not apply any restrictions in respect of customer behaviour during the complaint process.	In section 12 of our complaints policy, it states: *'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.*
5.15	Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010.	Yes	Our Warning Indicator Policy outlines how we meet these responsibilities. This policy offers residents a right to review. We also refer to this in section 12 of the complaints policy.	See 5.14

Section 6: Complaints Stages - Stage 1

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.1	Landlords must have processes in place to consider which complaints can be responded to as early as possible, and which require further investigation. Landlords must consider factors such as the complexity of the complaint and whether the resident is vulnerable or at risk. Most stage 1 complaints can be	Yes	Section 7 of our complaint policy sets out our approach to handling complaints as early as possible. Our Complaints eform asks if the customer needs any additional support, reasonable adjustments or	During 2025/26 we increased staff resources to improve our capacity to respond to complaints more effectively and promptly. This had a positive impact on complaint handling performance.

	resolved promptly, and an explanation, apology or resolution provided to the resident.		has any vulnerabilities that we should be aware of: We train staff in effective and prompt complaint resolution.	
6.2	Complaints must be acknowledged, defined and logged at stage 1 of the complaint's procedure **within five working days of the complaint being received**.	Yes	This is set out in section 7 of our policy, online and in printed guides. In 2025/26 we acknowledged 99% of stage 1 complaints within five working days	We record on our NEC system the received date and the acknowledged date, and this performance is reported to our Board and BMBC. Our Customer Services Team monitor compliance.
6.3	Landlords must issue a full response to stage 1 complaints **within 10 working days** of the complaint being acknowledged.	Yes	This is set out in section 7 of our policy, online and in printed guides We report on complaints handling time and alignment with the code in our routine performance reports. These are shared with Board and BMBC. In 2025/26 we reduced the number of complaints requiring an extension and responded to 83% of Stage 1s in 10 working days (80% in 2024/25 and 58% in 2023/24). This is demonstrating continuous improvement in performance around responding to complaints within timescales. We publish a summary of complaints performance on our website.	In section 7 of our complaints policy, it states: *'We will post or email the response letter within 10 working days of the complaint being acknowledged.'* '*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.'*
6.4	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident	Yes	Section 7 of our policy sets out how we deal with extensions to timescales.	In section 7 of the complaints policy, it states: '*There may be occasions when due to the complexity of the complaint, we need extra time to investigate. Should an extension to the standard*

	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.		We aim to advise the resident at the earliest opportunity but at the latest 2 working days before the expected response time. Our acknowledgement letter templates have sections which clearly explain the extensions. We record extensions and audit the reasons, and report performance to our Board and BMBC. In 2025/26 we reduced the number of complaints requiring an extension and responded to 83% of Stage 1s in 10 working days (80% in 2024/25 and 58% in 2023/24).	*timescale be needed we will inform the resident of this and the reasons. Where possible we aim to do this at least 2 working days before the deadline. Any extension must be no more than a further 10 working days without good reason. If the extension is not acceptable with the resident, the resident can always contact the Housing Ombudsman to discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters.'*
6.5	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Yes	This is covered in section 7 of the complaint policy Our confirmation of extension letter advises of this.	Section 7 of our complaint's states: *'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.*'
6.6	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and	Yes	We state our approach in section 7 of the complaint policy Following the complaint response, we log any outstanding actions and promises and monitor compliance through our 'promise tracker'. Heads	In section 7 of the complaints policy, it states: '*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*

	actioned promptly with appropriate updates provided to the resident.		of Service have access to this monitoring report. Staff responsible for complaint handling receive training to ensure they understand this requirement.	*resident with appropriate updates on any outstanding matters'.*
6.7	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes	Section 7 of our complaints policy sets out how we acknowledge and respond to complaints. We include all the points to be addressed in our acknowledgement letter. Our Customer Services Team complete quality control checks on responses. During 2025/26 we shared a range of complaint responses with our involved tenants to gather feedback on quality, tone, is letter clear and easy to understand. It is also an opportunity to gather feedback and suggested improvements. This is something that will continue during 2026/27. Staff responsible for complaint handling receive training to ensure they understand these requirements.	Section 7 of our complaints policy states: '*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.* *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'.*
6.8	Where residents raise additional complaints during the investigation,	Yes	Section 7 of our complaint policy explains how we manage additional or	In section 7 of the complaints policy, it states:

	these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint.		new information being shared by the resident during an ongoing Stage 1 investigation. Staff responsible for complaint handling receive training to ensure they understand these requirements.	'*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.'*
6.9	Landlords must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language: a. the complaint stage. b. the complaint definition. c. the decision on the complaint. d. the reasons for any decisions made. e. the details of any remedy offered to put things right. f. details of any outstanding actions; and g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.	Yes	Section 7 of our Complaints Policy sets out this requirement. Our Stage 1 response template and letters include all this information in clear language. In 2025/26 61% of residents completing a satisfaction survey found their response easy to understand. Staff responsible for complaint handling receive training to ensure they understand these requirements.	Section 7 of our Complaints Policy states: *'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'.*

Stage 2

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.10	If all or part of the complaint is not resolved to the resident's satisfaction at stage 1, it must be progressed to stage 2 of the landlord's procedure. Stage 2 is the landlord's final response.	Yes	This is set out in Section 7 of our complaint policy, On our website and in the printed guide All our Stage 2 responses contain advice about how to progress.	In section 7 of our complaints policy, we state: *'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.'
6.11	Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaint's procedure within five working days of the escalation request being received.	Yes	Section 7 of our policy sets out our timescales for acknowledging within 5 working days. This is included in FAQs on our website and our printed guide. Our Customer Services Team monitor compliance, and performance is reported to Board and BMBC In 2025/26 we acknowledged 100% of Stage 2 complaints in 5 working days.	In section 7 of our complaints policy, we state: *'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.'* *'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 20 working days.* *•How we will keep the resident informed if we find that we are unlikely to respond in time.* *•How to contact the investigating officer.* *•The link to the complaints policy.*
6.12	Residents must not be required to explain their reasons for requesting a stage 2 consideration. Landlords are expected to make reasonable efforts to understand why a resident remains	Yes	Section 7 of our policy sets out how we work with residents to understand their reasons for requesting a stage 2 consideration, but we recognise that	In section 7 of our complaints policy, we state: *'We ask residents to tell us why they are dissatisfied with our stage 1 response. Some examples are below:*

	unhappy as part of its stage 2 response.		we cannot insist on the resident providing an explanation.	• *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.'*
6.13	The person considering the complaint at stage 2 must not be the same person that considered the complaint at stage 1.	Yes	Section 7 of our policy sets out that a different person considers a complaint Stage 2. This section also outlines how we deal with conflict of interest.	In section 7 of our complaints policy, it states: *'The person investigating the complaint at stage 2 will not be the same person that investigated the complaint at stage 1.'*
6.14	Landlords must issue a final response to the stage 2 **within 20 working days** of the complaint being acknowledged.	Yes	Section 7 of our Complaint Policy sets out this target time. In 2025/26 we responded to 96% of Stage 2s in 20 working days without the need for an extension. This is an improvement on 24/25 when we responded to 75% within 20 working days. This is due to an increased level of staffing resources for complain handling.	In section 7 of the complaints policy, we state: '*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.'*
6.15	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response.	Yes	Section 7 of our complaint policy sets out this requirement. We aim to advise the resident at the earliest opportunity but at the latest 2	In section 7 of the complaints policy, we state: 'There may be occasions when due to the complexity of the complaint, we need extra time to investigate. If we need an extension to

	Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident.		working days before the expected response time. Our acknowledgement letter templates have sections which clearly explain the extensions. We record extensions and audit the reasons, and report performance to our Board and BMBC. In 2025/26 we responded to 100% of Stage 2s in time including extensions. In April 2024 we increased resources to improve performance, and this has reduced the number requiring an extension (see 6.14).	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. We will do this where possible at least 2 working days before the response is due. Any extension must be no more than a further 20 working days without good reason. If the 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'.
6.16	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Yes	Section 7 of our Complaint Policy sets out this requirement. Our confirmation of extension letter advises of this. We extended 4% of stage 2 complaints in 25/26.	See 6.15.
6.17	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.	Yes	Section 7 of our complaint policy confirms this approach. We log any outstanding actions and promises and monitor compliance through our 'promise tracker'	In section 7 of our complaints policy, we state: '*We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue.'*
6.18	Landlords must address all points raised in the complaint definition and provide clear reasons for any	Yes	Section 7 of our complaint policy sets out how we acknowledge and respond to complaints. We include all the	*The stage 2 response will contain:*

	decisions, referencing the relevant policy, law and good practice where appropriate.		points to be addressed in our acknowledgement letter. Our Customer Services Team complete quality control checks on responses. During 2025/26 we shared a range of complaint responses with our involved tenants to gather feedback on quality, tone, is letter clear and easy to understand. It is also an opportunity to gather feedback and suggested improvements. This is something that will continue during 2026/27. Staff responsible for complaint handling receive training to ensure they understand these requirements. All stage 2s are reviewed by an Executive Director or Head of Service.	• *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.'*
6.19	Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language: A, the complaint stage. B, the complaint definition. C, the decision on the complaint. D, the reasons for any decisions made. E, the details of any remedy offered to put things right. F, details of any outstanding actions; and G, details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.	Yes	Our Stage 2 response template and letters includes all this information in clear language. In 25/26, 61% of complainants completing a satisfaction survey found their response easy to understand. We share a random sample of anonymised responses with our involved tenants for them to assess the quality.	Section 7 of our complaints policy states: *'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*

			Staff responsible for complaint handling receive training to ensure they understand these requirements.	*complete the actions required to address the issue.'*
6.20	Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.	Yes	Section 7 of our complaint policy makes it clear that a Stage 2 response is our final response. Before Stage 2 complaint response is issued, we hold a review meeting with the investigating team, the relevant Head of Service and/or Executive Director. This ensures thoroughness and reasonableness of this final response.	Section 7 of our complaints policy states: *'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.* *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.'*

Section 7: Putting things right

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
7.1	Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These can include: • Apologising. • Acknowledging where things have gone wrong. • Providing an explanation, assistance or reasons. • Taking action if there has been delay.	Yes	Section 8 of our complaint policy details the range of remedies and these are summarised on the website We have amended our IT systems to record individual/multiple remedies against each complaint, however the report detailing this is still in development. Our compensation policy supports our approach to putting things right.	In section 8 of our complaints policy, it states: *'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 be one or more of the following remedies:* • *Apologising.* • *Acknowledging where things have gone wrong.* • *Providing an explanation, assistance or reasons.*

	• Reconsidering or changing a decision. • Amending a record or adding a correction or addendum. • Providing a financial remedy. • Changing policies, procedures or practices.			• *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.'*
7.2	Any remedy offered must reflect the impact on the resident as a result of any fault identified.	Yes	Section 8 of our complaint policy sets out that any remedy will reflect the impact on a resident where any fault is identified. Our compensation policy, revised in July 2024, sets out our approach Staff responsible for complaint handling receive training to ensure they understand these requirements.	In section 8 of our complaints policy, it states: '*Any remedy we offer will reflect the impact the failing has had on the resident.'* In February 2026 the HOS updated guidance to help landlords develop their own compensation policies and set out key areas that an effective compensation policy should cover. We will review our own compensation policy against this guidance before 30th September 2026.
7.3	The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.	Yes	Section 8 of our complaint policy meets this requirement. We record remedies and action on our NEC system and track progress.	Section 8 of our complaints policy states: *'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.'*
7.4	Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.	Yes	Section 8 of our complaint policy sets out our approach.	*See 7.1 and 7.2 above.*

			Our compensation policy was updated in July 2024 with our range of remedies has been developed taking account of guidance from the Housing Ombudsman.	In February 2026 the HOS updated guidance to help landlords develop their own compensation policies and set out key areas that an effective compensation policy should cover. We will review our own compensation policy against this guidance before 30th September 2026.

Section 8: Self-assessment, reporting and compliance

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
8.1	Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include: a. the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements. b. a qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept. c. any findings of non-compliance with this Code by the Ombudsman. d. the service improvements made as a result of the learning from complaints.	Yes	Section 9 of our complaint policy sets out how we report performance aligned to the code and Section 11 sets out our approach to self-assessment. Our 2025/26 Complaint Performance Learning report is published on our website. From April 2024 we followed our enhanced reporting framework to align fully to the new code requirements. We publish a summary of our performance online which include: • complaints performance data. • results from complaint surveys; and • a summary of service improvements.	Section 9 of our complaints policy states: *'We report on continuous learning and actions to address learning from complaints n following ways:* *•Residents through regular updates on our website, social media and in our annual reports.* *•Involved residents through Customer Services Tenant 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.*

	e. any annual report about the landlord's performance from the Ombudsman; and f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord.			*•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.* Section 11 of our complaints policy states: *'**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 September 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 is 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.*
8.2	The annual complaints performance and service improvement report must be reported to the landlord's governing body (or equivalent) and published on the section of its website relating to complaints. The governing body's response to the report must be published alongside this.	Yes	Our annual complaint performance and service improvement report for 2025/26 was reported to Board on 10th June 2026 and BMBC Cabinet on 9th September 2026. The reports are on our website.	See 8.1 for more information about how we publish performance and service improvement information.
8.3	Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.	Yes	There is no merger, restructure or change planned.	
8.4	Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.	Yes	In 2025/26 the HOS carried out a review of our complaint policy against the Housing Ombudsman Complaint handling code. They made minor recommendations that would enhance the policy which we have complied with. They did not ask us to carry out	We commit to update our self-assessment where asked to do so by the Housing Ombudsman.

			a new self-assessment because of that review.	
8.5	If a landlord is unable to comply with the Code due to exceptional circumstances, such as a cyber incident, they must inform the Ombudsman, provide information to residents who may be affected, and publish this on their website Landlords must provide a timescale for returning to compliance with the Code.	Yes	We have resilience and business continuity plans for our Complaint Handling Service. These plans include communication with residents and the HOS. Section 11 of our complaint policy includes a section highlighting our approach if we became unable to comply due to exceptional circumstances.	In section 11 of our complaints policy, it states: '*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.'* Our website, social media pages and in queue messages would be updated in the event of exceptional circumstances.

Section 9: Scrutiny & oversight: continuous learning and improvement

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
9.1	Landlords must look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.	Yes	Section 9 of our complaint policy references how we learn from complaints. We issue a learning review to lead officers on the close of complaints The Customer Services Team review learning and monitoring actions. We share learning with residents in their response letters. We publish learning in our performance reports and on our website and share these with or governing body (Board and BMBC)	In section 9 of our complaints policy, we state: '*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.'*

9.2	A positive complaint handling culture is integral to the effectiveness with which landlords resolve disputes. Landlords must use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.	Yes	As 9.1 above We deliver complaint handling training to all staff. Learning from complaints is a standard agenda item for SMT and EMT meetings and learning is included in our complaint reports. All Housing Ombudsman determinations are shared with SMT and EMT regardless of if the outcome is positive or negative.	In section 9 of our complaints policy, we state: '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.'
9.3	Accountability and transparency are also integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints to stakeholders, such as residents' panels, staff and relevant committees.	Yes	Section 11 of our policy sets out our performance monitoring and transparency arrangements. Four times a year we share learning and trends with: • Our Customer Services Committee • Our Tenant Complaint Panel • Publish online • Our stakeholder BMBC • We share learning with staff through our team briefs. • Our governing body BMBC consider complaint handling performance and learning at cabinet at least annually.	Section 11 of our complaints policy, it states: *'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 is 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.'* We learn from HOS Spotlight reports by reviewing and assessing our service/policies and procedures against them. Any good practice will be adopted and will be included in reports during 2026/27 to demonstrate wider learning to stakeholders.
9.4	Landlords must appoint a suitably senior lead person as accountable for their complaint handling. This person must assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.	Yes	Section 4 of Our Complaints Policy sets out Role & Responsibilities in respect of this policy and our approach to complaint handling. Our Head of Customer Services has accountability for complaint handling. As set out in 9.3 above, they and their team ensure any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision. Berneslai Homes SMT and EMT have shared responsibility for ensuring compliance and learning aligned to the HOS code.	Section 4 of our complaints policy states: *'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.*

9.5	In addition to this a member of the governing body (or equivalent) must be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This person is referred to as the Member Responsible for Complaints ('the MRC').	Yes	A Board Member fulfils this role for the ALMO and are a member of the Customer Service Committee. BMBC has appointed a member responsible for complaints and they have agreed terms of reference. This is the Cabinet Spokesperson for Regeneration and Culture. They receive reports and information from the Customer Services Team, and these are considered at Services Core Group. In May 2026, as a result of local elections, there was a change in the BMBC Cabinet Spokesperson for Regeneration and Culture. BMBC Cabinet receive performance and learning reports to ensure complete transparency and compliance. This role was approved at BMBC Cabinet on 26th June 2024.	Section 4 of our complaints policy states: *'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 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.*

				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.'*
9.6	The MRC will be responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings.	Yes	A Board Member fulfils this role for the ALMO They ensure that our Customer Services Committee receive regular reports regarding complaint handling. This is their terms of reference. BMBC has appointed a member responsible for Complaints and they have agreed terms of reference. This is the Cabinet Spokesperson for regeneration and culture. They receive reports and information from the Customer Services Team, and these are considered at Services Core Group. BMBC Cabinet receive performance and learning reports to ensure complete transparency and compliance.	
9.7	As a minimum, the MRC and the governing body (or equivalent) must receive: a) regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance.	Yes	Section 11 of our complaint policy sets out how we share information with the MRC and our Board. The quarterly reports are reported to our Senior and Executive Management Teams, Customer Service Committee and BMBC via the Services Core Group meetings. This ensures oversight and	

	b) regular reviews of issues and trends arising from complaint handling. c) regular updates on the outcomes of the Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings; and d) annual complaints performance and service improvement report.		scrutiny from our governing body and landlord BMBC. 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 handling and learning report or more frequent if required. A summary of the report is published on our website.	
9.8	Landlords must have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to: a) have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments. b) take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and c) act within the professional standards for engaging with complaints as set by any relevant professional body.	Yes	Our complaint policy (section 13) sets out our objective in relation to complaint handling and this is relevant across our company, within BMBC and our wider partnerships/contracts/third parties: Where a complaint crosses different teams or organisations, we will ensure one response is sent and where necessary hold a cross-party review meeting. Evidence also includes: • our standard contracts • Comms to staff • Our induction and training material	*Section 13 States:* *"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.'*

Creating great homes and communities with the people of Barnsley

Report Title	Disrepair Annual Report 2025/26	**Confidential**	Yes
Report Author	Russell Thompson, Interim Executive Director, Property Services	**Report Status**	For Assurance
Report To	Board	**Officer Contact Details**	russellthompson@berneslaihomes.co.uk

1. Executive Summary

1.1 This report gives the Board assurance on the year-end disrepair position, our current exposure and the controls in place to manage it. Although new claim inflow reduced during 2025/26, disrepair remains a significant operational, financial and regulatory risk because of the scale and complexity of the live caseload carried into 2026/27.

1.2 At 31 March 2026 there are 138 live disrepair cases open, with a total live financial exposure exceeding £1.3m. The indicative 2026/27 budget requirement is approximately £650k against a budget of £486k a projected shortfall of £164k. The risk profile is driven by legacy pre-litigated and litigated cases, prolonged case durations, access refusal and the compliance expectations of damp and mould and Awaab's Law.

1.3 Governance, reporting and cross-service working across disrepair, legal and finance strengthened materially during the year. Several key controls are now complete and embedded. The principal areas of risk for the year ahead are:

a) continued pressure from legacy pre-litigated and litigated cases;
b) high financial exposure and budget pressure on the HRA;
c) access refusal, delayed completion and the QC backlog prolonging case closure; and
d) compliance risk linked to damp and mould obligations and response timescales.

	1.4 The 2026/27 priority is to further reduce residual risk through prevention, earlier intervention, stronger access resolution, tighter case controls and improved data quality, while maintaining clear Board visibility of financial exposure and statutory compliance.
2. Recommenda-tions	Board is recommended to: a) consider the 2025/26 year-end position, including the live caseload, financial exposure and projected 2026/27 budget pressure; b) take assurance that governance, reporting and cross-service working have strengthened during 2025/26, while recognising disrepair remains a high-risk area requiring sustained oversight; c) endorse the continued focus on prevention, early intervention, access resolution, case throughput, data quality and statutory compliance during 2026/27; and d) support continued monitoring of financial exposure and delivery of the mitigating actions set out in this report.

Introduction

3.1 This report provides the Board with an update on Berneslai Homes' disrepair position for 2025/26, covering the year-end caseload, financial exposure and the controls now in place to manage risk across the disrepair pathway.

3.2 Disrepair remains one of the most significant operational, financial and regulatory risk areas facing the organisation, driven by the volume and complexity of legacy pre-litigated and litigated claims, prolonged case durations and the compliance demands of damp and mould and Awaab's Law. The report sets this position in context, drawing on data from the live disrepairs tracker and joint reporting with BMBC Legal and Kennedys.

3.3 The report is structured to give the Board a clear line of sight from year-end position through to financial exposure, the controls strengthened during 2025/26, residual risk, and the priorities for 2026/27. It also addresses post-settlement completion performance, reflecting concerns raised by the Council's insurers regarding timeliness of works following settlement, and the actions in place to provide assurance on this.

3.4 The intention is to give the Board confidence that disrepair is being actively and robustly managed, while being transparent about the scale of residual risk and the resource and budget pressures this creates for 2026/27.

4. Year-End Position

4.1 Although new claim inflow fell during 2025/26, this has not yet translated into reduced exposure, given the volume and complexity of legacy cases. The snapshot below sets out the position carried into 2026/27.

Measure	Position
Live open cases at 31 March 2026	**138**
Pre-Litigated cases	**73 (£904,320)**
Litigated cases	**29 (£482,767)**
Awaiting QC sign-off	**36 (up from 21 in Oct 2025, +71%)**
Total live financial exposure	**>£1.3m**
New claim inflow vs 2024/25	**Reduced**

4.2 Partner meetings have taken place to address turnaround times and support improved delivery. To support the existing resource and improve throughput, further ongoing work includes how current processes can be streamlined and how existing systems can be used more effectively to reduce administration, speed up report preparation and strengthen case visibility across the disrepair pathway.

5. Financial Exposure and HRA Impact

5.1 Disrepair remains a material risk to HRA financial resilience. Live exposure does not represent full liability; it reflects the proportion of cases expected to progress to settlement. The budget shortfall is the key financial pressure for 2026/27.

Financial exposure	Value
Total live financial exposure	**>£1.3m**
Pre-Litigated reserves	**£904,320 (avg £12,388/case)**
Litigated reserves	**£482,767 (avg £16,647/case)**
Settlements paid since 2020 (from HRA)	**>£545k**
2026/27 budget required vs budget	**£650k vs £486k**
2026/27 projected budget shortfall	**£164k**

6. Assurance – Controls Strengthened in 2025/26

6.1 The following controls are complete and embedded, giving the Board assurance that disrepair is being actively managed:

a) Dedicated Damp, Mould & Disrepair Team established, with revised procedures and an escalation framework.
b) Revised Disrepair Policy & Procedure adopted.
c) Regular monthly joint meetings with BMBC Legal and Kennedys embedded.
d) Live disrepairs tracker in place and maintained in a timely manner.
e) Strengthened focus on tenant engagement and access resolution.
f) Closer cross-working across disrepair, legal and finance, with a strengthened financial position alongside BMBC Finance and the BH Finance Business

7. Key Risks & Residual Position

7.1 The key risks are provided in the table below and represent a fluid position of constantly managing the risk pro-actively.

Risk	Key Mitigating Actions	Residual
Access refusal & tenant disengagement	Written evidence packs; joint working with Housing Management and welfare escalation.	**High**
HRA budget pressure (legacy claims)	Active budget monitoring; reserve management; prevention-led approach with BMBC and BH Finance.	**High**
Damp & mould / Awaab's Law compliance	Dedicated team, revised procedures, prioritisation and escalation framework (complete).	**Medium**
Disrepair legal deadlines	Monthly BMBC/Kennedys meetings; tracker; tenant engagement; revised policy (complete).	**Medium**
QC & SOW backlog	QC surge activity; service standards; added surveyor capacity; Dwelling Doctors back-up.	**Medium**
Data inconsistency across systems	Single source of truth via NEC, variance checks (resource pressure remains)	**Medium**

8. Forward Look 2026/27

8.1 The priorities for the year ahead are to reduce residual risk, improve operational control and strengthen delivery across the disrepair pathway:

a) Embed a prevention led approach to reduce new claim inflow and limit escalation into legal pathways.
b) Reduce average case duration through stronger triage, access resolution, works completion and QC sign-off.
c) Improve data quality and establish a single source of truth across operational, legal and financial reporting
d) Maintain clear oversight of Awaab's Law compliance, damp and mould response and wider tenant safety
e) Strengthen financial control by linking live case management, reserve monitoring and HRA budget forecasting.
f) Align disrepair reduction with asset investment, no-access management and decant planning.

9. Financial

9.1 The financial impact is covered early on in the report, however we are conscious of the need to robustly manage and defend all claims to ensure that the financial trajectory is affordable. We maintain a watching brief on the disrepair claims and build on our success to date in defending our position.

10. Risk and Risk Appetite

10.1 There remains a high level of strategic sensitivity because disrepair claims can escalate quickly without the right level of mitigation and controls in place.

11. Strategic Alignment

11.1 This report aligns with BH and BMBC priorities of managing and maintaining homes ensuring they are safe, warm and free defects.

12. Data Privacy

12.1 None arising directly from this report.

13. Consumer Regulatory Standards

13.1 Effective management and resolution of disrepairs claims supports delivery of the Safety and Quality consumer standards and ensures homes meet the required standard.

14. Human Resources and Equality, Diversity and Inclusion

14.1 The plan relies on sustained focus from teams and partners, with known risks around staff wellbeing and “business as usual” backlogs from temporary resource realignment.

15. Sustainability Implications

15.1 Stock sustainability requires active asset management decision-making. Maintaining homes at the right level of repair supports the ongoing life of the asset.

16. Appendices

None

Creating great homes and communities with the people of Barnsley

Report Title	Year End Update on Berneslai Homes 2026/27 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	1.1 This report provides an update position to Board on the Annual Business Action Plan for 26/27 quarter 1. 1.2 The Annual Business Action Plan progress will be reported to the Council through the governance arrangements. 1.3 A yearend report will be produced for cabinet as part of the monitoring arrangements of the Strategic Plan and Annual Business Action Plan. <u>Customer Voice/Impact</u> 1.4 The Strategic Plan was developed in 2021 following extensive consultation with tenants and stakeholders. A five-year review in autumn 2025 led to a revised plan for 2026/27, with streamlined priorities and continued tenant input throughout the process. Tenant feedback aligned with the main areas of focus, particularly listening to customers, improving communication, and repairs.
2. Recommendation	Board is requested to: - a) Scrutinise and comment on progress against the Annual Business Action Plan 26/27 quarter 1.

3. Background

3.1 The current Strategic Plan for the period 2021 to 2031 was approved by the Board in December 2021 and subject to a full five year review during the 25/26 financial year.

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 26/27

4.1.1 Attached at Appendix 1 is the quarter one 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**

a) Work continues to strengthen data quality and ensure accurate information supports informed decision-making. Data Champions are being introduced across the business, and EMT has approved a project to move current reporting to Power BI by January 2027. Together, these actions will improve the quality of data used to support decisions.

b) Work continues on the chatbot and eform solution however the support from BMBC has reduced due to their restructure so this work will continue within BH and BMBC will support where possible. The restructure of the Governance, Strategy and IT area will support the data work once this in place.

c) The work following the Saville's review on the governance structure has commenced with a kick off meeting being held on the 7th July between officers of BMBC and BH.

d) Work is ongoing in assessing the impact of the voicescape solutions.

e) Good progress is being made in preparing for rent convergence, with Income and Systems teams working together to ensure readiness.

f) Voids and damp and mould remain key areas of focus, with progress closely monitored and reported regularly to EMT.

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 includes 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.

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:

1. Neighbourhood and Community Standard
2. Safety and Quality Standard
3. Tenancy Standard
4. 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:

1. Showing how delivery of the Strategic Plan and Annual Business Action Plan achieves the required regulatory outcomes for tenants
2. Highlighting any concerns or delays in completing agreed actions so Board is fully informed of progress and issues
3. 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 prioirites. The resources to deliver the 2026/27 Annual Business Plan were included in the 2026/27 budget..

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 1

Draft Berneslai Homes Annual Business Action Plan 2026/27

BARNSLEY 2030 OBJECTIVE	ACTION	STRATEGIC PLAN PRIORITY	KEY MILESTONES	DATE	BH LEAD & ADDITIONAL RESOURCES	Q1 Update	Q2 Update	Q3 Update	Q4 Update
HEALTHY BARNSLEY	To continue the improvement in our work on data with our Data Champions, increase data analysis and further develop our approach to AI	Listening and responding to Customers	Identified Data Champions taking action to correct inaccurate data and amend processes to ensure data input is accurate	30/06/26	Executive Director of Resources/Head of Strategy, Governance and IT	Data champions identified and training ongoing around the use of the data logic tool and correcting inaccurate data.			
			Using data to move to more predictive performance, budget and programmed requirements by increased analysis of the accurate data	31/03/27		Restructure ongoing in-service area to provide more resources to support this action. New project underway to change reporting to power BI by January 2027.			
			Using sector best practice and analysis of BH's early experiences with AI further develop the BH Corporate approach to effectively harness the power of AI	31/03/27		Review of copilot licences commenced. Road map for IT to be presented to EMT q3.			
LEARNING BARNSLEY	Work with BMBC on key initiatives including Dynamics CRM work, Data Lake, Knowing our Customers	Listening and responding to customers	Project Plan and implementation phase on agreed areas to be developed from the minimum viable product for CRM	31/03/27	Head of Strategy, Governance and IT / BMBC IT / possible external Consultant support	Currently progressing chat bot and eforms due to reduced shared resources from BMBC and potential costs this is not being reviewed until completion of phase 1 chatbot and eforms.			
			eForms moved to a more effective solution	31/03/27		Work is ongoing and the number of eforms has been reduced and mapped out by the team. Currently reviewing procurement options prior to a decision paper to EMT.			
			Chatbot created on BH Website	31/12/27		Work is ongoing building the BH chatbot and good progress is being made.			
			Data Lake scoping work completed and decision made with BMBC with regards to BH and priorities	30/09/26		BH were not selected as one of the three case studies for this project therefore on hold.			
GROWING BARNSLEY	Embedding and evaluating the governance and relationships between BH/ BMBC from the Savills' review	Listening and responding to customers Keeping Tenants safe	New Governance structure in place	01/4/26	CEO and Chair or the Board	A meeting has been arranged between BMBC and BH to kick start these discussions early July.			
		Increasing efficiency and effectiveness	Regular review of format and attendance of meetings through first 6 months	31/10/26		Not yet started			
		Improving opportunities for employment and training	Evaluate success and make any recommendation for further improvements	31/3/27		Not yet started			
HEALTHY BARNSLEY	To continue hearing and responding to a wider tenant voice through engagement and insight,	Listening and responding to customers	Review new engagement structure to ensure reflective of the tenant profile	Ongoing 26/27	Head of Customer Services/ Head of Housing				
			Enhance range of transactional surveys						
			Introduce Voicescape Engage						

Draft Berneslai Homes Annual Business Action Plan 2026/27

BARNSLEY 2030 OBJECTIVE	ACTION	STRATEGIC PLAN PRIORITY	KEY MILESTONES	DATE	BH LEAD & ADDITIONAL RESOURCES	Q1 Update	Q2 Update	Q3 Update	Q4 Update
	implementing the outcomes of the TPAS review and improving communications with tenants.		Co-produce Neighbourhood Plans with tenants and local councillors (May 2026)		Management/ Voicescape Engage	Work on the neighbourhood plans is ongoing, and the launch has temporarily been put on hold due to new HoS and opportunity to engage further with the newly elected Councillors. Once further engagement has taken place the plans will be updated and a launch event planned.			
			Reintroduce Berneslai Beacon (1 edition a year)						
			Increase insight (Knowing our Customers project)						
			Maximise opportunities for Board to hear 'unfiltered voice of tenants' (Quarterly updates to Customer Services Committee)						
GROWING BARNSLEY	Maximise rental income through rent and service charge collection and reducing void rent loss.	Listening and responding to customers	Assess impact and outcomes of Voicescape including the introduction of Agreements Module (October 2027).	By 31/03/27	Head of Housing Management / Head of Repairs / Maintenance, and Building Safety / BMBC Finance / Legal / possible external consultant support for service charges	25-26 Voicescape Caseload manager and Collections Impact report to be completed by 31/7/26 - providing insight and evaluation of effectiveness, improved service delivery and customer contact, improved caseload oversight and management and positive impact to income collection and arrears performance. Agreements manager has been implemented and costs for Y2 re-negotiated due to further improvements being required, this has brought a small saving in terms of costs.			
			Maintain void levels at no more than 151 throughout the year to minimise void rent loss-Review and reset in year targets			Void numbers are under weekly review – a large proportion currently being assessed as major voids – a weekly task group has been formed led by Exec Director of Property Services			
			Working with BMBC undertake Service Charge Review including, subject to legal opinion, review of Tenancy Agreement.		Tenancy Agreement review. Project management resource	Initial work with BMBC has commenced on the service charge review. BMBC instructed a request for a Service Charge report through Trowers Hamlin which has now been received. Current position is awaiting detail of Rent Policy before next steps.			

Draft Berneslai Homes Annual Business Action Plan 2026/27

BARNSLEY 2030 OBJECTIVE	ACTION	STRATEGIC PLAN PRIORITY	KEY MILESTONES	DATE	BH LEAD & ADDITIONAL RESOURCES	Q1 Update	Q2 Update	Q3 Update	Q4 Update
			Prepare for Rent Convergence (subject to national and local policy decisions). (31 March 2027)		Resources for Service Charge and Tenancy Agreement review	Preparation for Rent Convergence is underway. There are plans to test IT systems and the Income Manager will be working with services throughout Q2 and Q3 to ensure systems and communications are in place subject to final BMBC confirmation.			
HEALTHY BARNSLEY	Phase 2 Awaab's Law readiness and delivery	Keeping Tenants' Safe	01 - Gap analysis of current hazard coverage, systems, procedures and training	30/10/26	Head of Repairs, Maintenance and Building Safety	BMBC have completed a full audit of the BH approach to Awaab's law, and an action plan has been developed to address any concerns – the final report is due to go to EMT imminently			
SUSTAINABLE BARNSLEY			02- 03 - Update policies, revise procedures, initiate training for new hazard categories, commence systems integration/automation for triage and tracking. Go Live October			As above			
LEARNING BARNSLEY	Development and Implementation of a new Asset Management Strategy jointly with BMBC	Increasing efficiency and effectiveness	April 2026 – Mobilisation and Diagnostic set up. Project initiation and baseline review	30/09/26	Head of Assets	Complete			
			April 2026 – Project initiation and baseline review			Complete			
			May 2026 – Insight and evidence gathering			Evidence gathering complete including hosting a staff engagement session. Investment plans complete but discussions with BMBC around 5/30-year plans. May need amending. Meeting with BMBC 08/07/2026			
			May 2026 – Stock performance and portfolio analysis			Complete and included within strategy			
			June 2026 – Stakeholder engagement and strategic drivers.			TVP session complete. Formatted draft in progress. Strategic priorities agreed and links to Strategic plan			
GROWING BARNSLEY			June 2026 – Engagement and future priorities mapping			Discussions to finalise future priorities to be finalised at BMBC meeting 08/07/2026			
			July 2026 – Option appraisal and strategic framework			In progress			
			August 2026 – Drafting & Internal Review						
			September 2026 – Approval and implementation planning.						
			September 2026 – Board approval and launch						
LEARNING BARNSLEY	Develop and implement the review of the		Property Services Review and Revised Structure by 31/3/27	31/03/27	Executive Director Property	To commence when permanent Executive Director			

Draft Berneslai Homes Annual Business Action Plan 2026/27

BARNSLEY 2030 OBJECTIVE	ACTION	STRATEGIC PLAN PRIORITY	KEY MILESTONES	DATE	BH LEAD & ADDITIONAL RESOURCES	Q1 Update	Q2 Update	Q3 Update	Q4 Update
	organisational structure to reflect priorities and resources.	Increasing efficiency and effectiveness			Services / Executive Director of Customer and Estate Services	of Property Services is in place.			
GROWING BARNSLEY			Review of remaining Customer & Estate Services linked to IT improvements and automation by 31/03/27			Not yet started.			

Creating great homes and communities with the people of Barnsley

Report Title	Employee Health and Safety Performance 2025 to 2026	**Confidential**	No
Report Author	Health and Safety Manager	**Report Status**	For Approval
Report To	Board	**Officer Contact Details**	CarlaWragg@berneslaihomes.co.uk

1. Executive Summary	This report provides the Board with an overview of employee health and safety assurances and performance for 2025–26. Key trends, risks, and areas requiring action are highlighted. Health and safety arrangements remain effective and well controlled, with strong assurance provided through audits, inspections and governance processes. The performance data indicates that the key issues arising during the year are: a. Accident levels have increased during 2025–26, including a rise in lost-time incidents, with all employee injuries occurring within Property Services. b. Violence and aggression incidents continue to increase, representing the most significant emerging health and safety risk for frontline employees. c. Risk management remains strong, with full compliance in the completion and review of risk assessments across the organisation.
2. Recommendations	Board is requested to: a) Scrutinise the current health and safety practices and 2025-26 performance data b) Approve and sign the refreshed Health and Safety Policy for 2026-28 c) Approve the key actions to strengthen health and safety policies, procedures and practices in Section 6

3. Background

3.1 Effective health and safety management enables the company to meet its legal, moral, and economic obligations. Berneslai Homes monitors and measures employee health and safety performance and prioritises areas of health and safety risk, by sharing an annual health and safety review with Board. The annual performance report presents a complete overview of the year; comparing annual data to analyse and identify trends.

4. Current Position / Issues for Consideration

4.1 A range of activities are currently in place to provide assurance that health and safety is prioritised in Berneslai Homes, which are listed below:

4.2 Health and Safety Inspections and Audits

4.2.1 The BMBC Health, Safety and Emergency Resilience Service provides the statutory 'Competent Person' service that imparts comprehensive health and safety advice and assistance to Berneslai Homes through a Service Level Agreement.

4.2.2 As part of this service, BMBC undertakes two yearly audits of the management of health and safety, which requires managers to assess their compliance with health and safety issues. During 2025-26, the following key services were audited:

a) Asset Management – 92%
b) Estate Services – 97%
c) Repairs, Maintenance and Building Safety – 97%
~~d)~~ Corporate Services -100%

4.3 Health and safety inspections are carried out on Repairs sites a regular basis by the Health and Safety Manager, Trade Union representatives and Site Operations Managers. The BMBC Health and Safety Service attend on an ad-hoc basis. Overall standards are excellent with only minor recommendations being made. Site Operations Managers also carry out daily observations and complete weekly inspection sheets where required.

4.4 Managers review contractor risk assessments and safe systems of work prior to commencement of the contract; these are retained in the health and safety file on site where applicable.

4.5 The health and safety management procedures are reviewed annually and as required to ensure they are in line with current procedure. These are available online.

4.6 The Occupation Group risk assessments, which assess the risks for each job role, task-based risk assessments and associated safe systems are reviewed annually and as required. These are available online.

4.7 Lone working policies and procedures are in place and regularly monitored and updated. The lone worker device is provided to frontline lone workers, enabling staff's whereabouts to be available to help in an emergency.

4.8 Health and Safety Groups

4.8.1 Berneslai Homes operates two health and safety management groups. The Property Services Repairs Team, and the Housing Management group meet on a quarterly basis to monitor progress and discuss any current issues. The groups comprise of staff representation from a cross section of the company, specialist officers, Trade Union representatives and a member of EMT. The Health and Safety Manager attends both meetings.

4.8.2 Health and safety is a standard agenda item on the bi-monthly Trade Union Liaison meetings.

4.9 Health and Safety Information, Instruction and Training

4.9.1 Health and safety is a standard item within the Team Brief, Toolbox Talks, and featured in key messages as required to ensure this is refreshed and embedded across the company.

4.9.2 Health and Safety is a compulsory induction training module for all new staff, both face-to-face and eLearning.

4.9.3 Berneslai Homes' intranet site contains a section dedicated to health and safety, which includes corporate policies and procedures, along with risk assessments, useful advice, and guidance.

4.9.4 Health and safety training for managers and supervisors is essential to ensure compliance with current Health and Safety legislation. The current training provision has been reviewed to ensure that all managers and supervisors receive training that is relevant to their roles and responsibilities, aligned with the most up-to-date health and safety standards. This approach ensures that Berneslai Homes meets its legal obligations and provides value for money.

4.9.5 Berneslai Homes has a Corporate Employee Health and Safety Policy to set a clear direction for the organisation to follow, details responsibilities and provides a framework for continuous improvement. The policy has been reviewed for 2026-28 alongside this report, to ensure it is fit for purpose and compliant with current health and safety legislation. No notable changes were made. Board is asked to approve and sign the policy (**Appendix B**).

4.10 Health and Wellbeing

4.10.1 Berneslai Homes has a proactive approach to the health and wellbeing of its employees, and this is detailed within the health and wellbeing strategy. The aim of the strategy is to work with staff to integrate health and wellbeing into day-to-day activities, to create a positive and healthy working environment, and to show a commitment to health and wellbeing by linking this to our three C's values. The strategy provides a framework to enhancing the health and wellbeing of staff, focusing on four key wellbeing themes – physical, mental, social, and financial. In 2025/26 so far there have been several initiatives relating to key themes, including ongoing physical wellbeing checks (including collaboration with BMBC's How's Thi Ticker campaign), and the launch of My Money Matters financial wellbeing platform.

4.10.2 A health and wellbeing culture is embedded across the company which is facilitated by several policies, wellbeing initiatives and campaigns, employee support mechanisms, and joint working. Staff can access the online Wellbeing Hub which is full of helpful resources and support for employees and managers. Regular programmes are scheduled, including events and awareness activities during national campaigns such as Mental Health Awareness Week.

4.10.3 Our Wellbeing Champions are volunteers offering colleagues extra support and someone to talk to. They are all trained as mental health first aiders and offer a first point of contact if staff recognise that they are struggling. They will listen in confidence and can signpost to a wide range of local support. Champions are equipped with a support and signpost toolkit that is refreshed through various training opportunities, for example Gambling Awareness. Local support services also attend the Wellbeing Champions quarterly network meeting where possible, most recently Mental Health Matters.

4.10.4 The Occupational Health Service, provided by the NHS, is managed through a contract specification and performance monitored via quarterly contract review meetings.

5. Health and Safety Performance

5.1 Berneslai Homes records and monitors all accidents and incidents, which are part of a wider group of performance indicators.

5.2 The 2025-26 performance data is attached as (**Appendix A**) and the table below shows the indicators which increased during 2025-26:

	Accidents (reports of)	Over 7-day accidents	Days lost due to accidents	Violence and aggression	Employees absent - Musculoskeletal Ill Health
2023-24	24	5	180 (£16,136)	18	71
2024-25	15	3	84(£5,899)	47	64
2025-26	**27**	**4**	**114 (£10,841)**	**58**	**78**

5.2.1 The 2025–26 position presents a mixed picture across safety and workforce impact measures. While the number of reported accidents has increased to 27, this has not translated into a proportional rise in severity, with over 7-day absences remaining low and stable. Days lost due to accidents have reduced significantly compared to 2023–24, though there has been a partial increase from the previous year, indicating some variability but an overall improved position in terms of impact and cost.

5.2.2 Of greater concern is the continued and marked rise in incidents of violence and aggression, increasing from 18 cases in 2023–24 to 58 in 2025–26. This represents a sustained upward trend and remains a key organisational risk requiring targeted intervention.

5.2.3 Musculoskeletal-related absence has also increased in 2025–26, with 78 employees affected, reversing the previous year's reduction.

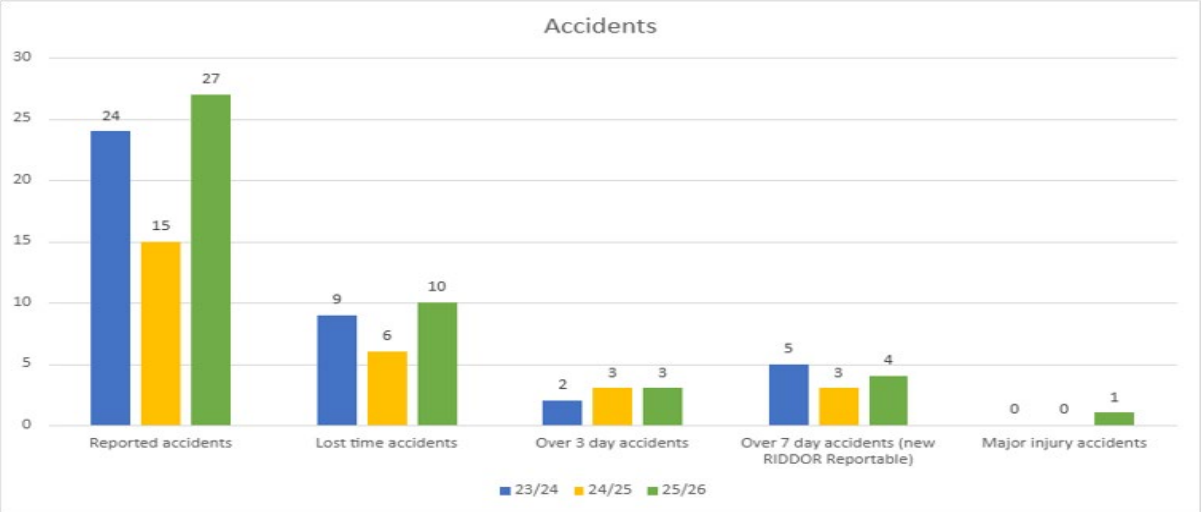
5.3 The table below summarises the improved health and wellbeing measures:

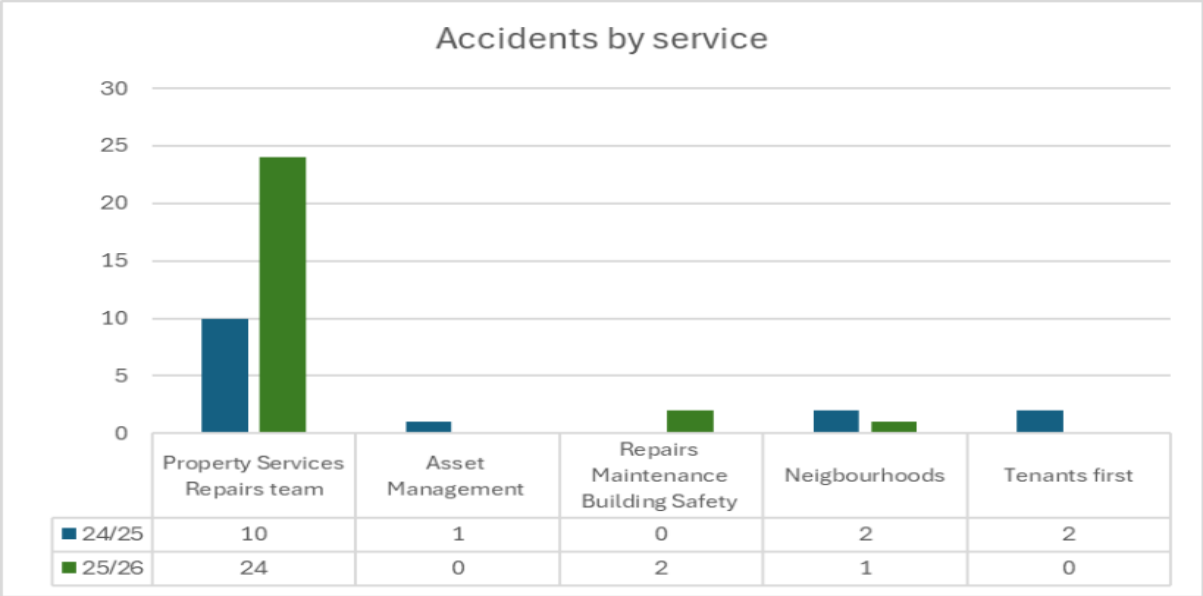
	Days Absent - Musculoskeletal Ill Health	Days absent -Mental / Emotional Wellbeing Ill Health	Employees absent - Mental / Emotional Wellbeing Ill Health
2023-24	1,596	2,163	78
2024-25	1,712	3,445	77
2025-26	1,101	2,100	57

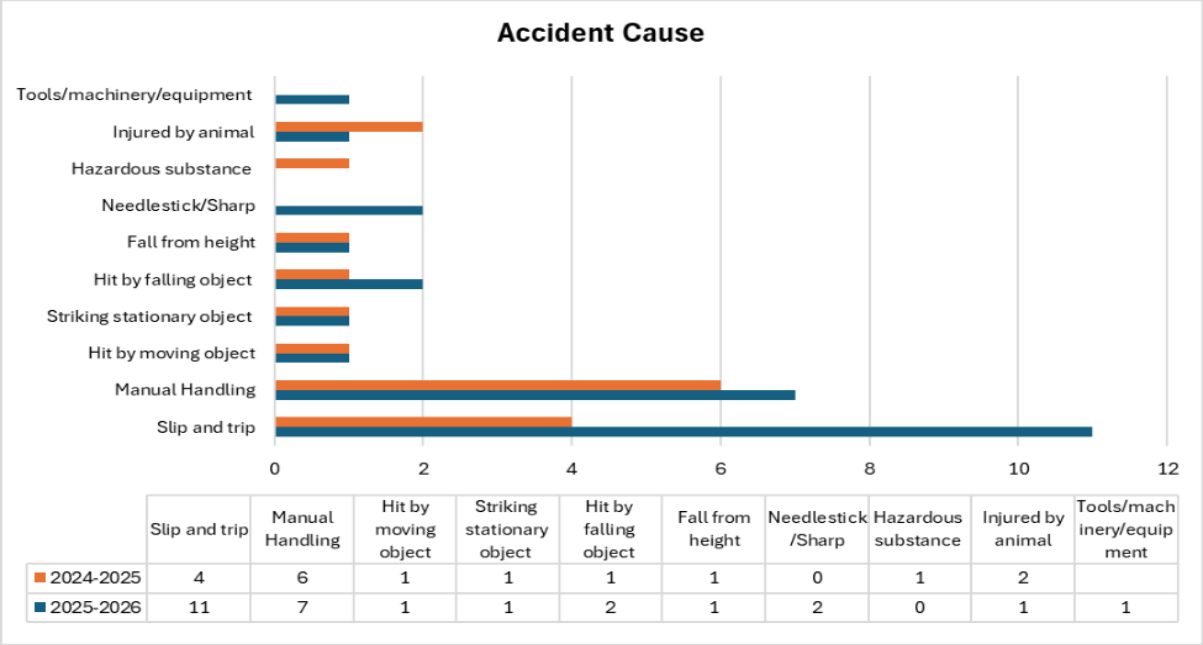
5.3.1 Whilst musculoskeletal and mental health absence levels increased in 2024–25, this was primarily driven by longer-duration absences rather than a higher number of individuals affected. Encouragingly, 2025–26 shows a marked reduction in both total days lost and the number of employees absent, indicating that absence episodes are becoming shorter and more effectively managed."

5.4 Accidents

5.4.1 The three charts below track the key accident measures since 2023 and accidents by team and causes from 2024:


Accidents
30
25
20
15
10
5
0
24
15
27
9
6
10
2
3
3
5
3
4
0
0
1
Reported accidents
Lost time accidents
Over 3 day accidents
Over 7 day accidents (new RIDDOR Reportable)
Major injury accidents
23/24
24/25
25/26


Accidents by service
30
25
20
15
10
5
0
Property Services Repairs team
Asset Management
Repairs Maintenance Building Safety
Neigbourhoods
Tenants first
24/25
10
1
0
2
2
25/26
24
0
2
1
0



	Slip and trip	Manual Handling	Hit by moving object	Striking stationary object	Hit by falling object	Fall from height	Needlestick /Sharp	Hazardous substance	Injured by animal	Tools/machinery/equipment
2024-2025	4	6	1	1	1	1	0	1	2	
2025-2026	11	7	1	1	2	1	2	0	1	1

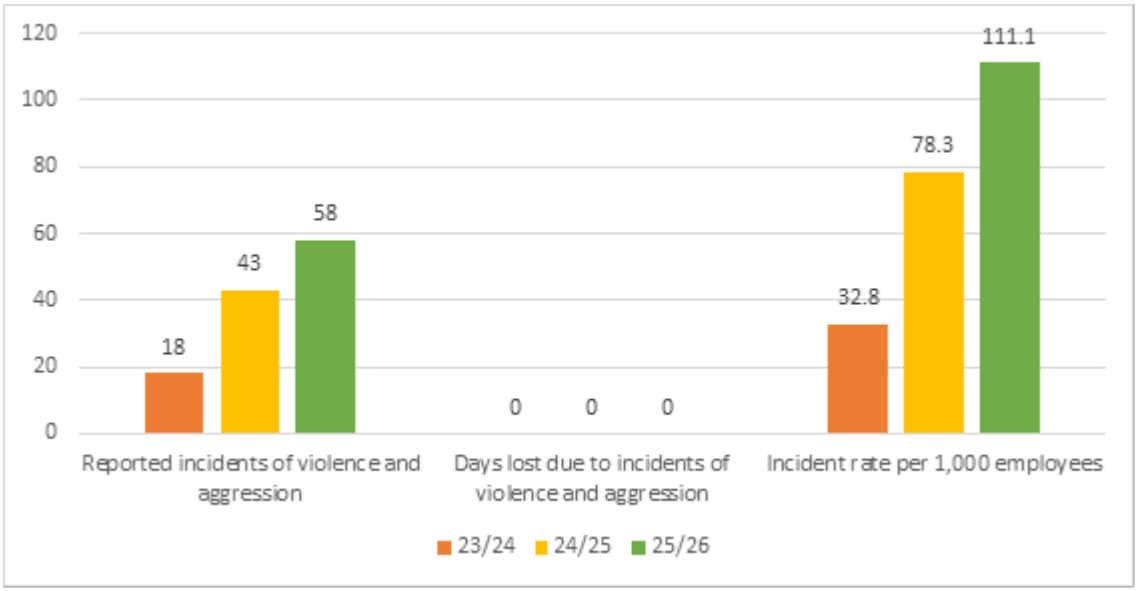
5.4.2 10 out of the 27 reported accidents have resulted in lost time which are all attributed to Property Services Repairs Team. This is a significant increase on the previous year's accident reports. All accidents were investigated and there were no concerning patterns to highlight with regards to the causes of accidents. Individual causes of accidents and related absences are monitored quarterly by EMT.

5.4.3 The Health and Safety Executive continue to report that the UK construction industry remains the second highest workplace injury rate of all industries, with the Agriculture, Forestry and Fishing industry being highest.

5.4.4 The Health and Safety Manager is delivering in-house accident investigation training for managers and supervisors to address the recent increase in workplace accidents. This training is designed to strengthen investigative competence, ensuring incidents are examined thoroughly to identify root causes rather than just immediate factors. By improving the quality and consistency of investigations, managers and supervisors will be better equipped to implement effective corrective and preventative actions. This proactive approach will help eliminate underlying risks, prevent repeat incidents, and contribute to a sustained reduction in accidents across the organisation.

5.5 <u>Violence and Aggression</u>

5.5.1 The following chart presents incident data since 2023:



5.5.2 The number of incidents reported have increased significantly from 43 to 58. Property Services Repairs Team have stated that frontline craft operatives are reporting instances whereby customers are venting their frustrations with Berneslai Homes onto them. This coupled with the online accident/incident reporting system which has made reporting these incidents easier may be part of the reason there have been an increase in these types of reports.

5.5.3 Each incident has been analysed in more detail as part of the quarterly employee health and safety reporting to EMT. They consider the actions taken because of the report to ensure that all incidents are being dealt with appropriately.

5.5.4 Our approach to safeguarding our employees' safety is always paramount and our continual message to staff to report any incidents of violence and aggression are reflected in the figures reported. We work with our customers to reinforce the message that violence or aggression in any form will not be tolerated and take appropriate action to address this. We also consider the needs of the customer and staff are trained to enact the Vulnerability Protocol as required.

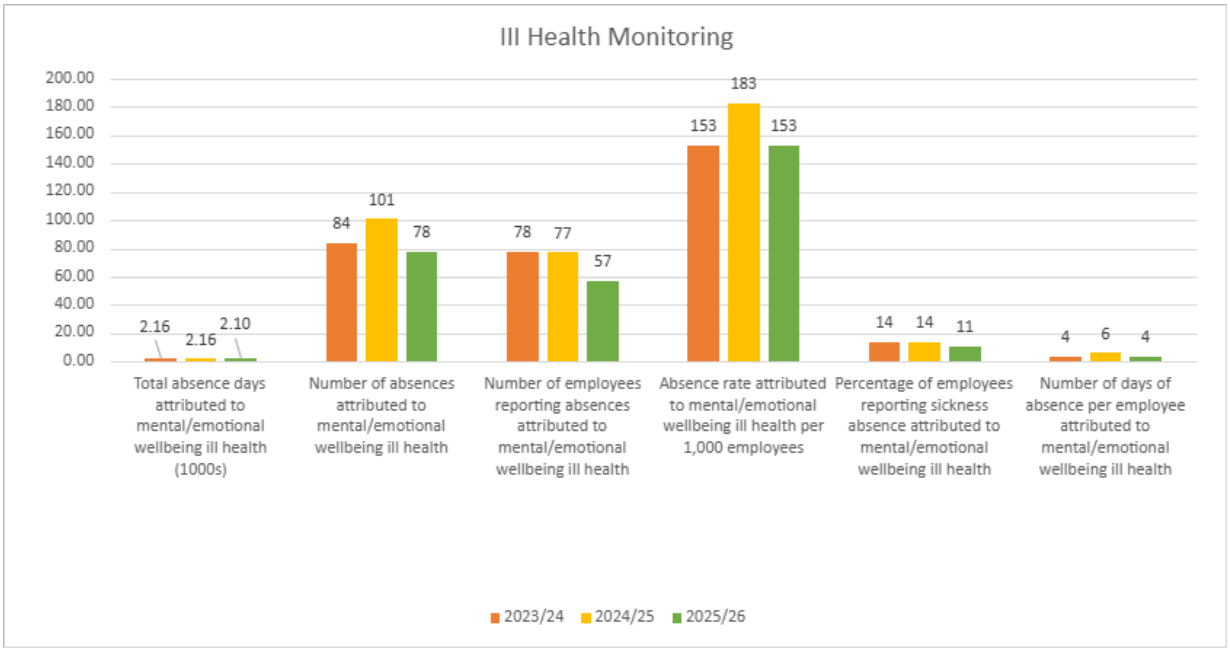
5.5.5 We ensure that appropriate support is available to staff when dealing with reports of violence and aggression as part of our health and wellbeing approach. As a preventative measure, training is given to frontline staff to minimise the number of and reduce the impact of these types of incidents occurring, such as conflict resolution, complaint handling, and customer services training.

5.6 Assessing Risk

Berneslai Homes' accident recording form asks managers, "had a risk assessment been carried out for the activity undertaken prior to the accident?" and "has a risk assessment been reviewed/developed for the activity undertaken after the accident?" The responses provided by managers show that a risk assessment had been undertaken for the work activity in 100% of incidents, with 100% of risk assessments review post-accident. This is a continuation from the previous years due to ongoing monitoring and communication in this area.

5.7 Ill Health Monitoring

5.7.1 As with accidents and incidents, the collation of ill health statistics can assist in improving health and wellbeing within an organisation. The areas that fall under emotional/wellbeing can be triggered by both work and personal/home circumstances and our procedures look to manage both aspects to help people develop coping strategies.



5.7.2 With regards to employees being absent from work due to mental ill health, there is an upward trend of absence in line with HSE reporting for the UK. As a Mindful Employer, we support employees with mental illnesses. Our aim is to reduce the stigma of mental ill health, enable managers to spot the signs early and take immediate action and employees feel confident in reporting mental ill health.

5.7.3 With regards to employees being absent due to musculoskeletal ill health, the absence rate is slightly lower than the previous year.

Ongoing efforts to support staff through musculoskeletal illness and injuries include:

a) Provision of a physiotherapy service.
b) Effective regular welfare review meetings which provide a forum for managers and employees to agree a return-to-work plan, i.e. reasonable adjustments such as modified duties and phased return.
c) Safe working practices training.

5.7.4 Nationally, the numbers of people affected by ill health greatly outweigh those adversely affected by accidents, which reiterates the need to fully support employees throughout their ill health and invest in mechanisms to expedite their return to work for both the benefit of the employer and employee.

5.7.5 Berneslai Homes' pro-active and continued monitoring of employee welfare identifies issues early to the benefit of the employee and the company, for example return to work interviews and a greater utilisation of the Occupational Health Service. There has been a continued and prevalent use of the occupational health service. In general, non-attendance of appointments continues to stay low due to close monitoring and effective action.

6. Actions for 2026-27

6.1 As detailed throughout the report, an annual programme of review is required to ensure that all policies and procedures are in line with regulation, best practice and that further developments can be identified. In addition to those reviews, work will continue in relation to health campaigns, training, inspections, and audits.

7. Key Initiatives for 2026/27

7.1 Workforce Training and Competence

1) Accident Investigation Training

Managers and supervisors will undertake formal accident investigation training to improve the consistency and quality of investigations. This will ensure root causes are identified, lessons are learned, and corrective actions are implemented effectively to prevent recurrence.

2) Handling Violence and Aggression Training

Targeted training will be delivered to staff, particularly those in customer-facing roles, to build confidence in identifying risks, using de-escalation techniques, and responding safely to challenging situations.

7.2 Personal Safety and Risk Reduction Measures

1) Lone Worker Fob Devices

The use of lone worker devices will be maintained and promoted to ensure staff can quickly access support when working alone. Focus will be placed on improving awareness, usage compliance, and confidence in the system.

2) Dynamic Risk Assessment

Staff will be encouraged to adopt dynamic risk assessment practices, particularly when working in unpredictable or higher-risk environments.

7.3 Targeted Health & Safety Campaigns

A programme of campaigns will be delivered throughout the year to address key risk areas:

a. Slips, Trips and Falls – promoting good housekeeping, hazard awareness, and timely reporting of defects
b. Working Safely – reinforcing adherence to safe systems of work
c. Manual Handling Awareness – supporting safe techniques and reducing injury risk
d. Seasonal Campaigns – addressing risks associated with weather and environmental conditions

These campaigns will be supported by toolbox talks, internal communications, and management engagement.

7.4 Data-Led Improvement

a. Regular review of accident and incident data will be undertaken to identify trends and emerging risks
b. Targeted interventions will be implemented based on evidence
c. Monitoring will assess the effectiveness of training, campaigns, and control measures

7.5 Safety Culture and Engagement

a. Continued promotion of incident and near-miss reporting
b. Encouraging staff involvement in identifying risks and improving safety practices

7.6 In addition, an annual programme of review is undertaken for all health and safety documents, including:

Action	Target
Annual review of Health and Safety Policy	Jul-26
Occupation Group Risk Assessments – Annual Review	Jun-26
Health and Safety Management procedures – Annual Review in partnership with BMBC	Jul-26
Task Based Risk Assessments and associated safe systems of work – Annual Review	Jul-26
Two-year review of management of health and safety self-assessments	June 26

8. Customer Voice/Impact

8.1 The customer impact is that by maintaining a healthy workforce we can offer efficient and effective services. Reducing accidents and absences will reduce costs which enables more money to be invested in services for tenants.

9. Risk and Risk Appetite

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

9.2 There are significant risks if the organisation does not have effective measures in place for managing Health and Safety. The assurances provided within this this report ensures that effective mechanisms are in place for the management of associated risks.

9.3 The Risk Register includes both strategic and operational health and safety risks, which are monitored at least quarterly by the Executive Management Team (EMT), Senior Management Team (SMT), and key managers. These risks reflect the potential for serious harm, legal non-compliance, and reputational damage arising from organisational activities, and is therefore subject to robust oversight and control. In line with this, the organisation maintains an adverse risk appetite for Health & Safety, seeking to eliminate risks where reasonably practicable and minimise all remaining risks to the lowest possible level, with zero tolerance for deliberate breaches of safety procedures or regulatory requirements.

10. Strategic Alignment

10.1 The report aligns to the requirements from BMBC (Barnsley Metropolitan Borough Council) for the effective governance of Berneslai Homes. Exemplary health and safety links to the successful achievement of all our ambitions as it is a key control when undertaking business on behalf of Berneslai Homes.

11. Data Privacy

11.1 There are no data privacy implications arising from this report as no personal data has been processed.

12. Consumer Regulatory Standards

12.1 This report relates to the Safety and Quality Standard: Health and safety - When acting as landlords, registered providers must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.

13. Other Statutory/Regulatory Compliance

13.1 Assurance related to the Health and Safety at Work etc Act 1974 and associated regulations.

14. Financial

14.1 There are no financial implications arising directly from this report.

15. Human Resources and Equality, Diversity and Inclusion

15.1 Having effective Health and Safety Policies, procedures and programmes within Berneslai Homes ensures that stakeholders' health and safety is paramount in undertaking service delivery and that equality and diversity issues are considered in protecting individuals' health and safety.

16. Sustainability Implications

16.1 No specific zero carbon implications from this report.

17. Associated Background papers

17.1 N/A

18. Appendices

Appendix 1 – Employee Health and Safety Performance Statistics 2025-26
Appendix 2 – Health and Safety Policy 2026-28

Appendix 1

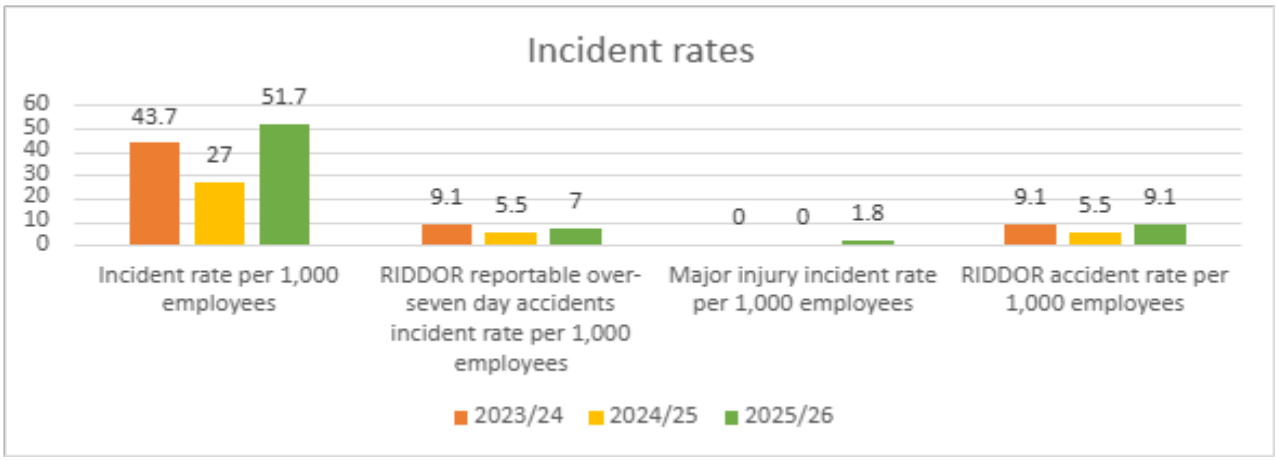
Berneslai Homes Employee Health and Safety Performance 2025 to 2026

1. PERFORMANCE

1.1 Accidents Statistics

Year	Reported accidents	Lost time accidents	Over 3-day accidents	Over 7-day accidents (new RIDDOR Reportable)	Major injury accidents	Days lost due to accidents (100s)
23/24	**24**	**9**	**2**	**5**	**0**	1.8
24/25	**15**	**6**	**3**	**3**	**0**	0.84
25/26	**27**	**10**	**3**	**4**	**1**	1.1

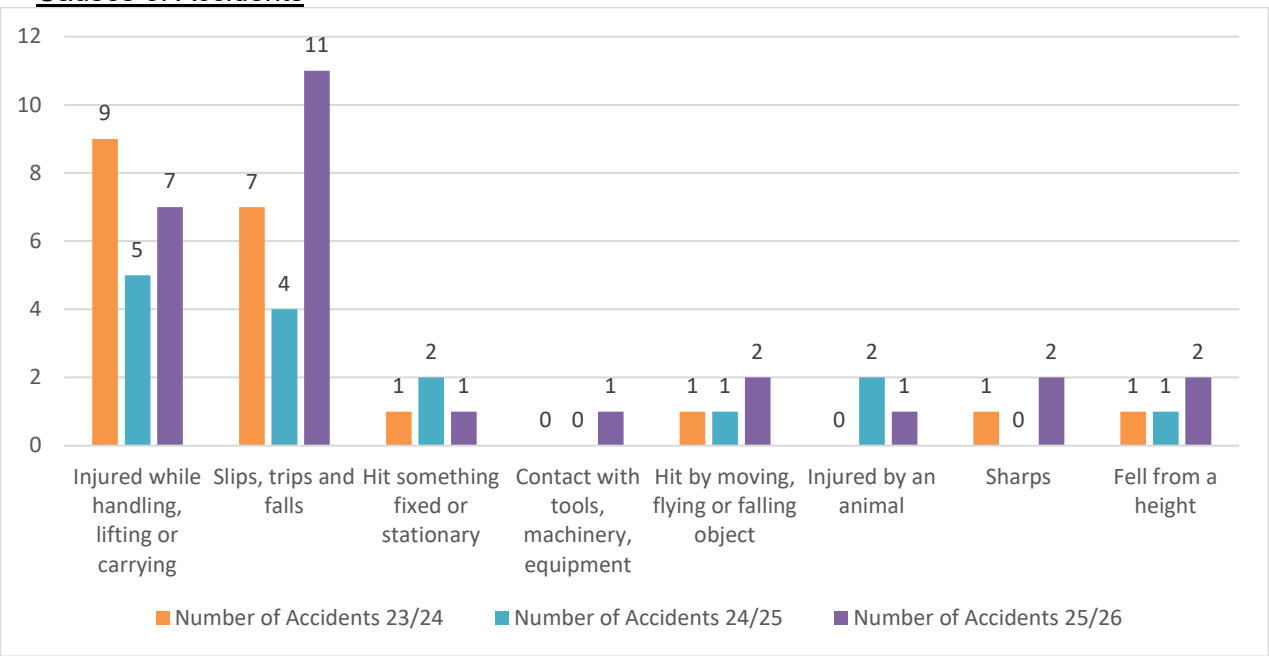
1.2 Incident Rates



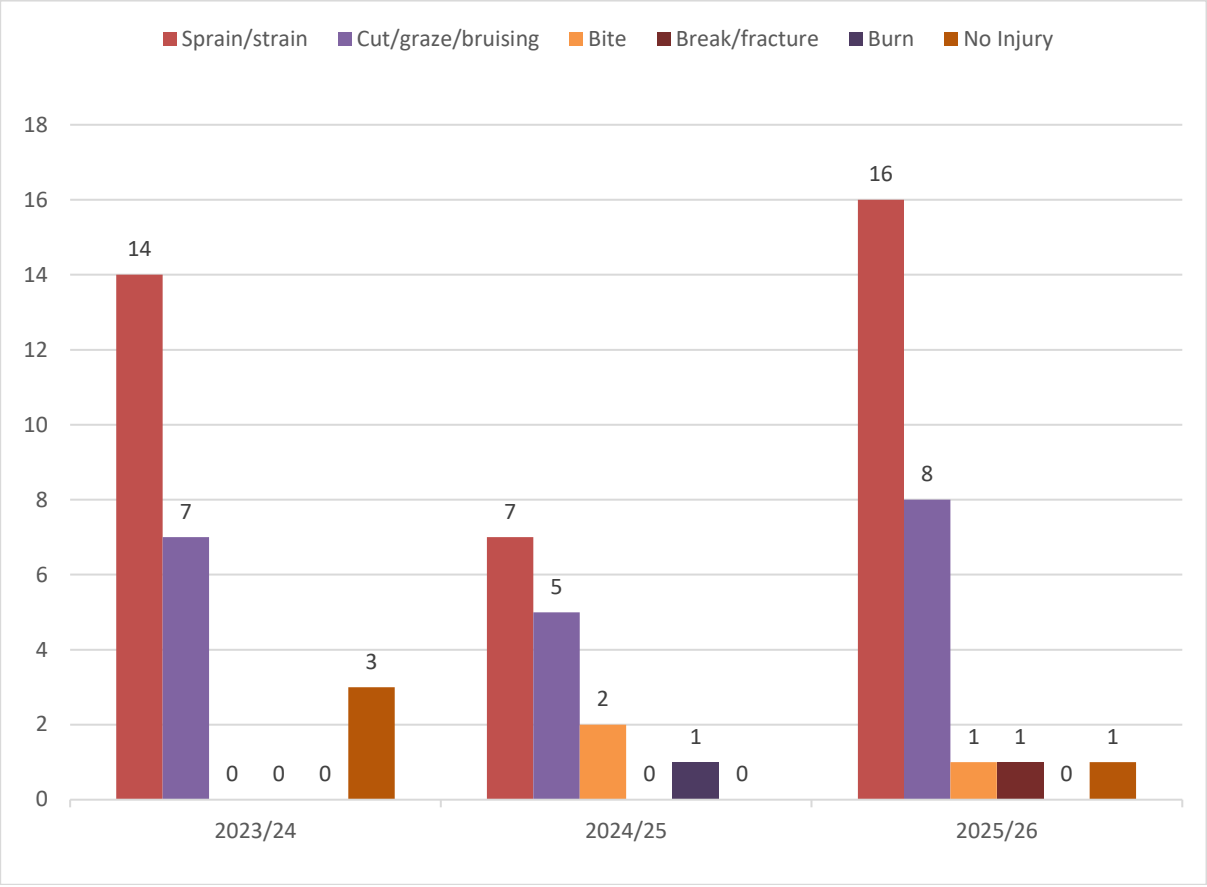
The incident rate is calculated by using the following formula:

$$\frac{\textbf{27}\ \text{(Total Number of Accidents)}}{\textbf{522}\ \text{(Number of Persons Employed)}} \times \frac{1000}{\text{(Unit Number of Employees)}} = \textbf{51.7}$$

1.3 Causes of Accidents



1.4 Type of Injury

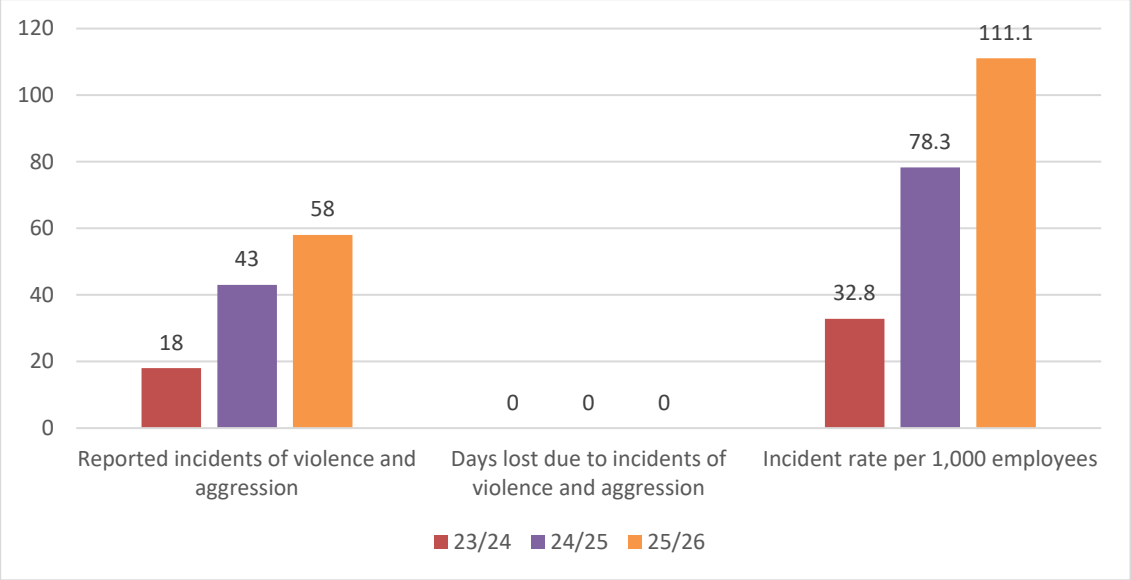


2. VIOLENCE AND AGGRESSION

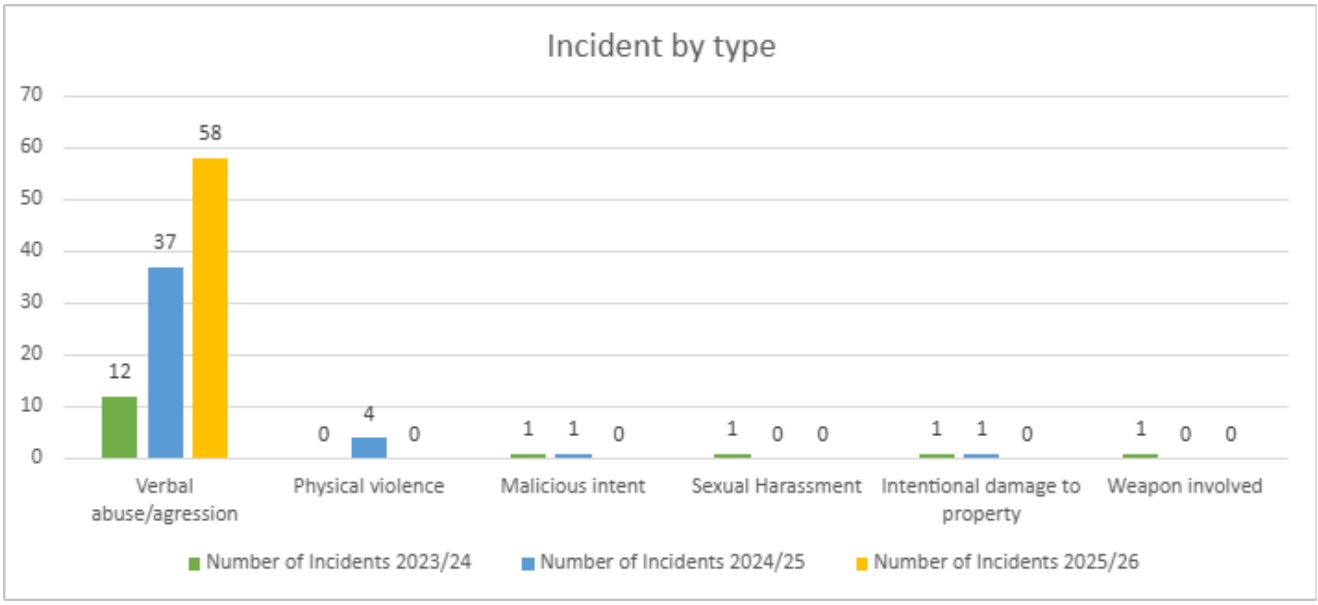
2.1 Violent incidents are defined as:

- Any intentional acts that cause apprehension, fear, psychological or physical injury to an employee arising out of or in connection with their authorised duties
- The deliberate damage to the property or belongings of an employee that is attributable to the carrying out of duties on behalf of Berneslai Homes.

2.2 Incidents of Violence and Aggression



2.3 Types of Incidents of Violence and Aggression



2.4 Types of Injuries Sustained in Incidents of Violence and Aggression

Type of injury	Number of Accidents		
	2023/24	**2024/25**	**2025/26**
No injury	18	**42**	**58**
Dog Bite	0	**1**	**0**
Total	18	**43**	**58**

3. RISK ASSESSMENTS

3.1 Responses provided to the question “had a risk assessment been carried out for the activity undertaken prior to the accident?” and the question “has a risk assessment been reviewed/developed for the activity undertaken after the accident?”

	Number of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	% of accidents where a risk assessment was indicated as being completed for the activity prior to the accident	Number of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	% of accidents where, following the accident, a risk assessment was completed/ reviewed for the activity being undertaken prior to the accident	Number of acciden ts
2023/24	**24**	**100%**	**24**	**100%**	**24**
2024/25	**15**	**100%**	**15**	**100%**	**15**
2025/26	**27**	**100%**	**27**	**100%**	**27**

4. COST OF ACCIDENTS

Year	Total number of accidents reported	Number of days lost due to reported accidents	Average cost of each lost working day	Direct cost of days lost (based on days lost and the cost of the working days lost)
2023/24	**24**	**180**	**£89.64**	**£16,136**
2024/25	**15**	**84**	**£92.18**	**£5,899**
2025/26	**27**	**114**	**£95.09**	**£10,841**

**The cost of accidents in relation to lost time is calculated using the mean salary, which best represents the actual cost. £34,711/365 days = £95.09 x 114 lost days = £10,841*

5. HEALTH AND SAFETY TRAINING PROVIDED TO EMPLOYEES

Course	Number of People Trained 2023/24	Number of People Trained 2024/25	Number of People Trained 2025/26
Abrasive Wheels	30	**51**	**51**
Asbestos Awareness	89	**173**	**77**
Asbestos Cat B (removal)	20	**58**	**46**
Carbon monoxide (New 24/25)	0	**2**	**0**
Cable Detection	32	**0**	**41**
CITB Working Safely	101	**67**	**18**
Conflict Management	61	**78**	**68**
Electrical Safety	6	**6**	**0**
Fire Safety	197	**533**	**426**
First Aid at Work	6	**9**	**11**
HETAS	2	**5**	**2**
IOSH Managing Safely inc refresher	20	**21**	**0**

Course	Number of People Trained 2023/24	Number of People Trained 2024/25	Number of People Trained 2025/26
Manual Handling	0	**75**	**7**
Managing Health and Safety eLearning	6	**41**	**361**
Mental Health Awareness	5	**0**	**2**
NEBOSH	0	**0**	**1**
Needlestick	46	**67**	**232**
RASWA	0	**3**	**2**
Site Managers Safety (SMSTS)	5	**6**	**8**
Site Supervision Safety Training Scheme (SSSTS)	1	**3**	**1**
Stress Awareness	3	**0**	**0**
Working at Height	2	**6**	**3**
Total	616	**1163**	**1357**

6. MAJOR CAUSES OF ABSENCE FROM WORK

6.1 Mental/Emotional Wellbeing Ill Health absence relates to illnesses such as anxiety, stress, depression, and other psychiatric illnesses. Employees may have been absent due to a mental/emotional wellbeing related issue on more than one occasion, hence the difference between the total reported absences attributed to mental/emotional wellbeing related ill health and number of employees reporting those absences.

Year	Total absence days attributed to mental/emotional wellbeing ill health	Number of absences attributed to mental/emotional wellbeing ill health	Number of employees reporting absences attributed to mental/emotional wellbeing ill health	Absence rate attributed to mental/emotional wellbeing ill health per 1,000 employees	Percentage of employees reporting sickness absence attributed to mental/emotional wellbeing ill health	Number of days of absence per employee attributed to mental/emotional wellbeing ill health
2023/24	2,163	84	78	153	14.2%	3.9
2024/25	3,445	101	77	183	14.6%	6.5
2025/26	2,100	78	87	149	10.92%	4.02

6.2 Musculoskeletal Ill Health absence relates to sickness for:

- Arthritis
- Backache/pain
- Frozen shoulder
- Injury shoulder/ forearm
- Injury foot/ankle
- Injury hip/thigh
- Injury knee/lower leg
- Injury shoulder/ arm
- Injury wrist/hand
- Neck ache/pain
- Osteoarthritis
- Other back problems
- Other musculoskeletal
- Pulled muscle
- Sciatica
- Shoulder ache/ pain
- Strain
- Broken arm, foot, toe, ankle.

Employees may have been absent due to a musculoskeletal related issue on more than one occasion, hence the difference between the total reported absences attributed to musculoskeletal related ill health and number of employees reporting absences attributed to musculoskeletal related ill health.

	Total absence days attributed to musculosk eletal ill health	Number of absences attributed to musculosk eletal ill health	Number of employees reporting absences attributed to musculosk eletal ill health	Absence rate attributed to musculosk eletal ill health per 1,000 employees	Percentage of employees reporting absences attributed to musculosk eletal ill health	Number of days of absence per employee attributed to musculosk eletal ill health
2023/24	1,596	78	71	142	12.9%	2.9
2024/25	1,712	81	64	141	12.3%	3.2
2025/26	1,101	87	78	166	14.9%	2.1

7. OCCUPATIONAL HEALTH

7.1 Referrals to Occupational Health Services

Referrals	Total Number of contacts
2023/24	304
2024/25	**286**
2025/26	

7.2 Type of Referral

	2023/24	2024/25	2025/26
Management Referrals	82	**110**	
Statutory Health Surveillance [(1)]	26	**6**	
Counselling Referrals	116	**73**	
Physio Referrals	63	**49**	
Pre-employment Health Screening	17	**48**	
Total	304	**286**	

[(1)] Statutory health surveillance refers to health surveillance undertaken in line with legal requirements such as hand-arm vibration screening, audiometry, and lung-function testing.

7.3 Occupational Health Services Provided

Service	2023/24	2024/25	2025/26
Management Referral (including sickness absence and reviews)	**87**	**114**	
Hand/arm vibration syndrome health surveillance	**23 (tier 4 assessments)**	**1**	
Form 6 medical (assessment for application for early retirement on grounds of continuing ill health)	**1**	**1**	
Audiometry testing (3yearly)	**0**	**0**	
Case Conference	**8**	**7**	
Workplace Assessment	**0**	**0**	

Service	2023/24	2024/25	2025/26
Asbestos Medical Examination	**0**	**4**	
Workstation Assessment	**7**	**4**	
Spirometry/Lung Function Testing	**3**	**6**	
Vaccination Programme (Flu)	**92**	**114**	
Total	**221**	**251**	

7.4 Occupational Health Contacts by Practitioner

Seen by	Numbers of Contacts 2022/23	Number of contacts 2023/24	Number of contacts 2025/26
Physician/Specialist Practitioner in Occupational Health	119	**64**	
Nurse	7	**14**	
Did not attendees – Physician/Specialist Practitioner in Occupational Health	2	**6**	
Did not attendees – Nurse	0	**1**	
Could not attendees – Physician/Specialist Practitioner in Occupational Health	4	**1**	
Could not attendees – Nurse	1	**0**	
Total	133	**86**	

APPENDIX 2

EMPLOYEE HEALTH AND SAFETY POLICY 2026 to 2028

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: Gateway Plaza, Barnsley, S70 2RD. www.berneslaihomes.co.uk

DOCUMENT CONTROL

Organisation	**Berneslai Homes**
Title	**Health and Safety Policy**
Author	**Claire Denson, Risk and Governance Manager**
Filename	**Health and Safety Policy**
Owner	**Berneslai Homes Executive Management Team**
Subject	**Health and Safety**
Commencement Date	**December 2002**
Applicable to	**All Berneslai Homes employees, temporary staff, contractors, board members and anyone working on behalf of Berneslai Homes.**
Information/ Action	**For information and action to comply with procedure**
Review Date	**2-yearly**
Review Responsibility	**Ian Bell Health and Safety Manager**

Revision History

Date	Version	Author	Comments
November 2016	V2.0	Claire Musson	Approved by SMT by email
December 2016	V2.0	Claire Musson	Approved by HR Committee
September 2017	V2.1	Claire Musson	Approved by HR Committee
September 2018	V2.2	Claire Musson	Approved SMT
September 2019	V2.3	Claire Denson	Reviewed by Claire Denson, Ian Bell and Darren Asquith
November 2019	V2.3	Claire Denson	Approved by Board and SMT by email
September 2020	V2.4	Claire Denson	Approved at Board and signed by Board
September 2021	V2.5	Claire Denson	Approved by EMT and Board
May 2022	V2.6	Claire Denson	Reviewed by Claire Denson, Ian Bell and Darren Asquith
July 2022	V2.6	Claire Denson	Approved by EMT and Board
June 2023	V2.7	Claire Denson	Reviewed by Claire Denson and Ian Bell
July 2023	V2.7	Claire Denson	Approved by EMT and Board
July 2024	V2.8	Claire Denson	Reviewed by Claire Denson, Ian Bell and Kerry Hamilton
July 2024	V2.8	Claire Denson	Approved by EMT and Board
June 2025	V2.9	Ian Bell	Reviewed by Claire Denson and Ian Bell
July 2026	V3.0	Ian Bell	Reviewed by Ian Bell

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HEALTH AND SAFETY AT WORK ETC. ACT 1974
HEALTH AND SAFETY POLICY
PREFACE

This Health and Safety Policy has been prepared with the full co-operation of all Berneslai Homes recognised trade unions.

Thanks are offered to officials and employees who have devoted time and energy in contributing to the production of this working document.

This policy supersedes any previous policy. We recommend that all employees study this updated version carefully and put into practice the duties contained.

This policy does not contain details of the Operational Procedures or Operational Monitoring arrangements highlighted in Section Three of this document. These are prepared and filed separately on the corporate intranet and must be read in conjunction with this Policy.

SECTION ONE
STATEMENT OF HEALTH AND SAFETY POLICY

Berneslai Homes is committed to ensuring the health, safety and welfare of all its employees, through accident, injury and ill-health prevention and all those people who are affected by its activities.

Berneslai Homes recognises and accepts the duties and obligations imposed upon it as an employer by the Health & Safety at Work etc. Act 1974 and subordinate health and safety legislation and realises the importance of placing health and safety as an overriding priority within its services.

To implement this policy, Berneslai Homes will, so far as is reasonably practicable, conform to the terms of my Statement of Health and Safety Policy and ensure the provision and maintenance of:

a) A safe workplace, with safe access and egress.
b) Safe plant and equipment.
c) Effective information, instruction, and training.
d) Safe arrangements for the use, handling, storage and transport of articles and substances.
e) Adequate welfare facilities.

To assist in achieving this process and in order for Berneslai Homes to fulfil its legal obligations required by the Management of Health and Safety at Work Regulations 1999, a competent person service is provided through a service level agreement with the BMBC Health, Safety and Emergency Resilience Service.

Whilst accepting the minimum legal standards set by national legislation, Berneslai Homes is committed to continuous improvement and promoting a health and safety culture that aims to produce high standards of health and safety. This process will continue to raise standards within Berneslai Homes beyond the minimum legal requirements. Berneslai Homes believes that achieving these high standards will positively contribute to the overall quality of the services provided.

Berneslai Homes accepts that, although the final level of responsibility for implementing the Berneslai Homes' policy rests with the Board and senior management of the organisation, each and every individual employee must take an active role in effectively implementing the policy. As Chief Executive, I urge all employees to cooperate fully in the measures Berneslai Homes will be taking as part of this Policy, in order to ensure that their work situations are as safe and healthy as possible.

The effectiveness of this policy and arrangements will be monitored and reviewed as and when necessary, but at intervals not exceeding 12 months.

The acceptance of my Statement of Health and Safety Policy as Chief Executive of Berneslai Homes and the implementation of the health and safety policy require the commitment of my management team. My management team and subsequently their management teams accept and are committed to implementing this policy and sign accordingly on the acceptance sheet in Sections Eight and Nine of the hard copy of this policy retained by me for inspection and/or for copying on request. An electronic copy of the Health and Safety Policy is placed on the intranet site of Berneslai Homes.

Signed for and on behalf of Berneslai Homes

Steve Feast , Chief Executive

Date:

SECTION TWO
ORGANISATION DUTIES AND RESPONSIBILITIES

2.1 Board Members

Board Members have a responsibility to comply with the statutory duties imposed under the Health &. Safety at Work Etc. Act 1974. This includes all duties imposed by regulations made under the above act and obligations under the general duty of care. The main duties of Board Members are to ensure:

a) That the declared Statement of Health and Safety Policy is achieved, so far as is reasonably practicable, for the health and safety at work of all employees.
b) That health and safety items receive appropriate attention and that sufficient funds/resources are made available to implement any such items.
c) That adequate monitoring of the effectiveness of this policy is carried out.
d) Approval of the Annual Health and Safety Report and commit to its objectives.

2.2 The Chief Executive

The Chief Executive has the overall responsibility for ensuring the operations of Berneslai Homes are executed at all times in such a manner as to provide, so far as is reasonably practicable, for the health, safety and welfare of all members and employees and all persons likely to be affected by Berneslai Homes' operations, including contractors and the public where appropriate.

BMBC Health, Safety and Emergency Resilience, via a Service Level Agreement, support the Chief Executive in the management of the Health, Safety and Emergency Resilience function. The main duties of the Chief Executive are to ensure:

(a) That the declared Statement of Health and Safety Policy is achieved, so far as is reasonably practicable, for the health, safety and welfare at work of all employees.
(b) That all employees are made aware that health, safety and welfare are regarded as having equal ranking with other management responsibilities.
(c) That the Health and Safety Policy is reviewed regularly, and appropriate changes made when necessary and the changes distributed and publicised appropriately.
(d) That all members of the Executive and Senior Management Team are advised of new regulations and proposed changes in legislation.
(e) That an effective health and safety organisation is established and maintained in order that the Berneslai Homes meets its obligations as detailed under the Management of Health and Safety at Work Regulations 1999.
(f) That all members of the Executive and Senior Management Team are fully aware of their responsibilities with respect to the health, safety and welfare at work of employees.
(g) There is liaison with the appropriate Trade Unions and employees on all policy matters concerning health, safety and welfare at work.

2.3 The Executive Management Team

The Executive Management Team is responsible for ensuring that detailed Operational Occupational Health and Safety Management Systems considered appropriate are formulated and implemented in their areas of responsibility. The main duties are:

a) To ensure they understand the Berneslai Homes' Health and Safety Policy.
b) To meet the declared aims of Berneslai Homes' Health and Safety Policy.
c) To ensure the production of effective Operational Occupational Health and Safety Management Systems (comprising Health and Safety Standards and Monitoring) and Emergency Resilience Management Systems that detail how health and safety will be managed within their Directorates.
d) To meet statutory requirements particularly with regard to the Management of Health and Safety at Work Regulations 1999.
e) To ensure they take a positive lead in and champion Berneslai Homes' Operational Occupational Health and Safety Management Systems.
f) To ensure that Berneslai Homes' Operational Occupational Health and Safety Management Systems are reviewed regularly with particular reference to organisational changes.
g) To monitor and appraise the effectiveness of health and safety performance within Berneslai Homes and improve standards in areas of low performance.
i) To advise their managers on new regulations and on any proposed changes in existing regulations.
j) To seek advice and guidance as appropriate from competent and qualified representatives in regard to health and safety.
k) To support Berneslai Homes emergency resilience arrangements as required.
l) To ensure effective health, safety and welfare policies are in place and receive regular reports'
m) To be satisfied that health and safety policies and procedures are kept under review and that continuous improvement is made towards a safer working environment including ill health.
n) To ensure effective health, safety, and welfare policies are in place in relation to other contractors.
o) To oversee the development and implementation of a health and safety risk management plan.
p) To ensure adequate safety, inspection arrangements are in place.
q) To oversee the implementation of safety audits.
r) To oversee the delivery of health and safety training.

2.4 The Health and Safety Management Groups

Two groups operate (recognising the differences in business description and trading location):

i) The Housing Management Group
ii) The Property Services Repairs Team Group

Both comprising the relevant EMT member, a cross-section of staff representing each appropriate service, trade union representation, Health and Safety Manager and a representative from BMBC (Health, Safety and Emergency Resilience).

The Management Groups provide the operational management, direction and control of health and safety in Berneslai Homes. They operate under Terms of Reference.

2.5 Health, Safety and Emergency Resilience

Under a Service Level Agreement BMBC Health, Safety and Emergency Resilience is responsible for assisting in the development and promotion of Berneslai Homes' occupational health and safety management system and for monitoring its implementation and effectiveness in line with the service level agreement. They provide Berneslai Homes competent person for general and specific advisory services to assist Berneslai Homes to fulfil their statutory requirements/duties.

2.6 Managers and Supervisors

Employees who manage or supervise other employees, trainees or clients have a particular responsibility for their health and safety arising out of the work activity. The main duties are:

a) To ensure they are familiar with Berneslai Homes' Health and Safety Policy and its effective implementation within their own area of responsibility.
b) To adequately plan and manage the work activity.
c) To ensure an operational occupational health and safety management system (including Management Procedures, Health and Safety Instructions, Codes of Practice etc.) is understood and put into practice.
d) To ensure they are familiar with the appropriate legal requirements concerning the health, safety and welfare of all employees in their area of responsibility and are complied with.
e) To ensure that the advice of their management on health and safety matters is sought when necessary.
f) To ensure that risk assessments are undertaken, and subsequently operational safety procedures are devised, implemented, and adhered to.
g) To ensure that operational procedural documents are reviewed regularly and as appropriate, e.g. risk assessments and operational procedures.
h) To ensure their employees (including agency staff) are adequately informed, instructed, supervised, and trained in health and safety matters.
i) To take appropriate action with regard to any of their employees who fail to carry out any health and safety duty, for which they have received appropriate information, instruction and training, or who endanger themselves or and any of their colleagues by any of their acts or omissions.
j) To investigate any accident, occurrence, or industrial disease, which causes injury or illness to an employee and ensures the appropriate accident report is completed.
k) To promote and help develop healthier and safer working practices.
l) To ensure any identified unsafe or unhealthy situations are reported and rectified, so far as is reasonably practicable.
m) To ensure, so far as it is reasonably practicable, that their services do not endanger the general public.
n) To support the corporate emergency resilience arrangements as required.
o) To ensure that sub-contractors working on behalf of Berneslai Homes adhere to the Health and Safety Policy in accordance with HSE guidelines.

2.7 Senior Designated Officers

Senior Designated Officers or equivalents are to be appointed to all premises. They are responsible for coordinating procedures for ensuring the health, safety and welfare of the employees on the premises and others who may be affected by the premises or the activities carried out within/on the premises. The main duties will be included in the Job Description of those appointed.

2.8 Employees

a) To take reasonable care of their health, safety and welfare and others who may be affected by their acts or omissions.
b) Cooperate with their employer to comply with statutory duties for health and safety.
c) Use any work item provided by their employer correctly and safely in accordance with the training and instruction given.
d) To assist their manager/supervisor, reporting any accident or incident that may cause injury to a person or damage to plant or property.
e) To be aware of and take heed of Risk Assessments prior to carrying out any work activity.
f) Attendance at relevant training identified in relation to Health and Safety.
g) To report any Health and Safety Risks they are aware of.

2.9 Safety Representatives

Safety Representatives have been appointed throughout Berneslai Homes by recognised Trade Unions. The duties of Safety Representatives are as detailed in the Safety Representatives and Safety Committees Regulations 1977.

2.10 Representatives of Employee Safety

Berneslai Homes recognises employees not represented by Trade Unions and Safety Representatives. These employees have rights to consult with their employer under the Health and Safety (Consultation with Employees) Regulations 1996 through appointed Employee Representatives.

SECTION THREE
ARRANGEMENTS FOR HEALTH AND SAFETY

The implementation of the Health and Safety Policy is largely a matter of establishing and implementing suitable and adequate safety arrangements.

The following sections are an overview of the key arrangements that we will implement in order to provide a safe and healthy place of work for employees, contractors, visitors, and residents.

The Health and Safety Standards, Operational Procedures and Safety Monitoring Standards are designed to provide the framework and guidance to support compliance with relevant health and safety legislation.

Health and Safety Standards and Operational Procedures

Health and Safety Standards along with Operational Procedures explain the risk/task to be managed in basic terms, provide a summary of the requirements for the management of the risk/task, detail any records to be kept, outline the appropriate safe system of work, and outline how the standards are achieved within the company.

Safety Monitoring Standards

Allow managers to measure performance for relevant risks/tasks of health and safety against pre-set criteria and hence reveal where improvements are required.

The main health and safety standards, together with a brief description, are listed overleaf in Section Three. ***Each item is hyperlinked to the relevant Health and Safety Standard, which is available from Berneslai Homes Health and Safety intranet page.***

3.1 Accident and Incident Reporting and Investigation

a) In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 we are obliged to record and report accidents and injuries and near misses at work. This includes accidents for employees, visitors, contractors, and residents.

b) The accident and incident reporting process should be followed to enable us to comply with legislative requirements.

c) All accidents, near misses, safety observations and violent incidents should be reported using the relevant accident/Incident online reporting form

d) Berneslai Homes recognises the role of employees in health and safety and will encourage and provide means for employees to report matters of concern regarding health and safety. The reporting form for matters of concern is the Safety Observation Report form.

e) Where necessary the accident/incident/ill health will be reported to the Health and Safety Executive (HSE) in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 by the Health, Safety and Emergency Resilience Service or Berneslai Homes Health and Safety Manager.

3.2 Asbestos

a) Berneslai Homes is committed to complying with the legislative requirements of the Control of Asbestos at Work Regulations 2012 and associated legislation. Berneslai Homes has developed an Asbestos Management Policy and associated procedures with the aim of achieving compliance with this legislation.

b) Berneslai Homes has a dedicated Asbestos Control Officer.

3.3 Civil Contingencies/Emergency Resilience

a) Berneslai Homes is committed to complying with the Civil Contingencies Act 2004 and its associated legislation and guidance.

b) Berneslai Homes has produced Corporate Emergency Response Plans (for emergencies and business continuity) including specific service responses in conjunction with the overarching BMBC Plan. These documents contain details of how Berneslai Homes will respond to an emergency, should it occur. These documents are continually under review, and amendments are issued annually.

c) The Serious Incident Protocol ensures that leadership has sufficient information to enable consensus of decision-making in response to a serious incident.

3.4 Confined Spaces

a) Berneslai Homes is committed to complying with the legislative requirements of the Confined Spaces Regulations 1997.

b) Where a confined space has been identified as defined by HSE L101 Approved Code of Practice 'Safe Work in Confined Spaces', only suitably trained and competent persons will be allowed to work in these areas.

3.5 Construction

a) Berneslai Homes is committed to complying with the legislative requirements of the Construction (Design and Management) Regulations 2015.

b) Berneslai Homes provides CDM services and facilities to at least the minimum standards required by the Construction (Design and Management) Regulations.

c) Berneslai Homes is committed to establishing and maintaining a healthy and safe workplace for all its employees and others who may enter their premises by implementing the Construction (Design and Management) Regulations 2015.

3.6 Consultation Arrangements

a) Berneslai Homes is committed to complying with the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

3.7 Contractors

a) All services appointing contractors must ensure that the contractors' competency to do the appointed task has been checked. Berneslai Homes and BMBC Health, Safety and Emergency Resilience services have access to a database of all Contractors who have been assessed and approved to the 'Contractors Health and Safety Assessment Scheme' (CHAS) standard. Preferably all contractors must be registered and approved on this scheme before work commences unless a competent person from Berneslai Homes or the BMBC Health, Safety and Emergency Resilience Service consider that another form of assessment is appropriate with regard to the circumstances, e.g. Safety Schemes in Procurement (SSIP).

3.8 Display Screen Equipment (DSE)

a) Berneslai Homes is committed to complying with legislative requirements as stated within the Health and Safety (Display Screen Equipment) Regulations 1992. Agile Display screen workstation assessments will be carried out using an Agile DSE self-assessment form, and annual review will take place and be recorded as a minimum or whenever a change in your workstation occurs.

3.9 Electrical Installations and Electrical Appliances

a) Berneslai Homes is committed to complying with the legislative requirements of the Electricity at Work Regulations 1989, associated industry guidelines and the Provision

and Use of Work Equipment Regulations 1998. These cover Electrical (Fixed) Installations and Electrical Appliances.

b) Berneslai Homes will engage competent persons, as required by the Electricity at Work Regulations 1989, to be responsible for the electrical testing of all portable appliances within Berneslai Homes owned premises. The competent person will determine the frequency of testing depending upon the use of the equipment.

c) Berneslai Homes is a dedicated Electrical Compliance Officer.

3.10 Enforcement of Health and Safety

a) Berneslai Homes is committed to ensuring that all contact with enforcement officers is recorded, matters of concern addressed and actions required undertaken throughout the Company.

3.11 Fire and Emergency Arrangements

a) Berneslai Homes owned premises comply with the Regulatory Reform (Fire Safety) Order 2005 (incorporating the Fire Safety Regulations 2022). This includes the carrying out a fire risk assessments and re-inspection programme. Frequency of inspection and review of assessments depends upon the individual building risk categorisation.

b) Senior Designated Officers ensure regular periodic emergency evacuation drills are carried out on all premises that they are responsible for. All persons using the building with disabilities must be specifically catered for in relation to their evacuation procedures. All such evacuation drills are to be recorded in the building's Fire Logbook.

c) Fire and Emergency procedures (including suspect packages and gas leaks) are in place within Berneslai Homes with designated Senior Designated Officers/Fire Marshals holding responsibility for managing these procedures in Berneslai Homes' occupied premises. All means of escape, fire detection/alarm systems, and fire equipment are to be fully maintained.

d) The Building Safety Act 2022 does not impact on the Employee Health and Safety Policy currently. Best practice will be undertaken, however, within Independent Living Accommodation. Berneslai homes have a Building Safety Manager and a dedicated Fire Safety Officer.

3.12 First Aid

a) Berneslai Homes provides first aid services, qualified first aid and emergency first aid employees and facilities to comply with the standards as required by the Health and Safety at Work (First Aid) Regulations 1981.

3.13 Gas Installations and Appliances

a) Berneslai Homes is committed to complying with the legislative requirements of the Gas Safety (Installation and Use) Regulations 1998 (as amended 2018)

b) Berneslai Homes will ensure that gas installations and appliances are safe and do not pose a risk to the health and safety of persons. All gas installations and appliances will be maintained by competent engineers registered with the Gas Safety Register.

c) Installations and appliances will receive services and tests in compliance with the regulations. Managers must ensure that all employees are aware of the process of carrying out servicing and testing to the relevant standards. Managers will also carry out inspections of completed works to ascertain that the work is completed to the required standard.

d) Berneslai Homes Partners and subcontractors shall keep an up-to-date register of all GAS SAFE registered engineers employed in the above duties. This will be available for inspection as and when required.

e) Berneslai Homes has dedicated gas safety officers.

f) **Corporate Manslaughter Act 2007:**

An organisation is guilty of an offence under the act only if the way in which its activities are managed or organised by its Senior Management forms a substantial element in breach of the relevant duty of care owed to the deceased.

Senior Management Hierarchy

Board	Review of policy, performance management and resourcing
Chief Executive	Overview and reporting to Board
Executive Director of Property Services	Overall management and resourcing of service
Mechanical and Electrical Compliance Manager	Operational responsibility (programming, access, Quality assurance)

Contractor Failure

Failure to service appliances to the necessary standards.

Council Failure

Appointment of Contractor was negligent and led to an incompetent Contractor.

3.14 Hazardous Substances (COSHH)

a) Berneslai Homes is committed to complying with the legislative requirements of the Control of substances hazardous to health regulations 2002 (as amended in 2004) Any substance which is deemed as Hazardous to Health as outlined within the regulations will be subjected to a COSHH assessment which will then be disseminated to those employees using the substance.

b) Berneslai Homes recognises the increased risk to employees of incurring sharps injuries from discarded drugs waste and does not expect any of its employees to remove or dispose of discarded drugs/clinical waste which they may encounter whilst carrying out their duties unless they have received specific information, instruction and training and have the appropriate equipment.

c) Berneslai Homes' policy on the management of Zoonoses shall be the same as that for all hazardous substances.

3.15 Health Surveillance and Occupational Health

a) Berneslai Homes procures occupational health services for employees of Berneslai Homes. These services promote and maintain the highest degree of physical, mental, and social wellbeing for workers in all occupations and undertake to protect the workers from factors adverse to their health.

b) The occupational health services provide adequate health surveillance provisions as required by the Management of Health and Safety at Work Regulations 1999 to those employees who are exposed to hazards such as noise, asbestos and vibration.

c) Managers shall identify those employed and others exposed to noise, asbestos or vibration and other such hazards and refer them to the occupational health service as required.

3.16 Agile Working

a) Berneslai Homes is committed to ensuring the health, safety and welfare of all its employees and all those people who are affected by its activities. This applies to those persons not only working within an office environment but those persons whose workplace is their own home (or where else they choose to work safely) and any other persons who may be affected by their activities.

b) All Home (agile) workers, as part of the Agile Working Policy, will be required to undertake a DSE and Homeworking Risk Assessment when commencing homeworking.

3.17 Information, Instruction and Training Arrangements

a) Health and safety information, instruction and training form an integral part of the overall training within Berneslai Homes. This is particularly important with regard to induction training, which is arranged for all new employees entering Berneslai Homes by their Manager using Berneslai Homes' Induction Guide.

b) The health and safety information, instruction and training needs of employees should be the subject of periodic review by Managers and any necessary refresher training carried out. Employees should have sufficient knowledge, skills, and information to carry out their work in a safe and healthy manner.

c) All managers should attend IOSH accredited or an equal and approved qualification training appropriate to their level of responsibility.

d) Managers shall ensure that all health and safety training needs are considered in employees' Performance and Development Reviews, and that training provided to employees is recorded.

3.18 Legionella

a) Berneslai Homes is aware of and supports the contents, requirements and intentions of the Health and Safety at Work Etc. Act 1974, Control of substances hazardous to health regulations 2002 (as amended in 2004), the Control of Legionella Bacterial in Water Systems Approved Code of Practice 2013 L8 and associated UK regulations and requirements.

b) Berneslai Homes will assess, prevent and control risks associated with the legionella bacteria and subsequent development of Legionnaires Disease from work activities and water systems on its premises.

c) Berneslai Homes is a dedicated Water Hygiene officer.

3.19 Lifting Operations and Lifting Equipment

a) Berneslai Homes is committed to complying with the legislative requirements of the Lifting Operations and Lifting Equipment Regulations 1998.

b) Berneslai Homes will ensure that all lifting operations are planned and managed appropriately and that all lifting equipment is inspected and tested to at least the legal minimum requirement.

3.20 Lone Working

a) Berneslai Homes recognises the increased risks to lone workers and thus risk assessments cover lone workers with control measures implemented as appropriate to reduce the risks. Employees are informed of any additional risks they may face as a lone worker. This is also defined in the Lone Worker Policy.

b) Berneslai Homes recognises the fact that there are risks to employees in the provision of its services but expects that people generally should be able to go about their duties without threat or fear of violence or aggressive intimidation resulting from their work.

3.21 Manual Handling

a) Berneslai Homes is committed to complying with the legislative requirements of the Manual Handling Operations Regulations 1992 (as amended).

b) Managers are responsible for identifying all activities within their work area that involve manual handling and the employees who carry out these tasks continually as part of their normal working day. Managers must also make provisions for those employees who carry out manual handling activities on an occasional basis.

3.22 New and Expectant Mothers

a) Berneslai Homes recognises the increased risks to new and expectant mothers and extends existing risk assessments to cover new and expectant mothers and implement control measures appropriate to reduce the risks. Women are informed of any additional risks they may face as a new or expectant mother.

b) Risk assessments will be undertaken when a woman notifies her manager that she is pregnant and reviewed periodically and when necessary. Additional control measures will be applied for six months after the birth or where necessary until such time as the new mother is no longer breastfeeding.

3.23 Noise

a) Berneslai Homes is committed to complying with the legislative requirements of the Control of Noise at Work Regulations 2005.

b) Berneslai Homes will ensure that where necessary noise assessments are carried out by a competent person and appropriate control measures introduced.

3.24 Partner and Subsidiary Organisations

a) Berneslai Homes recognises the particular relationship between itself and its partner organisations. To this end Berneslai Homes will expect subsidiary and partner organisations to develop, produce and maintain a health and safety policy outlining their management systems for health and safety and detailing the general responsibilities of their employees at all levels.

b) These policies and the management systems to which they refer are subject to audit by Berneslai Homes.

3.25 Permits to Work

a) Berneslai Homes will where necessary due to the hazards and risk involved ensure that work activities will be controlled by the use of documented permits to work systems.

3.26 Personal Protective Equipment (PPE)

a) Berneslai Homes is committed to complying with the legislative requirements stated within the Personal Protective Equipment Regulations 1992 (Amended 2022).

b) Managers will be responsible for identifying and issuing PPE based upon a risk assessment relevant to the specific task being considered. However, managers should, wherever reasonably practicable, eliminate or reduce the risk at source before PPE is considered. The use of PPE should only be considered a last resort. Where the need for PPE has been identified and its requirement is unavoidable, Managers should follow the guidance and implement the required control measures as referenced in the Health and Safety Standard.

3.27 Personal Safety (Violence and Aggression) and Amber/Purple Flag

a) Berneslai Homes recognises the fact that there are risks to employees in the provision of its services but expects that people generally should be able to go about their duties without threat or fear of violence or aggressive intimidation resulting from their work.

b) Managers responsible for people, premises and services will assess, through risk assessment, the risk of aggression, violence or potential violence to employees and take all reasonably practicable measures to eliminate or reduce the level of risk to employees' health and safety.

c) Employees are not expected to go alone into a potentially dangerous situation or unnecessarily put themselves at risk.

d) Berneslai Homes will undertake to update and evaluate the Amber/Purple Flag database of premises and persons where and with whom violent incidents may occur, so that employees can more easily be made aware of challenging individuals. This will be alongside maintaining the BMBC Cautionary Contacts Database (CCD).

3.28 Risk Assessments

a) Berneslai Homes is committed to implementing risk assessment procedures in order to comply with the Management of Health and Safety at Work Regulations 1999. These assessment procedures will ensure the identification, assessment and subsequent control of hazards and risks presented by its undertakings to employees and others is suitable and sufficient.

3.29 Safety Signs and Signals

a) Berneslai Homes is committed to complying with the Health and Safety (Signs and Signals) Regulations 1996 and will ensure that where necessary suitable and sufficient signs and signals are provided to indicate safe conditions, prohibitions, mandatory control measures and specific hazards.

3.30 Stress and Employee Wellbeing

a) Berneslai Homes is committed to protecting the health and welfare of its employees and with regard to work-related stress and general employee wellbeing and will ensure that necessary suitable and sufficient actions are undertaken to meet the Stress Management Policy and Dignity at Work Policy.

3.31 Trainees, Volunteers, Agency Workers and Seconded Workers

a) Berneslai Homes recognises its responsibilities both as sponsor and managing agents to all its trainees, volunteers and agency workers. Therefore, they must be afforded to have the same level of commitment to health and safety as any employee.

b) Berneslai Homes recognises its responsibilities to all those workers seconded to Berneslai Homes or working under the direct or indirect control of Berneslai Homes via a partnership or other such arrangement (seconded workers). Therefore, seconded

workers must be afforded the same level of commitment to health and safety as any employee.

3.32 Vehicles and Occupational Road Risk

a) Berneslai Homes is committed to complying with the general requirements of the Health and Safety at Work Etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Provision and Use of Work Equipment Regulations 1998 as they apply to vehicles.

b) Berneslai Homes will ensure that all company vehicles are used, fueled, loaded and unloaded and maintained in a suitable and sufficient manner.

c) Berneslai Homes will ensure that all persons driving vehicles for work-related journeys are suitably informed, instructed, trained, licensed and insured as appropriate. This will ensure that work-related journeys are safe, staff are fit and are competent to drive safely, and the vehicles used are fit for purpose and in a safe condition. This is also defined in the Driving Work Policy.

3.33 Vibration

a) Berneslai Homes is committed to complying with the requirements of the Control of Vibration at Work Regulations 2005.

b) Berneslai Homes will ensure that where necessary vibration assessments are carried out by a competent person and appropriate control measures introduced.

3.34 Visitors and the Public

a) Berneslai Homes will conduct its undertakings in such a way as to ensure, so far as is reasonably practicable, that members of the public are not endangered by work carried out by its employees, whether on Berneslai Homes' premises or not.

b) All reasonable action is to be taken to ensure that visitors are accompanied in areas where risks are known to exist, or those visitors are made aware of such risks.

3.35 Waste Management

a) Berneslai Homes is committed to ensuring that the Environmental Protection Act 1990, the Waste Management Licensing Regulations 1994 and the Special Waste Regulations 1996 and the associated duty of care for waste are complied with throughout the company.

b) Berneslai Homes will ensure that appropriate procedures are implemented to manage its waste and comply with the duty of care.

3.36 Work Equipment

a) Berneslai Homes is committed to complying with legislative requirements of the Provision and Use of Work Equipment Regulations 1998, Lifting Operations and Lifting Equipment

Regulations 1998 and Berneslai Homes schedules for ensuring that all work equipment (hired or owned) is registered and inspected in accordance with statutory requirements.

b) Managers must ensure that all employees receive suitable and sufficient information, instruction and training on the correct use of work equipment before they are charged in its use.

c) Individual managers are responsible for ensuring that all work equipment is registered and maintained.

3.37 Working at Height

a) Berneslai Homes is committed to complying with the Working at Height Regulations 2005.

b) Managers must ensure suitable safe systems of work are implemented for working at height, including the provision of appropriate information, instruction and training.

3.38 Working on or Near the Highway

a) Berneslai Homes is committed to complying with the New Roads and Street Works Act 1991 and will ensure that any works on or near the highway are appropriately signed and traffic controlled.

3.39 Workplace Health, Safety & Welfare

a) Berneslai Homes is committed to establishing and maintaining a healthy and safe workplace for all its employees and others who may enter our premises by implementing the Health, Safety and Welfare (Workplace) Regulations 1992.

b) Advisors from the Health, Safety and Emergency Resilience Service are responsible for carrying out formal visual inspections of Berneslai Homes' work premises in accordance with the Management of Health and Safety Audits of services undertaken for 2 years.

c) Managers are responsible for carrying out more frequent inspections, i.e. weekly, monthly, quarterly, etc., of the area of responsibility depending on the nature of work that takes place.

3.40 Young Persons

a) Berneslai Homes recognises the increased risks to young persons and will extend existing risk assessments to cover them and implement controls measures appropriate to reduce the risks. They will be informed of any additional risks they may face as a young person.

b) Additional risk assessments will be made when a young person is to enter the company for a short period of time during a work experience programme.

SECTION FOUR
HEALTH AND SAFETY PERFORMANCE OBJECTIVES 2024-2026

a. All Business Units will implement Berneslai Homes Occupational Health and Safety Management System to a standard that would meet BMBC Health, Safety and Emergency Resilience Service's "Good" rating upon audit, with a good rating of 90%.

b. Each Business Unit will produce and maintain all required risk assessments.

c. To increase the number of reported 'near misses' in order to capture information to contribute to future incident reduction.

d. To ensure that managers investigate all incidents reported in a timely manner.

SECTION FIVE
GLOSSARY OF TERMS

HEALTH AND SAFETY STANDARDS

Minimum health, safety and emergency preparedness standards that Berneslai Homes and prospective partners are required to meet.

SAFETY MONITORING ASSURANCE STANDARDS

Pre-set criteria allowing Berneslai Homes to measure their performance, in particular elements of health, safety and emergency preparedness.

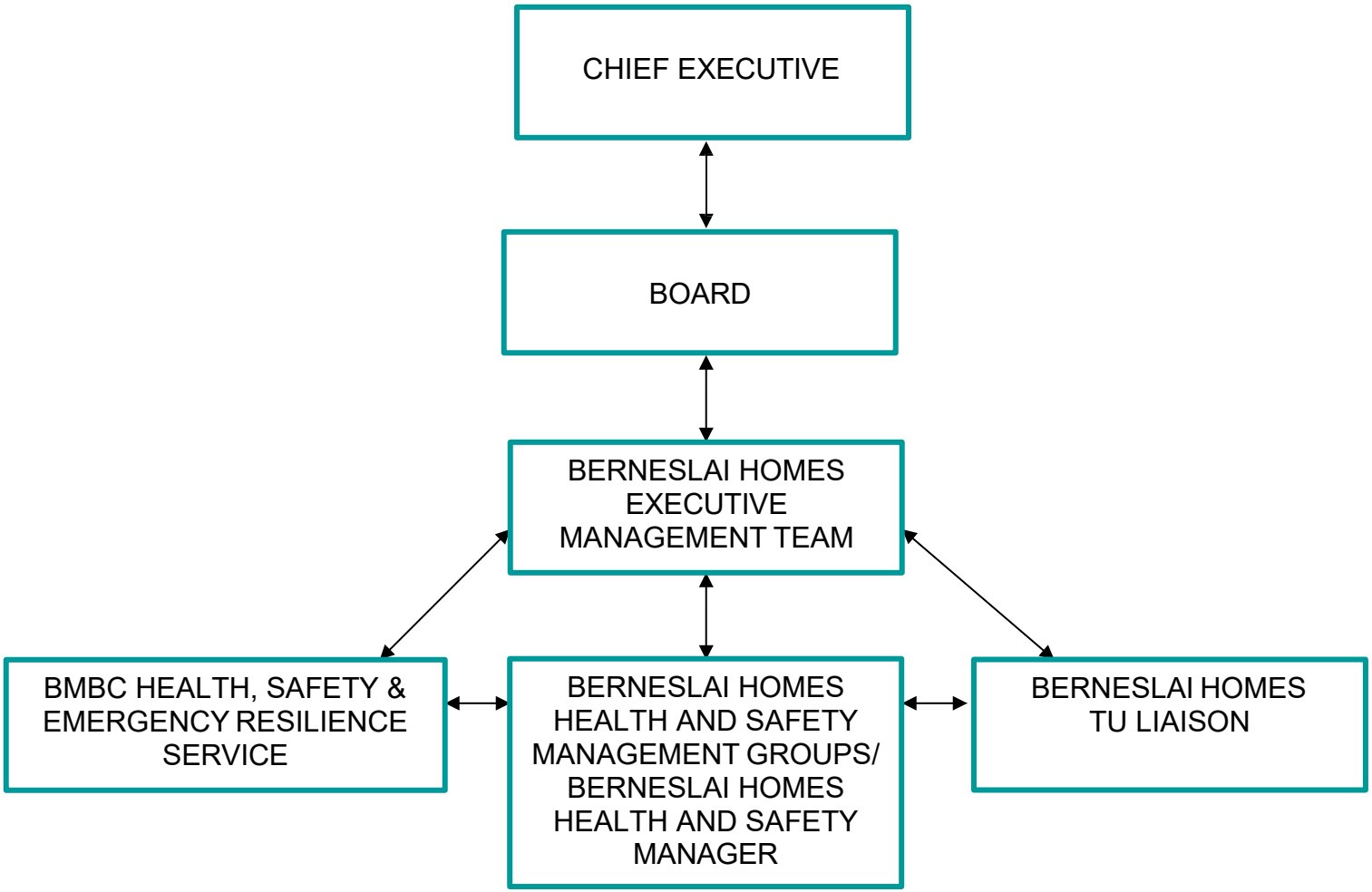
MANAGEMENT PROCEDURES

Documents, produced, issued, and implemented by Berneslai Homes outlining how the required minimum standards are achieved.

OPERATIONAL HEALTH AND SAFETY MONITORING PROGRAMME

Programme outlining the periodicity in which Berneslai Homes complete the Health and Safety Standards relevant to their work activities.

SECTIONSIX
INTERNAL HEALTH AND SAFETY CONTROL, CO-ORDINATION AND COMMUNICATION NETWORKS



SECTION SEVEN
EMPLOYEES' HEALTH AND SAFETY COMPETENCIES

In order to achieve successful health and safety management, the Health and Safety Executive (HSE) state that:

"If employees [at ALL levels] are to make a maximum contribution to health and safety, there must be proper arrangements in place to ensure that they are competent. This means more than simply training them, experience of applying skills and knowledge is another important ingredient…Managers need to be aware of relevant legislation and how to manage health and safety effectively…All employees [at ALL levels] need to be able to work in a safe and healthy manner."

Therefore, all employees at all levels should have a clear understanding of the key occupational health and safety issues for Berneslai Homes (and in particular their department) and be continually developing their skills and knowledge. The guidance below details the health and safety competencies which are required in order to implement the responsibilities detailed in Section Two of this Policy.

7.1 Chief Executive and Executive/Senior Management Team

a) Knowledge of the corporate occupational health and safety management system.
b) Knowledge, as appropriate, of the monitoring regime for health and safety.
c) Knowledge of the protocols and procedures for corporate governance, strategic risk management, and statement of internal control.
d) Knowledge of strategic control, co-ordination, consultation, and communication networks for health and safety.
e) Knowledge of strategic emergency response and continuity arrangements.

7.2 Managers and Supervisors

a) In order to provide appropriate background knowledge of health and safety, successfully achieve the IOSH Managing Safely certificate or equivalent qualification in managing health and safety, which is currently the Site Management Safety Training Scheme (SMSTS) or Site Supervisors Safety Training Scheme (SSSTS)
b) Knowledge of the corporate occupational health and safety management system.
c) Knowledge, as appropriate, of the monitoring regime for health and safety.
d) Knowledge of the protocols and procedures for operational risk management.
e) Knowledge of operational control, co-ordination, consultation, and communication networks for health and safety.
f) Knowledge of operational emergency resilience and continuity arrangements.

7.3 Employees

a) Attend health and safety induction training – corporate and role-specific.
b) In order to provide appropriate background knowledge of health and safety, operatives successfully achieve the CITB Site Safety Plus or equivalent or CSCS card.
c) Knowledge of the corporate occupational health and safety management system as it applies to employees.
d) Knowledge of the safe systems of work for their role and activities undertaken within the role.
e) Knowledge of operational consultation and communication networks for health and safety.

SECTION EIGHT
EXECUTIVE MANAGEMENT TEAM ACCEPTANCE OF HEALTH AND SAFETY POLICY

The acceptance of my statement of health and safety policy as Chief Executive of Berneslai Homes and the implementation of the health and safety policy require the commitment of my management team.

The acceptance and commitment to implement this policy is given by the undersigned Executive Management Team:

Arturo Gulla, Executive Director of Property Services ..... Date

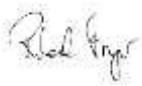
David Fullen, Executive Director of Customer and Estate Services ..... Date

Rachel Taylor, Executive Director of Resources ..... Date

SECTION NINE
BOARD ACCEPTANCE OF HEALTH AND SAFETY POLICY

Berneslai Homes Board approved the policy at its meeting on the 24 July 2025 and individual Board Directors have endorsed their support of the policy:

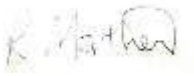
Ken Taylor (Chair) — *Date* 24/7/2025



Richard Fryer — *Date* 24/7/2025

Mark Johnson — *Date* *24/7/2025*

Adam Hutchinson — *Date* *24/7/2025*



Rebecca Mather — *Date* *24/7/2025*

Gez Morrall — *Date* *24/7/2025*

Kevin Osborne — *Date* *24/7/2025*

Jo Sugden *24/7/2025*
Date

Sarah Tattersall *24/7/2025*
Date

Minutes of Berneslai Homes Board held 10th June 2026
4.00 p.m.
(Virtual Meeting)

Present:

Ken Taylor (KT)	-	Chair
Tony Ellis (TE)	-	Board Member (from Item 3.1 on the Confidential agenda)
Richard Fryer (RF)	-	Board Member
Cllr Jayne Hulme (JH)	-	Board Member
Adam Hutchinson (AH)	-	Board Member
Gez Morrall (GM)	-	Board Member
George Paterson (GP)	-	Board Member
Cllr Neil Young (NY)	-	Board Member
Jo Sugden (JS) (Public agenda only)	-	Board Member

In attendance

Steve Feast (SF)	-	CEO
Dave Fullen (DF	-	Executive Director, Customer & Estate Services
Sam Roebuck (SR)	-	Head of Strategy, Governance and IT
Russell Thompson (RTh)	-	Interim Executive Director, Property Services
Paul Clifford (PC)	-	Service Director BMBC
Alison Dalton (AD)	-	Head of Strategic Housing BMBC

Observing

Aisling McNultey	-	Audit and Risk Committee Co-optee
Tony Ellis (TE)	-	Observer until appointed at Item 3.1 on The Confidential Agenda

Welcome and Introductions	**ACTION**
KT Welcomed the new Board Members, Councillor Jayne Hulme and Councillor Neil Young. Tony Ellis the newly appointed Tenant Board Member was also welcomed. He observed the meeting until officially appointed at Item 3.1 on the Confidential agenda.	

Item 1 – Apologies There were no apologies.	
Item 2 – Declarations of Interest TE declared an interest in item 3.1 (Addendum to Governance Update report – appointment of Tenant Board Member).	
Item 3 – CEO Presentation SF presented the information summarising the key points. He began by thanking everyone for the warm welcome he has received since joining BH on 1 April, from both Council and BH colleagues. He noted the many positive comments from colleagues and noted their commitment to delivering strong services while continuing to improve. This had been a consistent theme during his first few weeks. Although there was some uncertainty ahead of the local elections, he was left with a positive impression and a clear sense of determination to move forward, further strengthening the relationship with the Council. Board members were referred to the third slide, which highlighted the key areas of focus. While the content was familiar to existing Board members, it was noted that the information would be useful for new members. Practical priorities include empty homes, repairs and maintenance and Awaab's Law. Wider organisational priorities include making better use of data systems, maximising existing resources and opportunities, managing transformation effectively, and ensuring resources are used efficiently, including through investment that delivers longer-term savings. He also emphasised the importance of organisational culture, noting that it needs to become more contemporary and better aligned to the delivery of services. This will require a significant amount of work. Slide 4 outlines the emerging issues, including a summary of the elections. It also highlights the ongoing challenges linked to the Middle East crisis, particularly in relation to potential fuel shortages. Work has been undertaken jointly with the Council, and although no issues have materialised to date, contingency plans are in place. A staffing update was included. Recruitment has been made to some key posts including the Executive Director of Property Services, hopefully starting at the latest in September; the Head of Finance, commencing in August and an Interim Head of Repairs and Maintenance has also been appointed for the remainder of the calendar year. Board were informed that Rachel Taylor is currently absent and will be for a few weeks. SF is keeping in touch with Rachel to manage her absence. DF, SR and SF will be covering Rachel's reports on the agenda today.	

He advised that the Green Project is progressing well and on track in relation to the consultation period. This should hopefully be agreed shortly which is a positive for all concerned. Excellent progress has been made on sickness absence. Today's agenda has a strong focus on year-end information, alongside key asset management priorities, including building safety, empty homes, and strategy. Governance also features prominently, particularly in relation to the Board changes, which are due to be formally approved today. RF asked what support SF expected from the Board in relation to the areas of focus. SF advised that success would depend on the effectiveness of the relationship between the Board, EMT and SMT, with all parties working collectively. He added that constructive challenge and input would be welcomed. NY commented that he was interested in BH from a tenant perspective, including how it operates compared with previous arrangements. He noted that, while there would be a learning curve, he found the role interesting and would be happy to support where possible. **The Board resolved that:** **the update was noted.**	
<u>Item 4.1 – 2025/2026 Year End Performance</u> DF presented the 2025/2026 year-end performance report to Board, highlighting key areas of performance and inviting questions. The report included the draft KPI targets at Appendix C, for sign-off. Key strengths were noted in building safety compliance, repairs completed on time, complaint response times, rent collection, and reduced sickness absence. Empty homes remained an area for improvement and would be considered further under a separate agenda item. RF referred to paragraph 4.3.1 and queried the properties falling out of decency at year end, noting that 67 were due to no access and asking for the reasons relating to the remaining 37. RTh advised that details are contained in the Health and Safety Compliance report on the agenda, but are in relation to component replacements. RF also asked how aligned teams were in managing no access cases, including whether there was a central record and whether wider factors such as vulnerabilities or mental health were being identified. RTh advised that no access remained a consistent challenge across workstreams, including gas, electrical safety and Awaab's Law. The No Access Policy is currently being reviewed and will be informed by consultation with colleagues across the Company to provide a more coordinated and consistent approach.	

GP referred to paragraph 4.2.2 and congratulated staff on achieving 100% income collection against a 98% target, particularly given the challenging financial circumstances facing tenants. JS endorsed these comments.

Board noted that performance in the south of the borough appeared to be lower across a number of measures and asked whether there was any insight into the reasons for this. DF advised that there was no obvious single cause identified at this stage. However, Neighbourhood Teams would undertake more local engagement during the year, supported by local area plans developed with councillors and communities, to strengthen locality-based insight and engagement.

GM referred to the 1,200 tenant satisfaction surveys completed and asked whether this was considered a low response and what further activity was planned. DF confirmed that the response was sufficient for statutory purposes and met the Regulator's methodology and sample size requirements. For the coming year, a hybrid postal and telephone approach will be used by the independent research company, with the aim of improving response rates and broadening the demographics of respondents. The Customer Services Committee will monitor the impact of the revised approach and response rates. RF endorsed the response provided.

KT raised concern regarding tenants feeling safe in their homes and being kept informed, asking what action was being taken to improve these areas. DF advised that the measure relating to being kept informed was often linked to tenants awaiting updates on repairs and would be addressed through the repairs improvement plan being developed by RTh. It was suggested that the Customer Services Committee could consider this as part of its deep dive work, while noting that clarity was required by the Executive Team on operational responsibilities and the most effective route to improvement.

In relation to safety in homes, DF advised that work had been ongoing with BMBC's Safer Neighbourhood Service. The indicator remains challenging and is influenced by perception. DF noted that Barnsley's crime rate was comparatively lower than many neighbouring areas and that initiatives such as the Love Where You Live campaign, targeted work on hotspot areas, increased estate presence through additional Neighbourhood Team resources, and the environmental programme budget were expected to support improvement. The recent successful prosecution relating to a garden issue was also noted as evidence that concerns were being addressed. Board will be kept informed of progress, including the implications of the new Crime and Policing Act and any further opportunities arising from the Safer Neighbourhood Service work.

The Board resolved that:

1. **the 2025/26 year end performance provided assurance and approved the publication of the TSM perception survey results noting the results will be submitted to the RSH by 30th June 2026.**
2. **where performance targets have not been achieved, they were satisfied with the explanations provided and that there are adequate controls and actions in place.**

3. the Customer Services Committee would monitor the revised approach to tenant satisfaction surveys **4. the draft 2026/27 TSM Pulse and Council Pulse KPI targets be adopted**.	
<u>Item 4.2 – PRIP Year End Performance</u> RTh presented the report and noted that the current RAG ratings do not fully reflect the sustained performance achieved by both partners. The PRIP Core Group is reviewing the ratings to ensure they more accurately reflect current sector conditions. GP thanked RTh for the detailed response to his queries on Decision Time. He highlighted the need for the Board to consider the PRIP contract review, action plan and Savills' recommendations, noting improving performance and future opportunities for Board involvement to support better outcomes for tenants and value for money. PC confirmed support for the ongoing improvements, while noting the need to remain mindful of existing contractual arrangements. SF acknowledged the feedback on the PRIP contract and the current contractual position. It was noted that future arrangements will influence the short to medium term structure and continued alignment between both organisations. The focus must remain on improving services for tenants, underpinned by a shared commitment to service improvement. AH sought clarification on the reportable accident figures, noting a discrepancy between the combined figure of 1 and the detail stating that PS reported five incidents during the year. He also queried if this disparity was a concern. Russell advised that the incidents were minor and highlighted the need to reinforce good working practices. KT concluded by asking whether there were any areas the Board wished Customer Services Committee to review. The proposed deep dive on repairs was welcomed. RF advised that satisfaction measures would also be considered to identify the most appropriate indicators for an accurate performance picture, given the current range of competing measures. Communication will also be reviewed by the Committee. It was noted that BH, the Council and the Board will need to work collectively. Board to be kept updated. **The Board resolved that:** **1. they had considered Q4 2025/26 PRIP Performance Report update summary report.** **2. they endorsed the controls and actions put in place to address non achievement of performance targets** **3. more detailed consideration of the repairs service would be undertaken by Customer Services Committee.**	

Item 4.3 - H & S Landlord Compliance RTh presented the report. The Board agreed that performance was strong and that the scorecard reflected positive results. It noted that the few areas requiring close attention were primarily due to issues with access rather than system failure. The Board also noted that the scorecard is now presented by exception reporting. KT commented that this represented excellent performance and thanked the team. RF referred to the report's reference to changing the contractor for stock condition surveys and asked whether a new provider had been appointed. RTh confirmed that a new contractor is now in place and is progressing the work on the organisation's behalf. **The Board resolved that :** **1. consideration was given to the exception-based Building Safety information and the areas of focus.**	
Item 5 – BH Annual Business Action Plan Update SR presented the year-end report and advised that good progress had been made against the agreed priorities. Where actions had not been achieved, explanations were provided within the report. AH welcomed the progress made and referred to the proposed implementation of the chatbot to support AI development. He noted the 18-month timeline and suggested this lacked ambition, given the pace of AI advancement. SR explained that the original target reflected resource constraints, but confirmed that good progress was being made within the existing structure, including consideration of an internal chatbot. SR acknowledged the timescale was lengthy but confirmed implementation would take place within the current financial year. AH emphasised the need to maximise AI opportunities in a controlled and considered way, particularly given limited resources, and requested sight of the roadmap for future opportunities. SR advised that she was developing this with the Council, drawing on their existing implementation and learning. **Board resolved that:** **1. they had scrutinised and commented on progress against the Annual Business Action Plan 25/26 at the year-end position.**	SR

Item 6 - Annual Complaints Handling and Learning Report 2025 26

DF presented the report, which provided an overview of complaints handling and learning for the period April 2025 to March 2026.

Complaints handling remains a significant focus to ensure regulatory compliance. The Customer Services Committee receives quarterly updates, with full-year analysis presented to Board and the Council.

Board noted that complaints had decreased for the first time in five years, and that TSM complaints performance remained strong compared with peers.

The Council's Complaints Policy had been reviewed in detail by the Housing Ombudsman Service. Only minor changes were required and, following discussion with the Council and the Ombudsman, it was confirmed that the amendments satisfied the required standards.

RF welcomed the positive direction of complaints performance and emphasised the importance of learning from complaints. Referring to the 'Knowing Your Customers' project, which focuses on identifying and responding to vulnerabilities, he asked about timescales for completion and improved practice. DF advised that a working group was reviewing the information collected and how it is gathered, with a report and timeline due to be presented to CSC in August.

JS commended the team's performance, noting that meeting the target was a significant achievement. She asked whether Stage 2 escalations arising from unfulfilled Stage 1 commitments were linked to tenant communication, staffing, business processes or joint working. RTh acknowledged this as a weakness within Property Services and advised that learning from the severe Housing Ombudsman maladministration case had identified several improvements. He noted that cultural issues within Property Services were being addressed and agreed that clear communication and keeping tenants informed were critical.

PC agreed that improving outcomes for tenants must remain a priority, particularly in relation to compensation. He emphasised the need to handle complaints efficiently and apply learning effectively, while noting that the Ombudsman's minor policy recommendations demonstrated that the overall framework was robust.

SF reflected that, while the policy and process were strong, improvements were needed in both people and systems. He highlighted the need to use technology to maintain regular customer contact, provide multiple updates and identify potential risks, noting that culture and effective systems were both essential.

The Board resolved that:

1. **they were assured by the strong complaints performance for 2025/26 and the continued positive progress in improving the complaint handing service within Berneslai Homes.**

2. they had considered the risks and actions contained within the report and recommended the revised Complaint Handling Policy to BMBC for approval and adoption.	
<u>Item 7 – Quarterly Risk Update</u> SR provided an update on the current risk position and progress against the refreshed risk management framework. The updated Strategic Risk Register and framework are presented to Board for approval. The report had been considered by Audit and Risk Committee, with its comments incorporated into the Policy. Board was asked to note the 15 active risks; although some were high, once controls were applied non rate higher than amber There are no contingent liabilities, and one severe maladministration finding has been recorded to date. AH confirmed that the Committee had reviewed the report and that its feedback had been incorporated. AH noted the inclusion of business continuity incidents, and the Policy's response to them, reflected good practice. JS welcomed the progress made and asked whether Audit and Risk Committee would receive detailed updates from risk owners. SR confirmed this would occur and they would also be able to review the controls in place, alongside actions and targets, providing a more comprehensive overview. GP, as a member of Audit and Risk Committee, welcomed the new risk management software and the improved quality of information it would provide, describing it as a significant step forward. PC echoed these comments, noting the value of now being able to see mitigations and controls, which he had advocated for over some time. **Board resolved that they:-** **1. reviewed and commented on the Risk Management Quarterly Update.** **2. approved the refreshed Strategic Risk Register** **3. approved the refreshed Risk Management Policy** **4. approved the revision to the Board Risk Appetite** **5. approved the request to amend to the RAG alignment of risk appetite scores**.	

Item 8 – Corporate Governance Annual Report SR provided an overview of the annual governance activities, including the Board's annual review of governance indicators relating to performance and effectiveness. The report also includes the annual review of the register of interests, the outcome of the self-evaluation, and the annual self-assessment against the NHF Code of Governance, which identified a small number of areas for strengthening. RF noted that the comprehensive report provided significant assurance and thanked Claire Denson for her work. KT agreed and also welcomed the feedback on the 360 approach from EMT and the Board, noting its value in supporting governance improvements and demonstrating organisational maturity. KT proposed establishing a Task and Finish Group to consider how governance could be strengthened and how the Board, EMT and SMT could work more effectively together. JS and RF volunteered to participate. KT will discuss this with SF to progress the group as soon as possible, alongside the wider governance discussion. KT noted that, as part of the Task and Finish Group, he would like to review committee membership and structure to identify suitable members. With new members including JH, NY and TE, he felt this was an appropriate time to undertake the review and progress it ahead of the next round of meetings. SF reflected that the report contained a significant amount of information and was the strongest he had seen, while recognising the continued ambition to improve and drive further progress. **Board resolved that :** **1. they reviewed and commented on the annual governance performance data included in the report.** **2. they agreed to the continued collection of the governance indicators and for the information to be published on the Berneslai Homes' website.** **3. they agreed to the establishment of a Governance 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).** **4. the Governance Task and Finish Group will consider whether to align the board diversity targets to the associated BH customer data.**	KT/SF

5. they agreed the proposed areas of non-compliance and the actions set out in the self-assessment against the NHF Code of Governance **6. they agreed that a statement of compliance with the NHF Code of Governance be included into the Annual Accounts on a comply or explain basis**.	
Item 9 BH Annual Investment Strategy SF introduced the report, prepared by RT and considered at the previous Audit and Risk Committee. AH advised that the Committee had reviewed the report, providing assurance to Board. He noted the comprehensive nature of the policy and the quality of information presented by BMBC, with the Committee receiving assurance throughout the year that investments are delivered in line with the strategy. The Committee endorsed the policy and recommended it to Board for approval. **The Board resolved that they approved:-** **1. the Investment Strategy.** **2. the investment limits set out at paragraph 3.4.** **3. the instruments list set out at paragraph 3.8.** **4. the Scheme of Delegation outlined in Appendix A and the Policy Statement outlined in Appendix B.**	
Item 10 – Equality Diversity and Inclusion – Equality Pay Gap Reporting and Be Inclusive Action Plans DF presented the report and highlighted the Chair's commitment to actively driving equality, diversity and inclusion through the Chair's Challenge in 2024. The 2025 position was positive, with a small overall gender pay gap and progress in disability pay outcomes. Areas for continued focus include the increase in the ethnicity pay gap and the disproportionate receipt of bonus payments by male employees, although this is expected to be addressed following completion of the Green Project. Occupational segregation also remains an issue, exacerbated by changes in senior staffing. The Board's attention was drawn to page 12 of the pack, which provides a helpful definition of 'mean' and 'median' pay gaps. Section 4.2.1 outlines the equality actions completed during the year and refers to the Be Inclusive Steering Group, which has helped shape the action plan. Delivery of the plan supports strong compliance with the Consumer Regulatory Standards, particularly the transparency, influence and accountability standard.	

GP referred to paragraph 4.2.4 and the proportion of women in construction, which is 2.1% against a target of 15%. He questioned whether the target was realistic and whether it should be reviewed or the relevant roles redefined. The target and eligible roles will be reviewed. KT also questioned whether the target was feasible. GP queried the purpose and value of the target, including whether it could be counterproductive, and noted that further consideration was required. JS to discuss with SF. **The Board resolved that they:-** **1. approved the publication of the Gender, Ethnicity and Disability Pay Gap report 2025 on the Berneslai Homes website.** **2. acknowledged the progress made on the 2025/26 EDI action plan.** **3. acknowledged the 2026/27 Be Inclusive Action Plan.**	JS/SF
<u>Item 11 - Probation Policy and Procedure</u> DF presented the report seeking approval to amend Berneslai Homes' probation period in response to changes introduced by the Employment Rights Act 2025. The Board was asked to approve a reduction in the probation period from six months to four months, in line with the Act. As this change will amend the terms and conditions for new staff, Board approval is required. It was agreed that the proposal would be presented to the next TU Liaison meeting as a courtesy. **Board resolved that:** **1. they approved 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.**	
<u>Item 12.1 Board Fact Sheet</u> **Board resolved that:** **1. they noted the fact sheet.**	