

**Irvine Housing Association – Board Meeting**

**Item: 5.2**

Date:	6.1.2020
Subject:	Streamlined Evictions
Author:	Heather Anderson
Sponsor:	Paul Hillard
Appendices:	No
Action:	For Information
Data Class:	Public

**EXECUTIVE SUMMARY**

To complement the existing measures available to landlords to address antisocial behaviour in, or in the locality of a social housing tenancy, a number of new provisions were introduced in the Housing (Scotland) Act 2014 ('the 2014 Act'). These measures include:

- a new Short Scottish Secure Tenancy for antisocial behaviour (Section 7 of the 2014 Act).
- a power for landlords to extend the term of some Short Scottish Secure Tenancies by 6 months, including those related to previous antisocial behaviour, where housing support services are being provided (Section 10 of the 2014 Act)
- a new streamlined eviction process where there has been a recent criminal conviction punishable by imprisonment for tenancy related antisocial or criminal behaviour (Section 14 of the 2014 Act) within the previous 12 months.

This report provides further detail on these new measures which have been incorporated into the Association's Anti-social behaviour procedures, and which are available for use by frontline tenancy management staff.

**RECOMMENDATION**

The Board is asked to note the new measures introduced by the Housing (Scotland) Act 2014 to manage and prevent incidents of Anti-social behaviour.

**1 Background**

- 1.1 The Housing (Scotland) Act 2014 introduced new measures to help landlords prevent and alleviate Anti-social behaviour. These measures came into force in May 2019 and are now available for use by Housing Management services.

The new tools relate specifically to a new streamlined evictions process and Short Scottish Secure Tenancy for perpetrators of previous Anti-social behaviour.

Training sessions have been held with relevant staff and the Association's Anti-social behaviour procedures updated to reflect these new measures.

## **2 Review process**

### **2.1 Streamlined Evictions Process**

This new provision gives landlords the flexibility to use a streamlined process for eviction where a tenant (or any one of joint tenants), a person living in or lodging in the house, a subtenant or a person visiting the house has been convicted of an offence punishable by imprisonment within the previous 12 months. It will only be available for “new actions”. It cannot be used where we have already served a notice on a tenant before the implementation date and which is in force on the date that court action is raised.

The purpose of the streamlined eviction process is to help landlords to take action on serious antisocial behaviour more quickly in some cases and help reduce the harm that is caused to communities from serious antisocial or criminal behaviour. The streamlined eviction process is intended to help to speed up eviction in cases where:

- serious antisocial or criminal behaviour has already been proven in court;
- the behaviour which led to the conviction was in the locality of the tenant’s house; and
- the landlord considers that eviction action is appropriate, such as to protect neighbours and other people living or working in or near a social housing property from harm.

### **2.2 Short Scottish Secure Tenancy for Anti-social Behaviour**

The Housing (Scotland) Act 2014 has provided social landlords with the power to convert an existing tenant’s Scottish Secure Tenancy (SST) to a Short SST or to grant a Short SST to new tenants in cases where there is evidence that the tenant, a member of their household or a visitor has been involved in antisocial behaviour in or near their home within the last three years.

This extends current powers for the issue of Short SSTs for antisocial behaviour which require the tenant to have been evicted for antisocial behaviour or subject to an ASBO within the last three years.

The length of a Short SST in cases involving antisocial behaviour has been increased from six months to a minimum of 12 months, with provision for the landlord to request a further six month extension, if antisocial behaviour issues persist. The extension of Short SSTs is intended to allow more time for us to work with tenants with a view to encouraging positive changes in behaviour as an alternative to eviction proceedings.

When issuing a Short SST for antisocial behaviour, we must state the reasons for the decision and the tenant will have the right to appeal.

During the initial 12 month Short SST, we must provide, or ensure the provision of, housing support services which are deemed to be appropriate. If the Short SST is extended, support must be provided. If antisocial behaviour persists or the tenant is in breach of their tenancy conditions, we may seek recovery of the

home through the usual channels. Again, we are required to give reasons for the decision to recover the home and the tenant will have the right to appeal.

**3 Review Outcomes**

The new powers to tackle antisocial behaviour are discretionary and it is not clear how widely we will use them. Use of the new tools have been incorporated into the Association's Anti-social behaviour procedures and any implementation of the measures will be based on Scottish Government Guidance. All cases, where either the streamlined evictions process or transfer to a Short Scottish Secure Tenancy for Anti-social behaviour reasons, will be discussed and agreed with the Housing Services Manager.

**4 Proposals for revision**

- 4.1 The new measures have been incorporated into the Association's Anti-social behaviour procedures and publicised on the website. Training sessions have been held with Housing Management staff and oversight of implementation will lie with the Housing Services Manager.

**5 Recommendations**

- 5.1 As described in the Executive Summary.

Date:	20 January 2020
Subject:	Operational Performance
Author:	Heather Anderson
Sponsor:	Paul Hillard
Appendices:	Yes
Action:	Information
Data Class:	Public

**EXECUTIVE SUMMARY**

This paper and appendix sets out performance across the operational KPIs as at 20<sup>th</sup> January 2020.

**RECOMMENDATION**

The Board is asked to consider and note the current performance position.

**1 Background**

- 1.1 Performance against the agreed KPIs is reported to each Board meeting using the newly developed performance reporting system, Tableau. The dashboards are attached to this report as Appendix 1.

**2 Performance Context**

- 2.1 The agreed KPIs for 2019/20 for Irvine are:

- Total unadjusted arrears.
- Void rent loss.
- Rent Evictions
- Repairs timescales.
- Compliance
- Tenancy Turnover
- Tenancy Sustainability
- Overall satisfaction
- Listening to Views
- Repairs and Maintenance
- Latest Repair satisfaction
- Complaints Handling
- Complaints resolved at first stage.

**3 Performance update and analysis**

- 3.1 Performance continues to remain out-with target across all customer satisfaction KPIs, with the exception of complaints resolved at first stage. However, we have seen a considerable improvement in the monthly overall satisfaction for the month of December, increasing to just over 80%. A new Customer Plan for Irvine has been developed which sets out more detailed and

comprehensive actions to try and drive forward improvements, and which reflects the new overarching Group plan. Work is also underway with Group's Customer Insight Team to review current methodologies used for gathering customer feedback. A customer involvement exercise seeking customer feedback on areas of dissatisfaction is being developed, and monthly communications with customers outlining planned capital improvements, how rental income is used, and value for money achieved on an ongoing basis.

- 3.2 Arrears levels have seen a considerable decrease over the past four weeks. This is due to a change in process where Housing Officers are focusing their time on arrears in high risk areas, as well as the non-charging fortnight. End of year 'campaign's will be jointly implemented by Housing Officers and the Income Collection team to target non UC arrears cases, carry out evening visits and as much face to face intervention as possible to push towards our target by year end.

#### **4 Next steps**

- 4.1 As above.

#### **5 Recommendations**

- 5.1 As described in the Executive Summary.

# Irvine Performance Dashboards

As at Period 9 End (29/12/19)

Rent Evictions

5

Target: 5

Repairs Timescales

97.4%

Target: 96%

Gas Compliance

100.0%

Target: 100%

Tenancy Turnover

4.9%

Year-End Target: 7%  
Stepped Target: 5.8%

Tenancy Sustainability

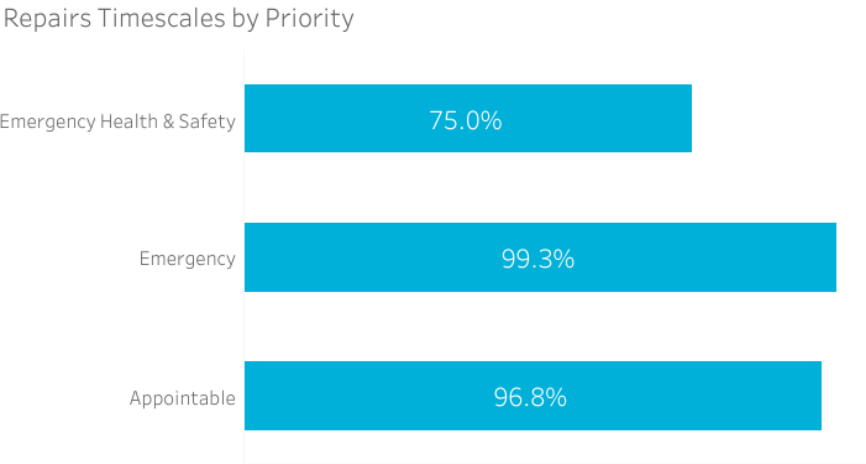
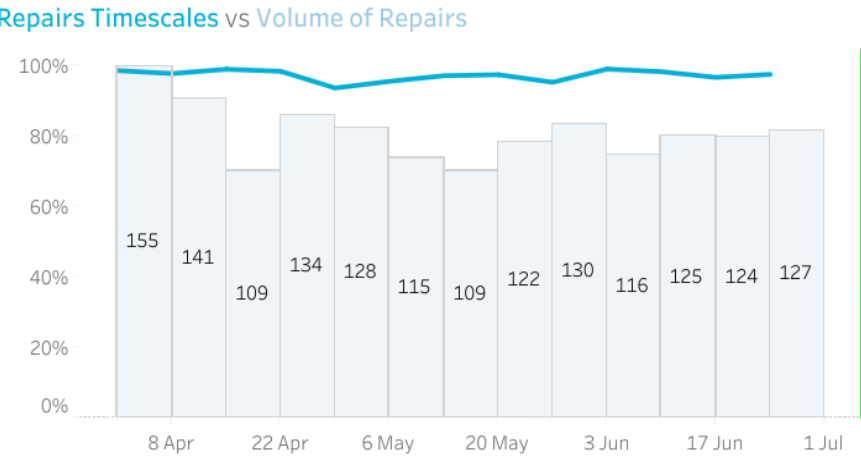
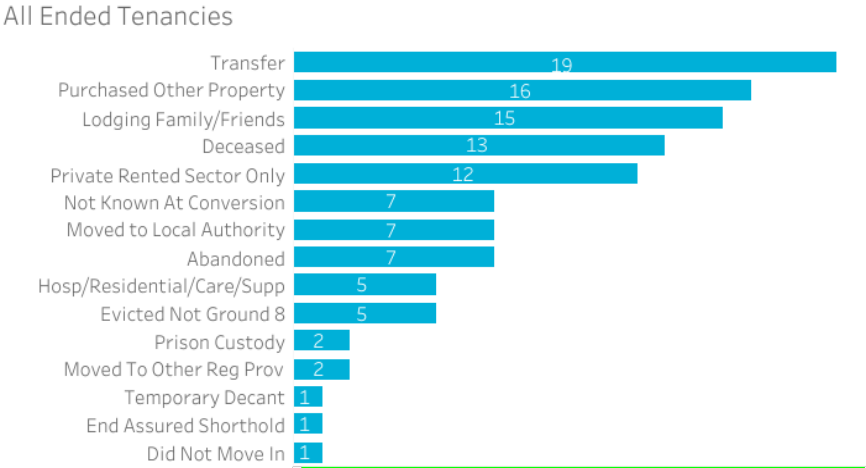
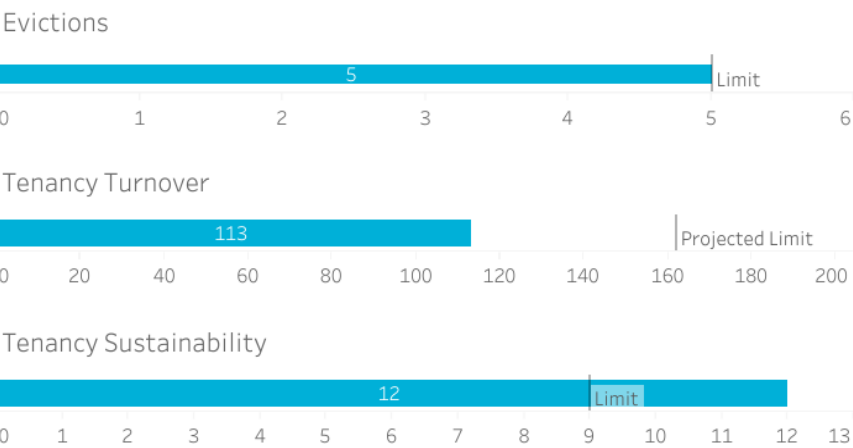
12

Year-End Target: 9  
Stepped Limit: 7.5

Refusals

10.36%

222 Lets with 23  
refusals

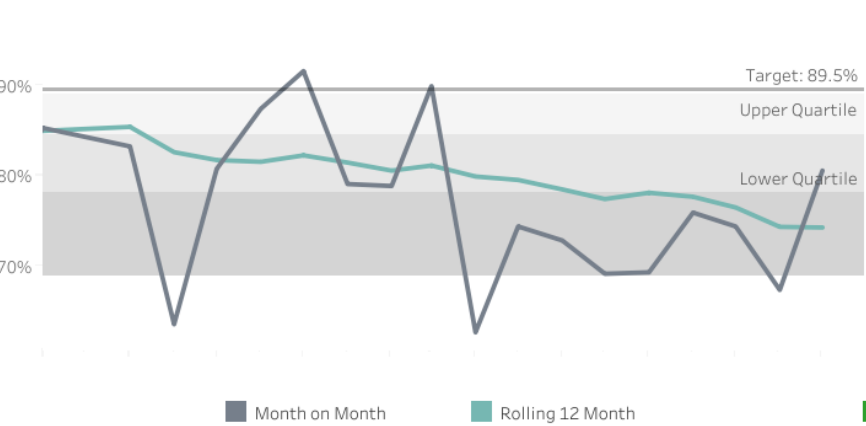


Commentary:

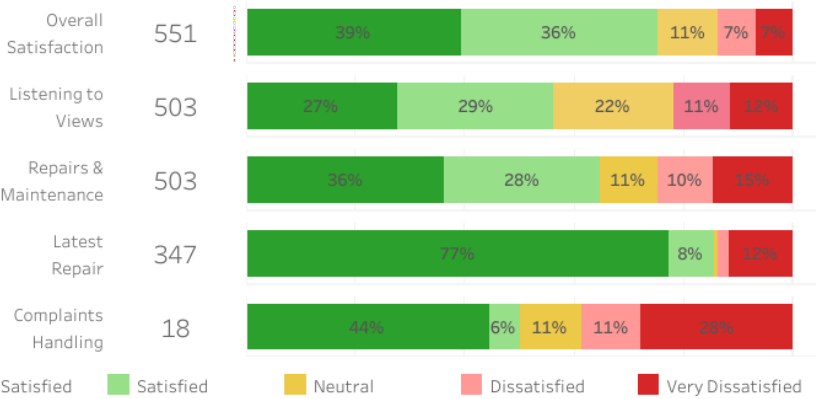
- Tenancies ending due to evictions and abandonments is out-with target and higher than the anticipated position for the year. This is due to the increasing numbers of tenants with complex support needs.
- The Tenancy Sustainability Team is notified as soon as an abandoned tenancy is suspected to carry out interventions as necessary. The team is also proactively contacting tenants who have not engaged with our services at all in the past year to identify and resolve any issues we may not be aware of.
- It is worth noting that 35 initial Abandonment Notices have been issued over the year, with only 7 of these progressing to a failed tenancy.



Overall Satisfaction by Month

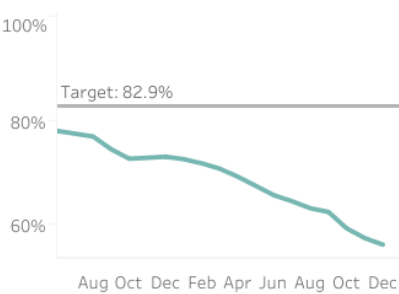


Responses

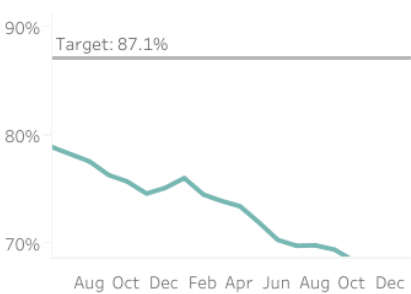


Breakdown of Responses

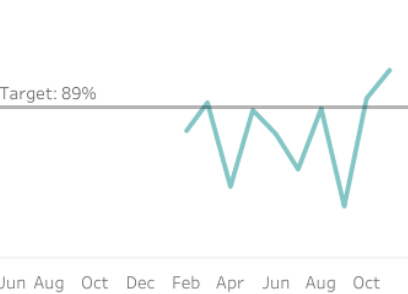
Listening to Views



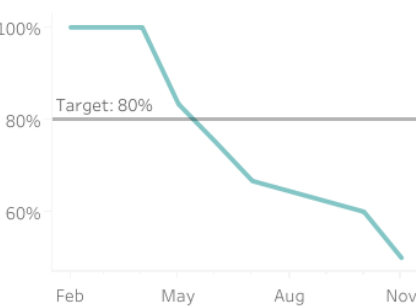
Repairs & Maintenance



Latest Repair



Complaints Handling



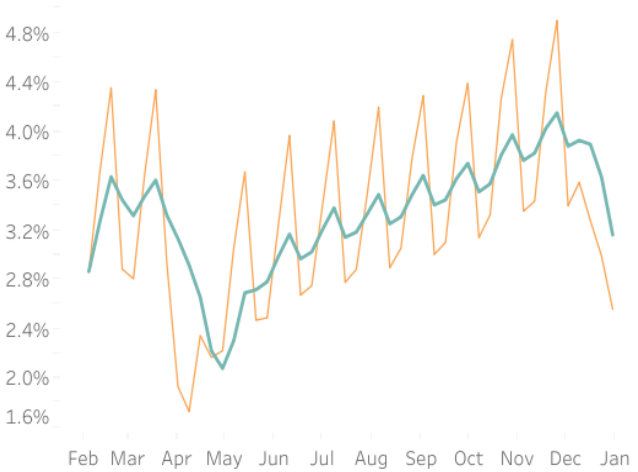
Commentary:

- Satisfaction for the reporting month has increased significantly to 80.6%, however the average over the rolling 12 months remains out with target.
- Irvine's Customer Plan has been approved by Board and is in the early stages of implementation. The plan will include; a review of CSC 'Scottish' scripts and complaints processes, greater scrutiny of complaints with repairs contractors, increased monthly service updates, online discussion forums with customers, and local community events and initiatives.
- Operational teams have been given a target of putting forward two good news stories per month for publication on social media.
- Operational managers monitor complaints on a weekly basis and ensure lessons learned are completed where an IHA staff member has been involved in handling the complaint.

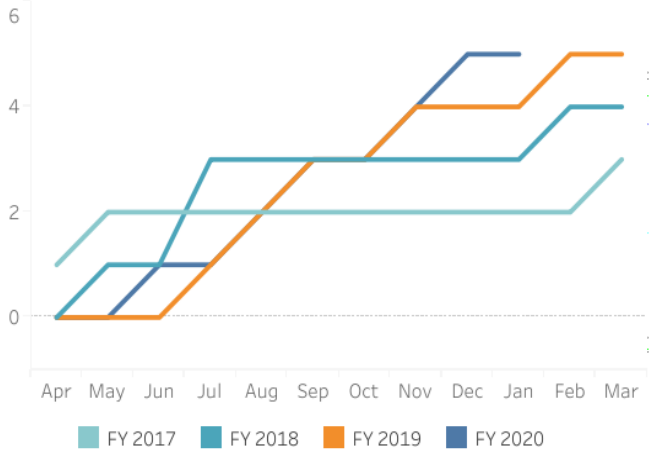
5 Week Arrears  
**3.22%**  
£0.33M

Target: 3.06%  
£0.32M

Arrears 5 Week Average and Weekly



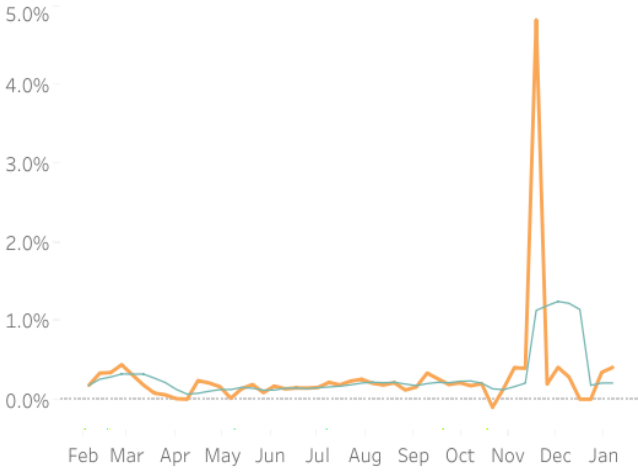
Rent Evictions Year on Year



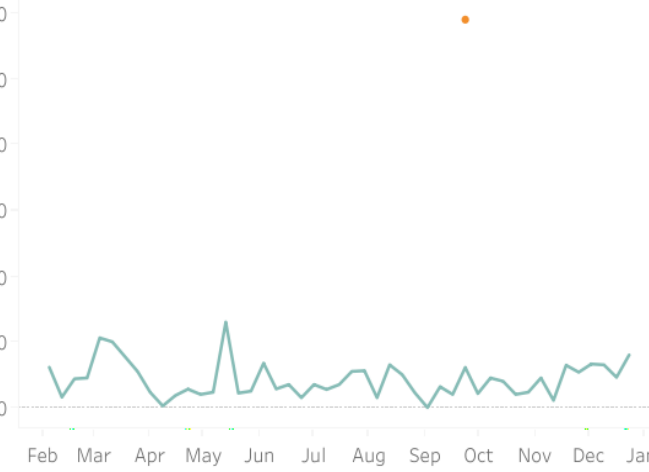
Void Rent Loss  
**0.33%**  
£25,833

Target: 0.20%  
£15,521

Void Rent Loss Weekly And 5 Week Average



Average Relet Days Available vs Unavailable History



Commentary:

- Void loss still appears to include the erroneous figure of £9,452. Without this the figure would be £16,381 which is approaching exceeding the 0.20% target of the current stepped ARI of £7.5m.
- The Arrears position has improved both before and after the non-charging fortnight. We have increased Housing Officer input and face to face visits our in our high risk arrears areas.
- We are continuing to push advanced payments of UC to customers to address the initial shortfall caused by UC application. We also now have an additional staff member in Dumfries which is one of our highest arrears patches.
- End of year campaigns will be carried out with non UC arrears cases to encourage tenants to be paying in advance by year end. Late night visits will also be carried out on a rota basis by Housing Officers in the weeks ahead.

Date:	30 January 2020
Subject:	Scheme of Delegation – Financial Authorisation Limits
Author:	Morag Hutchinson
Sponsor:	N/A
Appendices:	Appendix 1: Scheme of Delegation – Financial Authorisation limits – <i>existing</i> Appendix 2: Scheme of Delegation – Financial Authorisation limits – <i>proposed</i>
Action:	Decision
Data Class:	Public

**EXECUTIVE SUMMARY**

The Scheme of Delegation – Financial Authorisation Limits were last approved by Board as part of the Financial Regulations in May 2018.

Due to the removal of some posts and the creation of others, it is necessary to review authorisation limits to ensure it remains fit for purpose.

**RECOMMENDATION(S)**

The Board is asked to:

- Agree the revised Scheme of Delegation – Financial Authorisation limits.

**1 Background & Proposal**

- 1.1 *The Scheme of Delegation – Authorisation Limits* details the maximum amount of financial expenditure the Board, Committees and individual post holders can authorise. The existing Scheme of Delegation which was approved by Board in May 2018 is attached at Appendix 1.
- 1.2 Due to restructure, some post on the current scheme no longer exist and some new posts have been created. It is therefore necessary to review *The Scheme of Delegation – Financial Authorisation Limits* to ensure it remains fit for purpose.
- 1.3 The proposed *Scheme of Delegation – Financial Authorisation Limits* which takes account of these establishment changes is attached at Appendix 2.

**2 Recommendation**

- 2.1 It is recommended that Board approve the revised Scheme of Delegation – Financial Authorisation limits

## Scheme of Delegation - Financial Authorisation Limits

## Appendix 1

1. All delegations are subject to implementation of relevant policy and procedures.
2. The delegation below is the lowest level to which authority is delegated.
3. Officers can authorise costs only up to the limits stated within the annual budget.
4. Individuals must not authorise any matter directly relating to themselves or in which they have a conflict of interest.
5. Where authorisations exceed limits below authorisation will be required by Group Executive Director or Group Chief Executive.
6. Other than in exceptional circumstances, officers should only authorise transactions within their remit.

[illegible]

### **Scheme of Delegation - Financial Authorisation Limits**

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6. Other than in exceptional circumstances, officers should only authorise transactions within their remit.

<u>Post</u>	<u>Contract Approval</u>	<u>Kontrolla Cheque Authorisation</u>	<u>Order Approval</u>	<u>Invoice Approval</u>	<u>Rent Adjustment</u>	<u>Write Off</u>	<u>Over the Counter Payments</u>
Board	> £200,000	N/A	N/A	N/A	N/A	N/A	N/A
Committees	£200,000	N/A	N/A	N/A	N/A	N/A	N/A
Managing Director	100,000	100,000	100,000	100,000	5,000	5,000	1,000,000
Head of Finance & Planning	25,000	25,000	50,000	50,000	1,000	1,000	500,000
Head of Services	25,000	25,000	50,000	50,000	1,000	1,000	500,000
Asset Services Manager	10,000	10,000	10,000	10,000	500	500	500,000
Housing Services Manager	10,000	10,000	10,000	10,000	500	500	500,000
Policy & Performance Manager	10,000	10,000	10,000	10,000	500	500	500,000
Administrative Team Leader	-	-	5,000	5,000	-	-	500,000
Asset Services Team Leader	-	-	5,000	5,000	-	-	500,000
Development Officer	-	-	5,000	5,000	-	-	500,000
Governance & Company Secretarial Assistant	-	-	5,000	5,000	-	-	500,000
Tenancy Sustainability Team Leader	-	-	5,000	5,000	-	-	500,000
Asset Officer	-	-	2,000	2,000	-	-	500,000
Asset Support Officer	-	-	2,000	2,000	-	-	500,000
Customer Involvement Officer	-	-	2,000	2,000	500	-	500,000
Housing Officer	-	-	2,000	2,000	500	-	500,000
Housing Options Officer	-	-	2,000	2,000	-	-	500,000
Marketing and Communications Business Partner	-	-	2,000	2,000	-	-	500,000
Project & Planning Officer	-	-	2,000	2,000	-	-	500,000
Tenancy Sustainment Officer	-	-	2,000	2,000	500	-	500,000
Compliance & Property Assistant	-	-	-	-	-	-	500,000
Office Administrator	-	-	-	-	-	-	500,000

Sheltered Housing Warden	-	-	-	-	-	-	500,000
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Date:	6.1.2020
Subject:	Unacceptable Behaviour Policy
Author:	Heather Anderson
Sponsor:	Paul Hillard
Appendices:	Yes
Action:	For Approval
Data Class:	Public

**EXECUTIVE SUMMARY**

The Association is committed to high quality customer service which underpins its activities. This involves putting customers first and respecting their rights, needs and views. We have a Customer Feedback procedure and we actively encourage customers to make use of it.

The Association is required to ensure that policies and processes are in place for dealing with customers who display threatening, abusive or inappropriate behaviour towards staff, and who repeatedly make unrealistic and unreasonable demands. A policy has been developed which sets out these processes and procedures and is attached to this report as Appendix 1.

**RECOMMENDATION**

The Board is asked to approve the new Unacceptable Behaviour Policy, attached to this report as Appendix 1.

**1 Background**

- 1.1 Customers may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined. However, the actions of customers who are angry, demanding or persistent may result in unreasonable demands on, or unacceptable behaviour towards Association staff.
- 1.2 The Association has a Customer Care and Complaints Policy in place, however, we need to ensure that, in addition to this, there are policies and processes in place for dealing with customers who display inappropriate or abusive behaviour, or make continued unreasonable demands on staff and services. The Association has a duty of care to support staff in dealing with very difficult customers whose behaviour is unacceptable.
- 1.3 The Association has developed an 'Unacceptable Behaviour Policy' (attached as Appendix 1), which sets out examples of what is deemed unacceptable behaviour, the process that should be followed by staff if they experience it from customers, and how cases will be reviewed and monitored on an ongoing basis.

**2      Review process**

- 2.1      The Unacceptable Behaviour Policy has been developed in consultation with colleagues across Riverside. The policy reflects current Good Practice and will be reviewed as a minimum every 3 years.

**3      Review Outcomes**

- 3.1      As above.

**4      Proposals for revision**

- 4.1      As above.

**5      Recommendations**

- 5.1      As described in the Executive Summary.



## Unacceptable Behaviour Policy

Date Effective: 1<sup>st</sup> February 2020

Date of Review: 1<sup>st</sup> February 2023

## 1. INTRODUCTION

The Association is committed to high quality customer service which underpins its activities. This involves putting customers first and respecting their rights, needs and views. We have a Customer Feedback procedure and we actively encourage customers to make use of it.

Customers may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined. However, the actions of users who are angry, demanding or persistent may result in unreasonable demands on, or unacceptable behaviour towards the Association's staff.

For the purpose of this policy and procedure, the actions we consider unacceptable and aim to manage include:

### Aggressive, abusive or unreasonable behaviour

- Physical violence, personal verbal abuse, derogatory remarks and rudeness.
- Abusive, offensive or threatening behaviour.
- Behaviour or language (whether oral or written) that may cause staff to feel afraid, threatened or abused.
- False or malicious statements.

### Unreasonable persistence or demands

- Repeatedly unwilling to accept documented evidence.
- Insistent that no response has been received.
- Sends an unreasonably high volume of letters, emails and/or phone calls.
- Keeps adding new complaints or concerns or changing the substance of the complaint or raising unrelated concerns.
- Makes many complaints about different issues or raises an unreasonable number of minor/trivial matters.
- Repeatedly complains or makes repeated requests about similar issues that have already been dealt with.
- Electronically recording meetings and conversations without the prior knowledge of those involved.
- Demanding responses with an unreasonable timescale.
- Continuing to pursue a case without presenting any new information.

## 2. OUR COMMITMENT

### Equality and Diversity Statement

Our commitment to equality is central to everything we do. We want our services to be available to as many people as possible and we will not restrict access to anyone on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and/or sexual orientation.

Whilst implementing this procedure we will:

- Consider each case based on the individual circumstances and needs of the complainant.
- Make reasonable adjustments e.g. for people who have mental health issues, dementia or Tourette's syndrome, or other learning disabilities.
- Take into consideration any barriers to communication, e.g. language, hearing impairment, requirement for use of sign language.
- Recognise that some languages may sound, or have accompanying hand or body language, that to others may appear aggressive or inappropriate.
- Understand that some customers may display behaviours that appear to be non-cooperative but that may be part of their culture e.g. no male visitors, or no visits/contact on a particular day.
- Communicate with survivors of domestic abuse in line with guidance in the "Domestic abuse policy".
- Consider any safeguarding issues and refer to the Adult Support and Protection and Child Protection policies and procedures where appropriate.
- Consult tenants' records for any Tailoring our Services (TOS) needs during implementation of this procedure.

## 3. PROCEDURE SUMMARY

The Association has a duty of care to ensure that employees are working in a safe environment. Colleagues are responsible for making sure that they consider their own safety and that of others when carrying out their work.

If a member of staff experiences one or a number of examples of behaviour listed above, the complainant's behaviour may be considered unreasonable. The case should be discussed with the Line Manager or Head of Service before invoking this policy.

If the decision is made to apply this policy, the complainant must be informed and advised of the action to be taken. The following actions to address the issue **could** include:

- Only taking telephone calls from the complainant at set times (for example, one telephone call on one specified morning of any week), or put an arrangement in place for only one member of staff to deal with calls or correspondence from the complainant in the future, taking into account the individual's circumstances and needs.
- Requiring the complainant to make an appointment to see a named member of staff before visiting the office, and / or requiring any personal contacts to take place with a witness.
- Where reasonable and necessary, limiting the complainant to one appropriate method or avenue of contact i.e. email, telephone, individual.
- Only responding to this agreed method of contact unless there are exceptional circumstances such as emergency situations.
- Contacting the Police (warning the complainant this is to happen) where staff have received a threat, been subject to physical violence or harassment.
- Refusing to deal with correspondence or other forms of communication which is abusive to staff or contains allegations that lack substantive evidence.
- Requiring contact to be made through a third party.
- Arranging a meeting with a **senior member of staff** to clarify issues or misunderstandings (this is not advised where the complainant has threatened or used violence) in order to seek resolution.
- If the complainants have used threats or physical violence the police should be informed.

If there has been no physical violence or threats made:

- A senior member of staff should meet the complainant to clarify the issues or misunderstandings and try to resolve the situation.
- Records should be kept.
- The case should be reviewed after six months and a decision made whether to continue with the action or revise it.
- The complainant should be contacted to inform them of this decision.

In all cases the Association's systems should be amended to note that the person is a "persistent complainer".

Note: This action will remove all timescales related to complaints made by this person until such time as this is removed from their records.

#### 4. MONITORING AND PERFORMANCE

Information should be reported through the governance structure about the number of complaints, compliments and comments received and what changes were introduced in response to comments or suggestions. This report should include any cases that are currently being dealt with using the "Unacceptable Behaviour Policy" and any action currently being taken.

## 5. RIGHT TO APPEAL DECISIONS

A complainant may appeal against the use of action to restrict contact with the Association. The complainant should put their request for a review in writing within 14 days of the original decision. A senior member of staff who was not involved in the original decision should complete the review. Within 14 days of receipt of the review request letter, the complainant should be advised in writing either that the course of action still applies or that a different course of action has been adopted.

There is no further right of review or appeal to us against the decision of the reviewing officer.

## 6. ONGOING CASE REVIEW

The decision to restrict complainant contact may be reconsidered if more acceptable behaviour is demonstrated.

If unacceptable behaviour continues, then the Line Manager or Head of Service may have recourse to legal action e.g. an injunction, to enforce the requirement.

All individual cases will be reviewed and reported on after a six month period through the Association's Warning Marker review process and contact made with the complainant.

The decision to remove the "persistent complainer" marker from One View should be taken by the Warning Marker review group. This should then be done by the system administrator.

## 7. INFORMATION AND RECORD KEEPING

Records of complainants who have used aggressive, abusive or unreasonable behaviour should be case recorded as directed by the Personal Safety and Warning Markers procedure.

All complaints should be logged onto the Customer Feedback database in One View as follows:

**If the unacceptable behaviour relates to an existing complaint** the complaint case should be updated using the "Add note" facility within One View.

*(Note: if the complaint is a duplicate this should be "closed as duplicate" in One View and the reference of the initial complaint should be recorded)*

**If the behaviour relates to new or different complaints**, each one should be logged as a separate complaint within One View.

All correspondence or supporting information e.g. call recordings, incident forms etc. should also be scanned, uploaded and attached to the relevant case(s).

Where a complaint exists, this should continue to be investigated in line with the Customer Feedback Procedure, and the complainant advised appropriately.

Date:	6.1.2020
Subject:	Domestic Abuse Policy
Author:	Heather Anderson
Sponsor:	Paul Hillard
Appendices:	Yes
Action:	For Approval
Data Class:	Public

### **EXECUTIVE SUMMARY**

The Association believes it is the fundamental right of all people to live free from the fear of violence, threats and abuse and is committed to tackling all forms of Domestic Abuse. Following the Association's 'Making a Stand' partnership pledge in 2018, we gave a commitment to develop a specific policy to address and support the needs of customers who have or are experiencing Domestic Abuse. This policy has now been developed and is attached to this report as Appendix 1.

### **RECOMMENDATION**

The Board is asked to approve the new Domestic Abuse Policy attached to this report as Appendix 1.

## **1 Background**

The Domestic Abuse (Scotland) Act 2018 creates an offence with respect to the engaging by a person in a course of behaviour which is abusive towards that person's partner or ex-partner.

This new law covers not only spouses, civil partners and cohabitants but also people in intimate personal relationships who do not live together.

As well as physical abuse, it will cover other forms of psychological abuse and coercive and controlling behaviour that cannot be easily prosecuted under the existing law.

Following the introduction of this Act the Chartered Institute of Housing launched the 'Making a Stand' supporters pledge against Domestic Abuse in partnership with Women's Aid and the Domestic Abuse Housing Alliance. The Association signed this pledge in 2018 and at this time gave a commitment to developing a specific Domestic Abuse Policy outlining how we will support and address the needs of customers experiencing Domestic Abuse. This policy is attached to this report as Appendix 1.

## **2 Review process**

- 2.1 The Domestic Abuse Policy has been developed in consultation with colleagues across Riverside and with our Local Authority partners. The policy reflects current legislation and Good Practice guidance and will be reviewed as a minimum every 3 years and in response to statutory changes.

**3      Review Outcomes**

3.1    As above.

**4      Proposals for revision**

4.1    As above.

**5      Recommendation**

5.1    As described in the Executive Summary.



## Domestic Abuse Policy

Date Effective: 1<sup>st</sup> February 2020

Date of Review: 1<sup>st</sup> February 2023

## **1. INTRODUCTION**

### **1.1 Policy Statement**

The Association believes it is the fundamental right of all people to live free from the fear of violence, threats and abuse and are committed to tackling all forms of Domestic Abuse.

We recognise that Domestic Abuse cuts across all areas of our business, social class, economic status, ethnicity and culture and can have devastating long-term impact on victims and survivors.

### **1.2 Scope**

This policy and related procedures applies to reports of domestic abuse from all sources and including all customers and service users.

The policy supports our agreed approach to dealing with domestic abuse, whether perpetrated by or against our tenants. The policy and procedures are not intended to be a prescriptive list of actions and options. Managers and officers must consider each case individually on its own merits. It is intended to provide guidance to staff to assist them with domestic abuse cases.

### **1.3 Definition of Domestic Abuse**

The Association adopts the nationally agreed definition of Domestic Abuse which was expanded under the Domestic Abuse (Scotland) Act 2018 and is:

‘Any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship.

The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online.”

There is a common misconception that domestic abuse is just physical abuse. This is not the case. Domestic abuse can be physical, sexual, and emotional or mental abuse.

#### **Physical abuse includes:**

All types of assault and physical attacks like hitting (including with objects), punching, kicking and burning.

**Sexual abuse includes:**

Forcing you to have sexual intercourse or forcing you to engage in sexual acts.

**Mental/emotional abuse includes:**

Threats (including threats of violence); criticism and name calling; controlling what you do, where you go and who you speak to; threatening your children, isolating you from friends and family; accusing you of being unfaithful; threatening to 'out' your sexual orientation to family, friends or work or to reveal your HIV/AIDS status.

In addition, abuse amongst ex-partners and those who are not cohabiting is also recognised by IHA, along with Female Genital Mutilation (FGM), Forced Marriage and Honour based violence.

**1.4 A Note on Language**

In line with common practice among groups working with customers affected by domestic abuse, the word 'survivor', not 'victim' is used to describe those affected by domestic abuse. In certain parts of this procedure the term 'complainant' is used to describe someone initially reporting domestic abuse.

**2. OUR COMMITMENT****2.1 Equality and Diversity Statement**

Our commitment to equality is central to everything we do. We want our services to be available to as many people as possible and we will not restrict access to anyone on the grounds of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or belief, Sex, or Sexual Orientation.

2.2 The Association is committed to high quality customer service which underpins all of its activities. This involves putting customers first and respecting their rights, needs and views. When dealing with a domestic abuse case we will:

- Keep the complainant informed about the case at all stages using their preferred method of communication.
- Provide help to fill out forms and support in dealing with external agencies where needed.
- Explain the process clearly to all parties involved.
- Ensure that the complainant is aware that they can ask for no further action to be taken at any stage in the process.

- Encourage the complainant to involve the police.
- Operate within procedural timescales paying particular attention to communication.
- Respect the sensitivity and confidentiality of the information given and advise the complainant if this needs to be disclosed to a third party.
- Aim to provide a conclusion to the case within 3 months of the initial contact. *(Whilst we recognise that every case is different, this is the maximum length of time that a complainant should wait to find out what action we will take to conclude the case).*
- Consult tenant's records for any Tailoring our Services (TOS) needs prior to and during investigation of the case.

2.3 We recognise that this procedure is heavily dependent upon written documentation for evidence purposes. We will ensure that survivors are aware of this at the point of first contact and endeavour to offer alternative solutions for those who may require them.

## 2.4 Confidentiality

It is vitally important to ensure that all contact relating to domestic abuse is treated with the utmost confidentiality. Failure to use the survivor's preferred method of contact may put their personal safety or life at risk. See section 3.2 "Communicating with the survivor".

## 3. CASE AND TENANCY MANAGEMENT

**AT ALL TIMES WE MUST BE MINDFUL OF ANY ACTION THE POLICE MIGHT BE TAKING – WE SHOULD NEVER TAKE ANY ACTION THAT COULD JEOPARDISE A POLICE INVESTIGATION**

### 3.1 Domestic Abuse Procedure

It is crucial that staff appreciate the difficulties in ending an abusive relationship. Either the reality or the prospect of the effects of abuse can exacerbate these difficulties. Ending an abusive relationship is often a process rather than a single event and therefore survivors may contact us for advice/accommodation assistance more than once. ***It is therefore essential that all contact is recorded and confidentially held on a separate file.***

**On receipt of a report of domestic abuse the officer receiving the report will:**

- Check that the survivor is either an IHA tenant or living in a IHA property.

- Establish the method of contact the survivor would prefer IHA to use (**See 3.2 below**), paying particular attention to any additional support under TOS.
- Ascertain whether the survivor is in immediate danger and if they are obtain their permission and contact the emergency services.
- Immediately pass the call on to the relevant member of staff, or if the person making the report is in the office, contact the relevant member of staff for them to be seen.

**If the report has been made by telephone, we will:**

- Make contact with the survivor using their preferred method of contact, within 1 working day.

**In all cases, the relevant officer will:**

- Record the report on the relevant system.
- Establish whether there is an immediate threat of danger.
- Check whether there are children under 18 involved (if there is immediate threat of danger refer to the Child Protection procedure in this case).

If there is an immediate threat of danger and no children under 18, you should discuss possible courses of action with the survivor and take action as appropriate, including contacting the police and Homelessness services.

**Where a formal interview is required:**

- Interview the survivor within 3 working days of the initial report.
- Ensure that the interview takes place in a place that the survivor is comfortable with and feels safe e.g. same sex interviewer, trusted person in attendance with them, translator in attendance if appropriate.
- Prepare the relevant paperwork as follows:
  - Domestic abuse report form.
  - Local Authority referral form, in accordance with local requirements.
- Gather any information about local services that might be useful e.g. support agencies, local lettings procedures.
- Local Housing Options information.

**During the interview we will:**

- Obtain consent to pass on information.
- Complete the domestic abuse report form (Available on the RIC).
- Complete the Local Authority referral form available from your local office, in accordance with local requirements.
- Explain the Association's legal obligation where children are concerned.
- Be aware that the survivor may be in a vulnerable mental state, ensure that they understand what is happening.
- Establish whether the survivor can return home or not.

### **If the survivor is able to return home:**

- Discuss their housing options during the interview.
- If the survivor is able to stay in the property, discuss options for making the home safe and signpost them to support agencies, including local specialist agencies, National Domestic Violence Helpline or Men's advice line and Women's Aid.
- If the survivor is in need of re-housing, discuss their options with them and refer to the Local Homeless service.
- If multi-agency working, legal action or further investigation is required, then the case should be referred to the Local Authority Social Work service to decide on appropriate action.
- Resolve any tenancy issues as appropriate (e.g. perpetrator left in property).
- Review the case after 3 months.

**If the case is not resolved within 6 months we will review the case and close if suitable alternative accommodation has been offered and declined.**

### **If the survivor is not able to return home:**

- Liaise with the Local Authority homeless section for emergency re-housing.
- Resolve any tenancy issues as appropriate (e.g. end tenancy, help with Housing Benefit).
- If ending the tenancy, make a note on Open Housing to record that the tenant has left the property ***NB: record that it is due to domestic abuse only if it is safe to do so – record any forwarding address separately with a comment on where to find this information.***
- Review the case after 3 months.
- If the survivor is still seeking permanent re-housing do not close the case after 6 months, continue to liaise with the Local Authority.

## **3.2 Communicating with the survivor**

The following action must always be taken:

- Never discuss any aspect of the case with any other party unless written authorisation is obtained by the survivor. Only discuss the case with those authorised if you are absolutely certain that they are who they claim. If in doubt contact them on a verifiable telephone number.
- Never interview or contact the alleged perpetrator, without written consent of the survivor. Examples of times when you may need to contact the perpetrator include:
  - 1) If the alleged perpetrator is a joint tenant and the survivor wants to take action to remove them from the property.
  - 2) If the alleged perpetrator has caused damage to the property that is deemed rechargeable.

- 3) If the perpetrator has been left in occupation of the tenancy, then left in occupation procedure is to be followed.
  - 4) If the alleged perpetrator is a joint tenant and there are arrears on the tenancy.
- Never send correspondence, letters or emails to the survivor's home address unless they confirm it is safe to do so.
  - Never leave messages on personal answer machines (including mobile phones).
  - When telephoning the survivor always withhold our telephone number by pressing 141 before telephoning the number.
  - If staff have any doubts that they are not speaking to the survivor or an authorised support agency/advocate, politely end the telephone call and advise we will contact them directly on the numbers we have been provided with.

***The Association's victim centred approach to harassment means that if the perception of the complainant is that there is domestic abuse, then this should be accepted by staff and this principle should guide the investigation.***

A suspicion that a complaint may not be genuine should not delay or interfere with careful and sensitive investigation.

However, consideration should be made of the following when investigating allegations of domestic abuse:

- The complainant will be offered, as far as practically possible, an opportunity to discuss their situation with a member of staff of the same sex, if they so wish.
- The complainant may be interviewed at a location of their choice, local office or any other mutually convenient place e.g. local Community centre.
- Never talk to a complainant in front of the alleged perpetrator, to ensure their safety.
- Do not ask if they are suffering from 'domestic abuse' because many survivors may not label their abuse as such.

### **3.3 Ongoing Investigation, Action and Monitoring**

**If the survivor is unable to return home:**

- liaise with the LA homeless section or a refuge regarding the provision of temporary accommodation subject to the wishes of the survivor who may prefer to stay with friends or relatives.

**Where the survivor has left the accommodation:**

- consider taking legal action to evict or re-house the perpetrator of the abuse.
- the case may be referred to the Local Authority to deliver legal actions, or for advice on the case.

### **If the survivor is able to remain in his/her home:**

- explore the option of offering alternative accommodation with the Housing Options team or any additional security measures that may be appropriate, such as security alarm or panic alarm.

### **3.4 Reviewing the Case**

In cases where re-housing was requested, the case should be reviewed after 3 months if the survivor has not been re-housed.

### **3.5 Case Conclusion**

**If the survivor has been re-housed or the perpetrator successfully removed, OR, in the opinion of the relevant Officer/Manager the case can be deemed closed, the following action should be taken:**

- Record the case conclusion on the separate file and the Hub database/SP Provider ***NB: care should be taken when recording any forwarding address.***
- Check to see if any other organisations need to be informed of the case conclusion.
- Check that a conversation has taken place with, or a letter has been issued to, the survivor confirming that the case has been closed. This communication should state that the survivor can contact IHA again should further incidents occur. ***NB: A letter should only be sent if it is safe to do so and agreed with the survivor, consider that receipt of a letter could trigger a further incident in some cases.***

It is statistically recognised that incidents of domestic abuse can re-occur. In these circumstances IHA will continue to work with the survivor and open a new case as appropriate.

### **3.6 Resolving Tenancy Issues**

**When the case is closed because the survivor has been successfully re-housed the housing officer should resolve any tenancy issues as follows:**

- Void (if perpetrator not resident).
- If the perpetrator has been convicted of a domestic abuse offence we would take legal action to seek possession of the property.
- Assignment (if tenant has been re-housed and perpetrator is to remain - this could be sole to sole or joint to sole).
- Grant new tenancy (if perpetrator is to remain and assignment is not possible).
- Legal action (if perpetrator left in occupation and it is not appropriate to grant them the tenancy).

### 3.7 Repairs to the property

The Housing Officer should arrange for any immediate repairs to be carried out. Initially these will be rechargeable but once the case is recognised as domestic abuse local discretion can be used to interpret the rechargeable repairs procedure.

Cases of potential domestic violence or abuse need to be flagged up by the repairs administrator to the housing officer.

Wherever possible and only with the survivor's consent arrange for the Police to be informed as soon as possible if this has not already been done.

Repairs which would normally be categorised as rechargeable due to violence in the property should not be recharged in the situation where a case of domestic abuse has been accepted by the Housing Officer

When deciding whether to waive the recharge, the Housing Officer should consider the following:

- Is the repair consistent with the report of abuse?
- Is there a history of repairs to the property that could be consistent with abuse?
- Have there been previous reports of domestic abuse?
- Could a recharge lead to further abuse or inflame the situation for the survivor e.g. physically or financially?
- Is there a likelihood that there could be further damage to the property?
- Are the police or other support agencies involved with the case?

**It should be noted that absence of all or any of the above does not preclude the recharge from being waived, this information is guidance for housing officers when making their decision and could include other issues related to the individual case.**

Whilst Housing Officers may wish to discuss the case with Asset Management colleagues, the final decision to waive the recharge lies with the Housing Management team.

The Housing Officer should explain the rechargeable repairs procedure to the survivor and the fact that we are doing the repair outside of this because of their circumstances, but if evidence were to come to light which proved that the repair was not as a result of domestic abuse, then IHA could pursue the tenant for the repair cost.

### 3.8 Tenancy File & Records

The details of the case should be entered onto the relevant system under the domestic abuse category and monitored using this system (whichever is most appropriate for the circumstances).

### **3.9 Budgets**

The Housing Officer and Tenancy Sustainability budgets can be used to purchase household items or provide other financial assistance to survivors. This can be accessed via the Housing Services Manager. Circumstances may also arise where it is more appropriate to use the day-to-day maintenance budget and this can be discussed and agreed with the Asset Services Manager.

### **3.10 Summary of Timescales**

Staff investigating complaints of abuse should follow these timescales:

Record the complaint on the HUB database/relevant system securely (immediately).

Contact the complainant (within 1 working day of receipt of complaint).

Interview the complainant (within 3 working days of receipt of complaint).

Review the case where re-housing is required (within 3 months).

## **4. PERFORMANCE AND REPORTING**

### **4.1 Continuous Improvement**

It is important that staff continue to provide feedback of their experiences in implementing this policy so that further refinements can be made to improve the Association's approach to dealing with domestic abuse incidents.

IHA will aim to deal with 100% of reported incidents within the specified timescales.

The Association will provide ongoing training for relevant staff on current legislation and policy and practice and we will work with other organisations such as national and local support groups to deliver additional training as required.

IHA will continue multi-agency work with all relevant organisations to pursue good practice in dealing with domestic abuse.

### **4.2 Reporting**

Statistics relating to domestic abuse will be reported regularly to the Leadership Team. Staff will need to use the HUB database, Housing Management and Lettings systems as appropriate to gather figures, including where possible:

- The numbers of new incidences of domestic abuse.
- The number of inter-Agency Monitoring Forms completed.
- The number of cases re-housed.

### **4.3 Monitoring**

Cases will be monitored locally through management reports from the Housing Management and Lettings systems.

### **4.4 Performance Management**

Operational Managers will ensure that staff follow this policy and procedure, and incorporate this into their performance management regime.

## **5. APPEALS**

If the survivor is not happy with our decision at any stage in the process, they should be referred to the Association's Customer Care and Complaints policy.

Date:	30 <sup>th</sup> January 2020
Subject:	Health, Safety and Environment Policy
Author:	Paul Hillard [REDACTED]
Sponsor:	N/A
Appendices:	Draft Group Health, Safety and Environment Policy
Action:	Approval
Data Class:	Public

**EXECUTIVE SUMMARY**

This Report is provided provides Board members with the draft Health, Safety and Environment Policy for approval. Although this is a Riverside Group Wide Policy it recognises Irvine HA's position as a legal entity with specific health and safety responsibilities. These are highlighted in the Report and the Policy.

**RECOMMENDATION**

- It is recommended that Board Members approve the attached Health, Safety and Environment Policy.

## **1 Background**

- 1.1 The draft Health, Safety and Environment Policy is attached as Appendix 1. This Policy has been developed by Riverside's Head of Health, Safety and Environment. It is a Group-wide Policy that's sets out the Group's governance arrangements, roles and responsibilities in relation to health and safety.
- 1.2 The Policy has been developed to allow it to be adopted by the Board and therefore be applicable to Irvine Housing Association. The Policy has been developed in consultation with the Association's Managing Director and has taken account of previous legal advice received in relation to the Association's health and safety responsibilities and the relationship with Riverside.

## **2 Irvine Housing Association**

- 2.1 The proposed approach supported by the Policy is that the Association will retain its own responsibilities, governance, management and reporting of health, safety and environment issues while benefitting from the Group's expertise, resources, processes and systems. The policy standard is written to give the entire Group flexibility to manage risk locally but provides the expected framework to which each subsidiary, including the Association, business stream and function must adhere.
- 2.2 The specific responsibilities relating to the Association are set out in section 4 of the Policy. Board members are therefore specifically asked to note:
  - Section 4 (page 7), 'Governance Arrangements and Responsibility Arrangements' describes IHA as a separate legal entity and how The Board Members of Irvine will retain responsibility for ensuring that Irvine meets their Landlords legal obligations.
  - Section 4.1 – Specifically details the role and responsibility of the Managing Director of IHA.
- 2.3 Board are also asked to specifically note that the main Policy statement (Page 23) Identifies that the policy covers all parts of the Group and specifically mentions the Association meaning that Riverside's Group Chief Executive's signature represents the whole Group including Irvine HA.

## **3 Risk**

- 3.1 Health and safety represents the most significant risk to the Association, its customers and staff. The basis of mitigating this risk is having an unambiguous Policy, supported by robust management, response and reporting systems. The Health, Safety and Environment Policy therefore represents a critical source of risk mitigation for the Association and should be considered accordingly by Board.

## **4 Further Work**

- 4.1 The Policy requires a series of actions, and reporting, across a range of headings. The Association has also recently had a review of its current procedures and arrangements relating to health and safety which has recommended some improvement actions. The report of this review will be presented to the next meeting

of the Audit and Risk Committee together with an Action Plan to achieve adherence with this Policy and the actions coming from the review. The Action Plan will include details of future reporting to Board. It is proposed that oversight of the Action Plan will be retained by the Audit and Risk Committee.

## **5 Recommendation**

- 5.1 It is recommended that Board Members approve the draft Health, Safety and Environment Policy for adoption by the Association.

Policy:	Group Health, Safety and Environment Policy Standard
Date effective from:	TBC
Date approved:	TBC
Approved by:	The Riverside Group Board, Irvine Group Board, Safety First Group, Executive Directors.
Lead director:	Carol Matthews – Group Chief Executive
Applicable to:	The Riverside Group, including all subsidiaries and business streams.
In consultation with:	Safety First Group, Irvine Housing Association,
Review date:	TBC
Associated Documents:	(Related documents, including policies and procedures)

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# 1. Purpose

At Riverside our belief is safety first, where the safety of our employees, customers and the natural environment come before anything else we do. Our work is never so urgent or important that we cannot take time to do it safely and with respect for the environment and each other.

The Riverside Group is one of the largest housing groups in the UK and therefore operates in many different geographical areas and offers multiple types of services which impact the lives of many people as well as the natural environment. Wherever we operate and whatever we do we must ensure, that we maintain safe and healthy workplaces, our safety first culture and minimise the impact we have on the natural environment.

The Riverside Group is committed to:

- Building a safety first culture that actively encourages positive health, safety and environmental practices through engaging with our people and those for whom we have a duty of care,
- Minimising any negative environmental impact of our current and future business practices,
- Wherever possible, seek opportunities to use safer fuel sources and energy efficient technologies and equipment,
- Complying with all applicable health, safety and environmental legislation and where appropriate going beyond compliance with the minimum requirements of regulatory bodies and customer expectations,
- Encouraging a fair and trusted, proactive reporting of health, safety and environmental issues, by applying just and learning investigation procedures,
- Caring for our employees and providing occupational health programmes and the promotion of wellbeing for our people,
- Ensuring robust health, safety and environmental risk mitigation strategies are in place to reduce negative impacts on colleagues, customers and the natural environment.

## 2. Aim

The aim of this policy is to set out the Health, Safety and Environment governance arrangements, roles and responsibilities for The Riverside Group. Employees at all levels must comply with the requirements of this policy.

## 3. HSE Policy Standard

### 3.1. Policy & Procedure

Health, Safety and Environment (HSE) Policies and Procedures (including work instructions) will be defined, documented, implemented, maintained and followed. This will be TRG's HSE management system.

An accountable lead has been identified to deliver and embed all policies in their risk areas of the Group. Persons producing any HSE related policies must have suitable levels of competence and subject matter expertise in the relevant risk areas.

Systems and procedures will be appropriate and proportionate to the nature of the Group's HSE risks.

Policies will define our legal duty and set out what we must or must not do to comply with laws, regulations and the practices that best protect the natural environment, our colleagues, customers, contractors and anyone else with whom we owe a duty of care.

Procedures will be developed in each area of the Group to meet the requirements of all policies that are applicable to that part of the group. Procedures can either be 'Group Standard Operating Procedures' meaning they cover the entire Group or 'Local Operating Procedures' which detail how a local area of the group operates in accordance with the Policy.

Where necessary, guidance documents will be written to support embedding the procedures in each area of the Group.

Systems and procedures will be regularly reviewed (at least annually) to ensure they reflect legal responsibilities associated with applicable:

- HSE laws, regulations and other legal requirements
- National and regional standards
- Industry codes and best practice
- Contractual requirements

Systems and procedures will be made available to those working under the control of The Riverside Group so that they are aware of their individual HSE obligations. A HSE Managements system index is available on the Group HSE RIC page. [\[INSERT LINK\]](#)

The HSE policy statement demonstrates TRG's commitment to HSE and is signed and authorised by the Group Chief Executive and applies to all parts of The Riverside Group. The HSE policy statement is required by law to be displayed in all of the company's properties. See Appendix A.

### **3.2. Safety First Culture**

Management at all levels will understand how they influence the HSE Safety First Culture within their areas of responsibility, actively demonstrate that they care about HSE and seek ways to continually improve HSE Performance by leading by example.

Management should engage with employees and create a caring and trusted working environment where our people feel they can stop work if it is not safe and that they can raise HSE related concerns to their manager.

### **3.3. Incident Management**

All Riverside employees have a strict obligation to report all HSE events which have Riverside involvement to their line manager who has a duty to investigate and ensure they are recorded on the Safety at Work Information Tool (SAW-IT) regardless of any other customer reporting requirements.

Post incident investigations will follow a just and learning process to ensure blame is not attributed unfairly to any individual and TRG learn and implement lessons from all HSE events.

We will meet all legal obligations to report significant events to an appropriate regulator, for example RIDDOR to Health and Safety Executive.

Managers will actively encourage proactive reporting in the form of hazard and near miss reports on SAW-IT, and ensure they are treated as seriously as actual accidents.

Effective critical incident management and business continuity plans will be developed, implemented, tested and reviewed by each part of the group.

### **3.4. Hazard and HSE Risk Management**

Health and Safety hazards of our services, operations, equipment and facilities including those that impact on others which includes contractors, sub-contractors and volunteers, will be identified and risk assessed with appropriate controls implemented to manage the risks.

Risk assessments will take in to consideration, the individual needs of our employees and any individual considerations and reasonable adjustments we may need to make to ensure they can work in a healthy and safe manner.

Environmental hazards/aspects of activities and services will be identified, assessed and appropriate controls will be implemented to manage the risk.

Risk assessments will also be reviewed following serious incidents, legislative and prior to operational changes.

HSE risk profiles and risk registers will be developed by each business stream and subsidiary and will contribute to the Group HSE Risk Register.

### **3.5. Planning, Objectives and Targets**

The Group HSE team will develop a 3-5 years HSE improvement strategy in line with the Group Business strategy. Each year a specific improvement plan will be developed to deliver the overall Group HSE strategy.

The Group Head of HSE will develop an annual improvement plan, setting objectives and targets, to support the continual improvement of HSE management across the group.

Each subsidiary and business stream will develop their own annual HSE improvement plan, setting objectives and targets, to support the overall group HSE objectives.

### **3.6. HSE Resources**

A HSE management structure will be implemented to support and guide the delivery of HSE policies, systems, objectives and targets, to review HSE performance and respond to significant incidents.

Appropriate competent resources to manage HSE risk and deliver HSE objectives and targets will be allocated by the senior management teams in each business stream and subsidiary.

Group HSE team are responsible for providing competent advice and overall assurance to Group Board and Executive Directors that all business areas are delivering to their risk management responsibilities, reporting in line with UK HSE regulations, looking to continually improve the overall HSE performance in their part of the Group.

### **3.7. Training, Awareness, and Competence**

Riverside employees, contractors and sub-contractors will be competent (have the necessary knowledge, training and experience) to undertake their role in a safe and secure way, without causing harm to themselves any other persons and the environment.

The individual competency required to address all identified HSE risks and hazards will be assessed with training needs identified and delivered during the risk assessment process.

Training records will be maintained of individuals training and competency levels.

### **3.8. Consultation and Communication**

Consideration will be given, through a consultation process, to the views of employees, third parties, subsidiaries and recognised unions in the HSE decision making, development of policies and systems, setting of objectives and targets, changes in work practices and hazard identification and assessment.

HSE Information will be communicated to and from employees and other interested parties.

Systems will be implemented to identify, record and address employees and third parties concerns and resolve conflicts or escalate to senior management.

The Groups HSE Risk committee, The Safety First Group, will be used to effectively communicate between, business streams, subsidiaries and risk areas ensuring roles and responsibilities are understood and the sharing of best practices / lessons learnt are well known.

Each part of the Group will develop their own Health, Safety and Environmental committee comprised of union (where appointed) and non-union representatives with senior management as chair. Concerns and opportunities raised by business stream, subsidiary and functional HSE committees will be escalated to the Safety First Group committee meeting.

### **3.9. Performance Measurement and Monitoring**

HSE Performance will be reviewed by management, in relation to the Groups HSE objectives and targets, and any necessary remedial and improvement action will be taken.

Overall HSE performance will be monitored and reviewed against agreed objectives and targets by the Executive Management team.

The Group HSE team will support the business by providing monthly performance reports from all HSE reporting systems to enable the business to make informed decisions.

### **3.10. HSE Compliance Assurance Audits**

The HSE Management system will be periodically reviewed (at least annually or sooner if there is a business need) to determine if the system is adequate to control the business risk. Annual HSE compliance assurance reviews will take place in each business stream, subsidiary and functional area to provide assurance to the Chief Executive Officer and Executive Management team that each part of the Group are managing safely..

## **4. Governance Arrangements and Responsibility Arrangements**

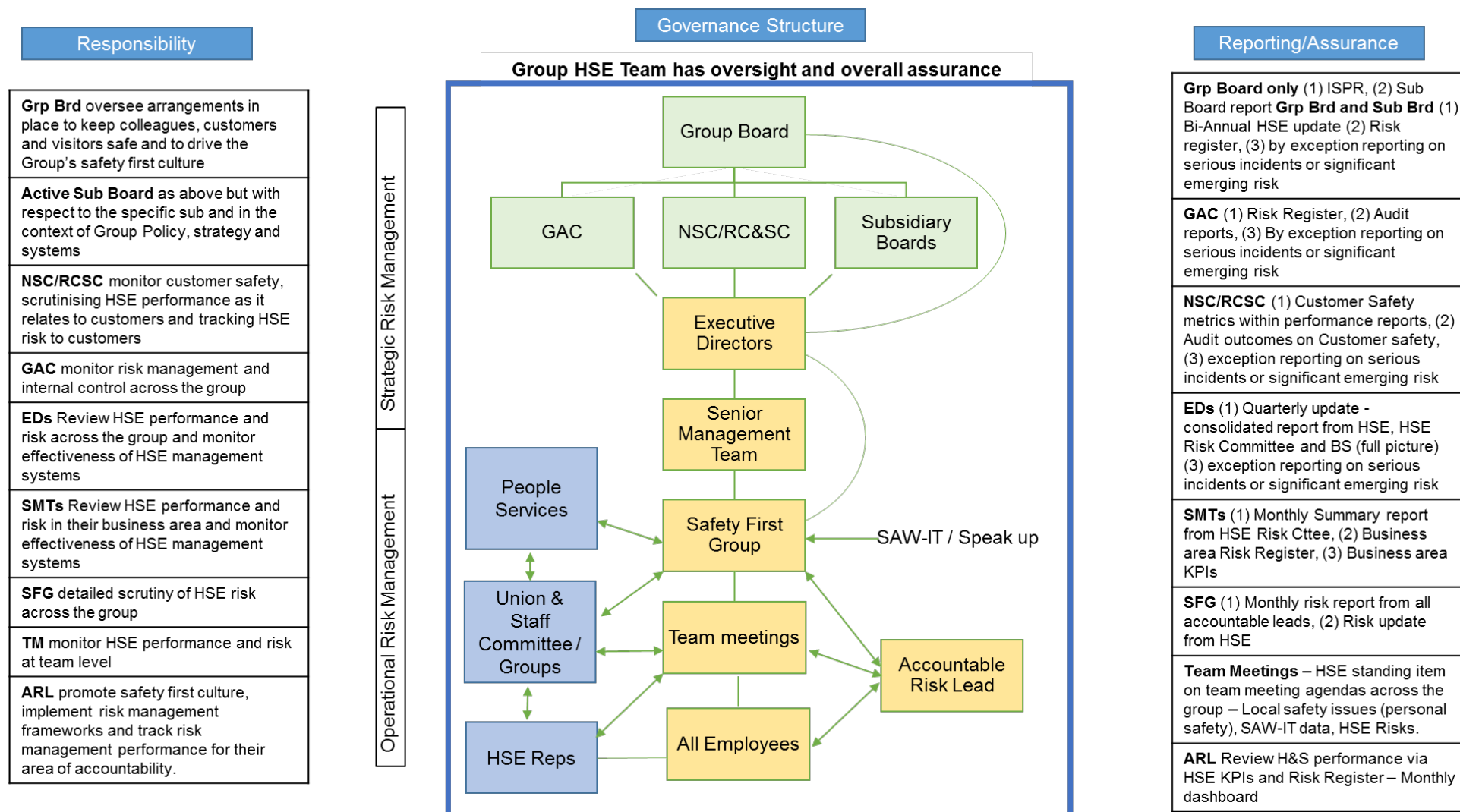
The Health and Safety Governance structure is set out below and describes how The Riverside Group will govern HSE across all parts of the Group. The Governance framework details who has governance responsibilities and how we shall report on our Governance frameworks.

It shows how both Operational and Strategic HSE risk information flows throughout the organisation.

The HSE governance and performance is assured by the Group HSE function who will highlight areas of good practice, identify areas of improvements and monitor the effectiveness of the Governance arrangements.

Irvine Housing Association, as a separate legal entity, has its own legal health and safety responsibilities, including as an employer and landlord. The Board Members of Irvine will retain responsibility for ensuring that Irvine meets these legal obligations. The Irvine Board is able to delegate operational oversight of health and safety compliance; however, it should be noted that Irvine's Rules do not currently permit the Irvine Board to delegate responsibilities to non-Irvine employees. For the purposes of the Governance arrangements set out below in section 4.1 Irvine Housing Association is categorised as a subsidiary board.

#### 4.1 Summary of governance responsibilities



## 4.2 Group Roles and Responsibilities

Role	Responsibilities
The Riverside Group Board	<p>The TRG Group Board will</p> <ul style="list-style-type: none"> <li>• Authorises the HSE strategic plan and monitors progress to the plan.</li> <li>• Positively reinforces the safety first culture.</li> <li>• Receive and review the annual HSE report on the robustness of the Groups HSE management system.</li> <li>• Receive assurance that any weakness in the HSE management system are being addressed by Executive Director's and accountable leads for HSE.</li> <li>• Ensure the Group have allocated adequate resources to successfully manage HSE risks to an acceptable level.</li> </ul>
Subsidiary Boards	<p>The TRG Subsidiary Board will:</p> <ul style="list-style-type: none"> <li>• Authorises their HSE strategic plan, ensuring it aligns to the group plan, and monitors progress.</li> <li>• Positively reinforces the safety first culture.</li> <li>• Receive and review regular HSE performance reports on subsidiary objectives, targets and accident / incidents.</li> <li>• Receive assurance that any weakness in the subsidiary HSE management system are being addressed by their leadership group.</li> <li>• Ensure they have allocated adequate resources to successfully manage HSE risks to an acceptable level across the subsidiary.</li> </ul>
Group Chief Executive	<p>The TRG CEO will:</p> <ul style="list-style-type: none"> <li>• Ultimate responsibility for HSE performance and risk management across the Group,</li> <li>• Actively leads by example fostering a positive safety first culture,</li> <li>• Strive for continual improvement by ensuring HSE objectives are being set and monitor progress against them,</li> <li>• Ensure that HSE expectations are made clear to the Executive Directors,</li> </ul>

Role	Responsibilities
	<ul style="list-style-type: none"> <li>• Include HSE as a regular item on Executive Directors meetings,</li> <li>• Monitor HSE compliance assurance reviews and ensure any remedial actions are implemented in agreed timescales,</li> </ul>
Managing Director of Subsidiary Irvine Housing Association (IHA)	<ul style="list-style-type: none"> <li>• The authorised officer with responsibility for oversight of IHA health, safety and Environment compliance,</li> <li>• Ensures robust HSE management system is in place that meets or exceeds the TRG's standards for HSE,</li> <li>• Actively leads by example fostering a positive safety first culture,</li> <li>• Strive for continual improvement by ensuring HSE objectives are being set and monitor's progress against them,</li> <li>• Ensure that HSE expectations are made clear to senior Directors,</li> <li>• Include HSE as a regular item on Senior Directors meetings,</li> <li>• Monitor HSE compliance assurance reviews and ensure any remedial actions are implemented in agreed timescales,</li> </ul>
Group Executive Directors Team	<p>The Group Executive Directors Team collectively will:</p> <ul style="list-style-type: none"> <li>• Identify a sponsor to lead the HSE risk committee – Safety First Group</li> <li>• Review Group HSE performance seeking areas of best practice to share across the group and taking remedial action for areas of poorer performance,</li> <li>• Monitor effectiveness of the HSE management system,</li> <li>• Make sure HSE expectations are made clear to senior leadership / management teams,</li> <li>• Consider HSE requirements when appointing staff at senior management and executive levels.</li> <li>• Ensure the safety of our colleagues, customers and the natural environment come before anything else we do,</li> <li>• Provide adequate resources to ensure we can achieve the highest possible HSE standards and performance,</li> <li>• Positively reinforce good HSE practices and seek ways to continually improve our HSE management systems.</li> </ul>
Executive Directors	<p>Executive Directors, individually will:</p> <ul style="list-style-type: none"> <li>• Be responsible for HSE within Directorate,</li> </ul>

Role	Responsibilities
	<ul style="list-style-type: none"> <li>• Ensure HSE expectations are made clear to senior management teams,</li> <li>• Include HSE as a standard item on SMT agendas,</li> <li>• HSE management structure is implemented to deliver policies and procedures,</li> <li>• Lead by example, ensuring safety first is considered as part of everything we do,</li> <li>• Ensure all risks have been assessed and control measures are in place to reduce risks to tolerable levels,</li> <li>• Ensure training needs are met and adhered to,</li> <li>• Review HSE performance of their business area,</li> <li>• Attend HSE Training sessions when required,</li> <li>• Ensure any issues identified are followed through with necessary remedial actions</li> <li>• Provide adequate resources to achieve the objectives and targets set within the HSE management system,</li> <li>• Review and agree Group quarterly report,</li> <li>• Ensure effective communication between management, colleagues, customers</li> <li>• Escalate HSE issues to the Executive team and Group Board,</li> <li>• Ensure Health and Environmental protection controls are given equal priority to safety,</li> <li>• Challenge unsafe acts and behaviours by applying a learning and fair process.</li> </ul>
Accountable Risk Lead	<p>All accountable risk leads for TRG will:</p> <ul style="list-style-type: none"> <li>• Develop policies, procedures and risk frameworks for nominated risk area,</li> <li>• Ensure HSE management system is implemented, known and embedded for their risk area,</li> <li>• Work collaboratively with other accountable leads to ensure sharing of best practice.</li> </ul> <p>See section 4.3 Accountable Risk Leads Roles and Responsibilities</p>

Role	Responsibilities
Senior leaders / management teams	<p>The Senior Leadership/Management Team will:</p> <ul style="list-style-type: none"> <li>• The health and safety of persons whom report to them and the impacts on the natural environment from the work we do,</li> <li>• Include HSE as a standard item on SMT agendas,</li> <li>• Chair / support their area HSE employee committee meeting,</li> <li>• Include HSE targets and objectives in local business plans to meet the Group strategy,</li> <li>• Engage with their colleagues with regards to attitudes and behaviours towards HSE,</li> <li>• Consider HSE requirements when appointing to Management positions,</li> <li>• Ensure arrangements are in place to manage HSE and minimise our impacts on the environment,</li> <li>• Ensure they understand the laws we need to comply with and develop legislation or legal registers across their areas of control,</li> <li>• Develop and own the HSE risk register for their areas,</li> <li>• Monitor HSE performance and seek ways to continually improve,</li> <li>• Ensure risk assessments are in place to cover all workplace activities and individuals,</li> <li>• Participate in all HSE training identified as for their role,</li> <li>• Ensure all adverse HSE events are investigated following a just a learning process,</li> <li>• Provide adequate resources to ensure HSE is managed effectively,</li> <li>• Challenge unsafe acts and behaviours by applying a just and learning process.</li> </ul>
Operations / people managers	<p>Operational Managers are responsible for:</p> <ul style="list-style-type: none"> <li>• The health and safety of persons whom report to them and the impacts on the natural environment from the work we do,</li> </ul>

Role	Responsibilities
	<ul style="list-style-type: none"> <li>• Leading our safety first culture and ensure they demonstrate customer, colleague and the natural environments safety and care as our number one priority,</li> <li>• Ensuring risk assessments are in place for their direct employees, services, themselves and their teams,</li> <li>• Training needs of their employees are identified and that employees attend all training courses / sessions that are provided to keep them safe in their role,</li> <li>• Ensuring colleagues are provided with the correct tools and equipment for the tasks required of them,</li> <li>• Ensuring personal protective equipment is provided as identified through individuals risk assessments,</li> <li>• Ensuring Occupational health support is provided to ensure occupation health controls are suitable to ensure colleagues occupational health is not adversely affected,</li> <li>• Ensuring accidents and incidents are recorded and investigated appropriately to ensure root causes are identified and addressed,</li> <li>• Ensuring all agreed actions raised resulting from inspections, risk assessments, reviews and audits are implemented in agreed timescales,</li> <li>• Ensuring Health and Environment are treated with equal importance as safety,</li> <li>• Ensuring Health, safety and environment is included as an agenda item on team meetings to ensure colleagues had the opportunity to raise any issues that concern them,</li> <li>• Demonstrating we care – Managers are to talk to colleagues about their health and wellbeing and safety or environmental concerns during 1:1 meetings,</li> <li>• Ensuring HSE objectives are set as personal objectives,</li> <li>• Ensuring any work that may affect the public, our customers and the natural environment is carried out with care and is planned not to have an adverse impact.</li> <li>• Encouraging our colleagues to engage with health, safety and environmental management process by allowing them time and resources to work safely and to stop work if it is not safe, could damage the natural environment.</li> <li>• Providing safe work places and ensure they are regularly inspected,</li> </ul>

Role	Responsibilities
	<ul style="list-style-type: none"> <li>Developing safe systems of work consisting of written work instructions, procedures, risk assessments and compliance checks.</li> </ul>
All Employees	<p>All Riverside employees must:</p> <ul style="list-style-type: none"> <li>Take reasonable care of themselves and others health and safety,</li> <li>Stop work if it is not safe, re-evaluate the hazards and report any harmful working practices to their manager,</li> <li>Report all hazards, near misses, accidents and incidents on SAW-IT and or directly to their manager,</li> <li>Support their manager in completing individual risk assessments,</li> <li>Following all risk controls, safe systems of work, policies, procedures and safety rules,</li> <li>Use all safety related equipment as instructed that is provided to them by TRG,</li> <li>Undertake training provided and ensure all mandatory training is kept up to date.</li> </ul>
Head of Health Safety and Environment	<p>Head of Health Safety and Environment and the HSE Team will:</p> <ul style="list-style-type: none"> <li>Develop the Group HSE Strategy in line with the Group business strategy</li> <li>Provide technical guidance to Group Board and Executive Directors,</li> <li>Provide the Group with meaningful monthly HSE performance data,</li> <li>Produce annual Group Board report and quarterly Executive Directors report,</li> <li>Support the business with technical solutions to deliver their risk frameworks,</li> <li>Ensure the business understands its legal obligations and risk profiles,</li> <li>Provide compliance assurance reviews to ensure all parts of the Group are operating to the highest practicable standards to assure the Group Board and Executive Directors,</li> <li>Provide technical advice and guidance to Senior Leaders, Managers, and accountable risk leads,</li> <li>Manage the continual improvement of enterprise HSE applications,</li> <li>Identify trends and provide solutions the business can implement to mitigate risks,</li> </ul>

Role	Responsibilities
	<ul style="list-style-type: none"><li>• Horizon scan to ensure Riverside is prepared for emerging risk and changing legislation,</li><li>• Lead investigations into major events that occur, ensuring we apply a just and learning process.</li></ul>

### 4.3 Accountable Risk Leads Roles and Responsibilities

Accountable risk leads are accountable for Health, Safety and Environment for their specific risk area; the Group Health and Safety function will provide assurance that the Accountable risk leads are complying with HSE requirements on behalf of The Riverside Group. The key risk areas are;

1. Our Office Estate - where staff work and customers/stakeholders visit
2. Our Colleagues and agency workers/consultants
3. Our customers:
  - Care and Support,
  - Social Housing,
  - Home Ownership
4. Our stock and communal areas where customers live
5. Our buildings contractors (Evolve, Prospect, Development contractors)
6. External partners, key suppliers and 3<sup>rd</sup> parties – Development and Growth and Procurement.

In scope		Group Health and Safety function					
Assurance	Risk area	Office	Colleagues	Customers	Stock & communal areas	Internal contractors (e.g. Evolve)	External Partners, third parties & building contractors
		Facilities Management	HR	Relevant business mgmt function e.g. Care & Support	Asset Management (Compliance)	Relevant subsidiary (e.g. Prospect, Evolve,	Procurement
Responsibility	Monitoring	Develop policies & frameworks for the office estate & monitor adherence to these	Develop policies for staff, volunteers & contractors & monitor adherence to these	Develop policies & frameworks for Customers & monitor adherence to these	Develop policies & frameworks for stock & communal areas & monitor adherence to these	Develop policies & frameworks for buildings contractors & monitor adherence to these	Ensure regulations are understood (e.g. CDM) and built into Procurement frameworks & policies
	Delivery	Undertake the actions, log results, identify further action, monitor & report	Undertake the actions, log results, identify further action, monitor & report	Undertake the actions, log results, identify further action, monitor & report	Undertake the actions, log results, identify further action, monitor & report	Undertake the actions, log results, identify further action, monitor & report	Ensure the procurement process is followed
Examples		Fire tests, air conditioning tests, etc.		Customer risk assessments, e.g. medication requirements	Fire tests, asbestos tests, gas compliance etc.	Checks on site to determine if staff are compliant	3 <sup>rd</sup> party arrangements to ensure all 3 <sup>rd</sup> parties are H&S compliant.

The Group Health Safety and Environment function provide an assurance role across the group. The Group HSE function are not responsible The Group HSE Functions responsibilities are set out in the table below:

Assurance	<ul style="list-style-type: none"> <li>• Establish and maintain group wide HS&amp;E management systems and accreditations (e.g. RoSPA &amp; ISO 18001).</li> <li>• Undertake random sampling against the framework, to ensure all risk areas have policies and procedures which are being complied with.</li> <li>• Take ownership for strategic HSE risk mapping and allocation of responsibilities and make sure this is always kept up to date.</li> <li>• Ensure appropriate measures are in place to provide assurance to Group Board and Audit Committee that our risks are being managed.</li> </ul>
Overseeing Delivery	<ul style="list-style-type: none"> <li>• Create strategic frameworks to inform how business areas develop their respective frameworks and policies.</li> <li>• Ensure a consistent approach to how we monitor and report data against the key risk areas</li> <li>• Ensure ownership of risk has been allocated to the appropriate responsible person</li> <li>• Provide HS&amp;E expertise across the organisation and act as a critical friend to the business areas, where required</li> <li>• Understand changes to HS&amp;E and disseminate these across TRG</li> <li>• Embed a HS&amp;E culture across the organisation with support from Marketing and Communications</li> <li>• Ensure staff are provided with the tools and training to undertake investigations within their risk areas with support from Learning and Development</li> <li>• Develop and implement a HS&amp;E continuous improvement strategy for Riverside</li> <li>• Establish a robust &amp; consistent framework for the reporting and investigation of accidents, incidents and near miss investigations -               <ul style="list-style-type: none"> <li>○ Undertake appropriate reporting to the required governing bodies (e.g. RIDDOR)</li> <li>○ Perform escalated independent HS&amp;E investigations within agreed thresholds</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Ensure appropriate governance is in place to support issue escalation</li></ul>
HSE Interface	<ul style="list-style-type: none"><li>• Act as the main interface with the HSE, LA enforcement &amp; other key external stakeholders on behalf of  TRG (note, the business areas will own the relationship with their stakeholders)</li></ul>

Accountable risk leads responsibilities and key deliverables are set out in the table below:

Risk Area	Accountable delivery agent	Responsibilities
Our Offices	Head of Facilities Management	<ul style="list-style-type: none"> <li>• Develop and embed HSE related policies, procedures and frameworks for our office estate.</li> <li>• Monitor compliance to HSE frameworks and conduct essential building checks across our Offices.</li> <li>• Ensure risk assessments are in place for our offices.</li> <li>• Identify opportunities for improvements by developing a risk register for our offices.</li> <li>• Ensure we are compliant to all legislation relating to our offices using a legal register.</li> <li>• Provide monthly update to SFG on risks, issues and improvements.</li> <li>• Develop Annual HSE improvement plans for our offices.</li> <li>• Complete all improvements actions as identified in HSE compliance assurance reviews.</li> <li>• Develop and own business continuity plans for our offices.</li> </ul>
Our People (Staff, Volunteers and Contractors)	Director of People and Culture	<ul style="list-style-type: none"> <li>• Develop and embed HSE related policies, procedures and frameworks to protect our people.</li> <li>• Monitor compliance to HSE frameworks and monitor adherence to process and procedures.</li> <li>• Ensure risk assessments are in place for our people.</li> <li>• Provide systems and processes to protect our peoples personal safety (training, Occupational Health, personal safety devices, Warning markers, reasonable adjustments, major incidents)</li> <li>• Identify opportunities for improvements by developing a risk register for our people.</li> <li>• Ensure we are compliant to all legislation relating to our people using a legal register.</li> <li>• Provide monthly update to SFG on risks, issues and improvements.</li> <li>• Develop Annual HSE improvement plans for our people.</li> <li>• Complete all improvements actions as identified in HSE compliance assurance reviews.</li> </ul>

Risk Area	Accountable delivery agent	Responsibilities
Our Customers	<b>RC&amp;S</b> – Head of Quality and Compliance  <b>RHO</b> – Director of RHO  <b>Social Housing</b> – Head of Social Housing Business Management	<ul style="list-style-type: none"> <li>• Develop and embed HSE related policies, procedures and frameworks to protect our customers.</li> <li>• Monitor compliance to HSE frameworks and monitor adherence to process and procedures.</li> <li>• Ensure risk assessments are in place for our customers.</li> <li>• Provide systems and processes to protect our Customers (Person Centred Fire Risk assessments, PEEP's, customer care inspections, new tenant induction checks).</li> <li>• Identify opportunities for improvements by developing a risk register for our customer's safety.</li> <li>• Ensure we are compliant to all legislation relating to our customers using a legal register.</li> <li>• Provide monthly update to SFG on risks, issues and improvements.</li> <li>• Develop Annual HSE improvement plans for our customers.</li> </ul>
Our Stock and Communal Areas	Director of Building Safety	<ul style="list-style-type: none"> <li>• Develop and embed HSE related policies, procedures and frameworks to protect our stock and communal areas:               <ul style="list-style-type: none"> <li>○ Heating and Ventilation</li> <li>○ Fire Safety</li> <li>○ Electrical Safety</li> <li>○ Asbestos Management</li> <li>○ Water Hygiene</li> <li>○ Mechanical and lifting</li> <li>○ Communal areas – Car Parks and Play equipment</li> </ul> </li> <li>• Monitor compliance to HSE frameworks and monitor adherence to process and procedures.</li> <li>• Ensure risk assessments are in place for our stock and communal areas.</li> </ul>

Risk Area	Accountable delivery agent	Responsibilities
		<ul style="list-style-type: none"> <li>• Provide systems and processes to protect our stock and communal areas (emergency equipment, inspections, test equipment)</li> <li>• Identify opportunities for improvements by developing a risk register for our stock and communal area safety.</li> <li>• Ensure we are compliant to all legislation relating to our stock and communal areas using a legal register.</li> <li>• Provide monthly update to SFG on risks, issues and improvements.</li> <li>• Develop Annual HSE improvement plans for our customers.</li> <li>• Complete all improvements actions as identified in HSE compliance assurance reviews.</li> </ul>
Our Internal Contractors	<b>Evolve</b> – Head of Health and Safety <b>Prospect</b> – Head of Construction	<ul style="list-style-type: none"> <li>• Develop and embed HSE related policies, procedures and frameworks for our internal contractor's safety.</li> <li>• Monitor compliance to HSE frameworks and conduct essential checks across our internal contractors.</li> <li>• Ensure risk assessments are in place for our internal contractors operations.</li> <li>• Identify opportunities for improvements by developing a risk register for our internal contractor's risks.</li> <li>• Ensure we are compliant to all legislation relating to our internal contractors using a legal register.</li> <li>• Provide monthly update to SFG on risks, issues and improvements.</li> <li>• Develop Annual HSE improvement plans for our internal contractor's operational areas.</li> <li>• Complete all improvements actions as identified in HSE compliance assurance reviews.</li> <li>• Develop and own business continuity plans for our internal contractors operational areas.</li> </ul>
External partners, third parties and building contractors	Head of Procurement	<ul style="list-style-type: none"> <li>• Ensure Contractors are suitably competent and have correct accreditations / insurances to conduct works on behalf of TRG.</li> </ul>

Risk Area	Accountable delivery agent	Responsibilities
		<ul style="list-style-type: none"> <li>• Own the approved contract register and conduct essential supplier checks across our supply chain.</li> <li>• Develop and embed HSE related policies, procedures and frameworks for our procurement supply chain.</li> </ul>
External partners, third parties and building contractors	Contract owner	<ul style="list-style-type: none"> <li>• Only use Contractors on the approved contract register.</li> <li>• Ensure local contractor inductions are conducted and TRG's expectations are met.</li> <li>• Ensure checks are in place to evaluate contractor's competence and safety performance.</li> <li>• Ensure Procurement are aware of any poor performing contractors.</li> <li>• Ensure we are compliant to all legislation relating to the management of our contractors (CDM, permit to work) using a legal register.</li> </ul>

## 5. Appendix A

### The Riverside Group Health, Safety and Environment Statement

At Riverside we believe in safety first, where the safety of our employees, customers and the natural environment come before anything else we do.

Our work is never so urgent or important that we cannot take time to do it safely and with respect for the environment and each other.

Wherever we work, we are committed to the promotion of wellbeing and the prevention of injury, ill health and pollution including seeking to reduce the amount of carbon produced and the sustainable use of resources, while reducing our waste through good waste management, recycling and the reduction of single use products.

#### **We will:**

- Define policy and procedures to promote and protect the health and safety of those to whom we owe a duty of care and the environment in which we work,
- Provide all the necessary resources for the implementation of our policy and procedures,
- Identify, train and use as necessary, competent resources within a defined structure, and allocate health, safety and environmental responsibilities to people who have the necessary skills,
- Promote a strong health, safety and environmental culture based on active and caring leadership, mutual trust and courage,
- Create a healthy, productive and inclusive workforce through effective management of staff wellbeing and occupational health,
- Meet and, where appropriate, exceed any legal and other requirements that apply,
- Identify and assess the health, safety and environmental hazards, impacts and risks that arise from our activities and services,
- Actively encourage the input of employees and others and make decisions based on a deep understanding of the work conditions and constraints relating to health, safety and environmental issues and build sustainable solutions,

- Investigate and report on incidents and share learnings on how we can prevent reoccurrence and improve,
- Set health, safety and environmental objectives and targets that reflect legal requirements and any risks we have identified, and show that we are seeking to continuously improve
- Develop and introduce plans to make sure we achieve agreed objectives and manage identified risks
- Consider the sustainable use of resources and materials and actively manage the impacts of our business activities on the environment with the aim of minimising, and where possible, eliminating them
- Monitor, review and report our performance, measured against set objectives and targets
- Regularly review the suitability and effectiveness of our systems, and identify improvements we need to make to our procedures to achieve continual improvement.

We will put this policy into practice by creating a culture that actively encourages good health, safety and environmental practices and by applying effective policies, procedures, systems and processes. Everybody who works for us, anywhere, must act in a safe way and consider environmental issues when making decisions and taking action.

This Policy covers all parts of TRG including Irvine Housing Association.

**Carol Matthews** – Group Chief Executive

Date:	23/1/2020
Subject:	Board Learning and Development Plan
Author:	Paul Hillard
Sponsor:	
Appendices:	Training Requested at Appraisals – Appendix 1 Board Skills Matrix – Appendix 2 Proposed Board Training Session Programme – Appendix 3
Action:	Decision
Data Class:	Public

**EXECUTIVE SUMMARY**

Following the 2019 Board Appraisal process, Board Members training requests and the results of the Skills Audit have been reviewed in order to develop proposals for Board training for 2020 in the Board Learning and Development Plan.

It is therefore recommended that Board:

- a) notes the requested training and agrees the proposed methods of delivery.
- b) considers and agrees the proposed Board training session programme for 2020.

**1. BACKGROUND**

- 1.1 Following the annual Board Appraisal process, as part of the development of the Board Learning and Development Plan for 2020, Board Member appraisal forms have been reviewed to identify any requested training. The Training Requested at Appraisals is attached at Appendix 1 and details the proposed method of delivery for the requested training.
- 1.2 The results of a recent Board Skills Audit have been entered into a Matrix in order to identify which collective knowledge areas required strengthening and the results have also been considered and factored into the development of the Board Learning and Development Plan for this year. The Plan seeks to meet the training requirements of individual Board Members and also strengthen the collective skills and knowledge of the Board.
- 1.3 Training from the previous year's Board Learning and Development Plan which did not take place due to other priorities, has also been incorporated within this year's proposed Plan.
- 1.4 Some of the subject areas in the Skills Matrix with the lowest scores are reflective of the training requested at appraisals and some subject areas have already been addressed through the delivery of information sessions at the Board Strategy Day.
- 1.5 The Board training session programme attached at Appendix 3 identifies the proposed Board training sessions proposed for 2020.

- 1.6 Four subject areas have been identified within the Board training session programme and it is intended that these training sessions will be delivered on the same day as the Board Meetings, immediately prior to the Board Meeting.
- 1.7 Other training requests which have been made by Board Members, will either be delivered through one to one sessions on mutually agreeable dates with Officials or formed part of discussions / information sessions at the recent Board Strategy Day.
- 1.8 It is intended that the training will be delivered by both internal and external facilitators, keeping in line with the associated budget.
- 1.9 The risk of not implementing a Board Learning and Development Plan is that Board may lack the individual or collective skills required to enable effective decision-making. It is intended that the Board will review its training requirements annually and consider a Board Learning and Development Plan for implementation and delivery.

## **2. RECOMMENDATIONS**

- 2.1 It is therefore recommended that Board:
  - a) notes the requested training and agrees the proposed methods of delivery.
  - b) considers and agrees the proposed Board training session programme for 2020.

**Training Requested at Appraisals**

<b>Subject</b>	<b>Proposed Method</b>
IT Training	One to one session
Social housing sector / housing policy	Board Strategy Day
IHA customers and communities	Board Strategy Day
Long term financial planning and risk	One to one session Board Strategy Day
More opportunity to act as ambassadors	Attendance at annual housing conferences (SFHA / CIOH)

## Appendix 2

	Board Member	Board Member	Board Member	Board Member	Board Member	Board Member	Board Member	Board Member	Board Member	Board Member	Board Member	Total	Skills Average
Risk management	3	4	5	4	5	4	4	4	3	4	2	30	4
Asset management	3	3	5	3	2	3	3	4	4	4	2	30	3
Relevant areas of law	3	4	5	3	3	3	3	2	3	3	1	33	3
Housing policy	3	4	5	3	2	3	3	4	1	5	3	36	3
Finance	3	3	4	4	4	5	5	3	2	3	2	38	3
Governance / regulation	3	4	5	4	3	3	3	4	4	4	1	38	3
Health & Safety	4	4	5	3	3	3	3	4	2	3	4	38	3
Customer service	4		5	5	3	3	3	4	3	4	4	38	4
Knowledge of the organisation	4	4	5	5	3	4	3	4	3	2	2	39	4
Current issues in the housing and / or care sector	3	4	5	4	3	4	3	4	2	5	3	40	4
Change management	4	3	5	5	4	3	3	3	3	4	4	41	4
Diversity issues	3	4	5	5	4	3	4	4	2	3	4	41	4
Residents needs and concerns	4	4	5	4	3	3	3	4	2	5	4	41	4
Business management	4	3	5	5	4	4	4	3	4	3	3	42	4
Strategy formulation	3	4	5	5	4	4	4	4	3	4	3	43	4
Business and strategic planning	4	4	4	5	4	5	5	3	3	3	3	43	4
<b>Total</b>	<b>52</b>	<b>52</b>	<b>73</b>	<b>67</b>	<b>54</b>	<b>57</b>	<b>56</b>	<b>58</b>	<b>44</b>	<b>59</b>	<b>45</b>		
<b>Overall Average Rating</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>		
IT management / projects	0.5	3	3	5	3	4	3	4	2	3	2	32.5	3
Pensions	3	3	4	3	3	3	4	4	2	3	1	33	3
Treasury issues	3	3	4	3	4	3	5	3	2	3	1	34	3
Property development	3	3	4	3	3	3	4	3	5	3	1	35	3
Financial accounting	3	3	4	4	3	5	5	3	3	3	1	37	3
Commercial ventures	4	3	3	5	4	3	5	3	4	3	1	38	3
Acquisitions and mergers	3	4	4	4	3	3	4	4	5	3	1	38	3
Audit	3	3	4	4	5	5	5	4	2	3	1	39	4
Human resources	4	3	4	5	3	3	3	4	4	3	3	39	4
<b>Total</b>	<b>26.5</b>	<b>28</b>	<b>34</b>	<b>36</b>	<b>31</b>	<b>32</b>	<b>38</b>	<b>32</b>	<b>29</b>	<b>27</b>	<b>12</b>		
<b>Overall Average Rating</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>1</b>		

Board Training Session Programme - Appendix 3

Item	Subject	Reason for training	Trainer	Responsibility	Proposed Date	Completed
1	Freedom of Information	New Legislation	Internal	Group	Jan-20	
2	Risk Management	Identified in Skills Matrix	External	MD	May-20	
3	Group Structures	Identified in previous appraisal process	External	MD	Nov-20	
4	New Board On-line Platform	Identified in Skills Matrix	Internal	MD	Jan-21	

Date:	30 <sup>th</sup> January 2020
Subject:	Managing Director's Report
Author:	Paul Hillard [REDACTED]
Sponsor:	N/A
Appendices:	None
Action:	Noting
Data Class:	Public

**EXECUTIVE SUMMARY**

This Report is provided to Board to give an update on the following matters where no formal decisions are required at this time:

- Notifiable Event
- Board / Chair Recruitment

**RECOMMENDATION**

- It is recommended that Board Members note and comment on the contents of this Report.

## **1 Notifiable Event**

- 1.1 The Association received an email communication from the Scottish Fire and Rescue Service on 25th November 2019 following a fire in a private property on the Pennyburn Estate, which had taken place the previous weekend. The fire was deliberately started by two individuals setting alight household items lining against an external wall outside the house. The resident was safely evacuated from the house during the fire and nobody was harmed during the incident.
- 1.2 The property in question had benefitted from external wall insulation (EWI) works that had been completed in 2015 as part of the North Ayrshire Council Heeps;Abs scheme. The EWI works were to the same specification as that applied to a large number of properties across the estate which are owned by the Association. The email expressed concern that centred around 'the rate and extent of fire spread (in particular hidden fire spread), and the subsequent hazards posed by the external cement/roughcasting which became a large, unsupported mass of considerable size and weight'.
- 1.3 Subsequent to the receipt of the email, discussions took place with the Fire and Rescue Service who clarified that their concerns relate specifically to the risks associated with the external roughcast on the building becoming detached and falling from the wall as a result of the fire, and the potential impact of this on the Fire Service crew and people in the vicinity of the property rather than the performance of the insulation material. The Fire and Rescue Service requested details of other properties in the area with EWI fitted, so they are aware of the structure of the buildings and can respond to any future incidents accordingly.
- 1.4 The Association contacted North Ayrshire Council's Building Control team who confirmed that the EWI was installed correctly and to required standards with all necessary building warrants and certifications in place. The Building Control team confirmed that the EWI performed as expected, that the fire was contained, the structure of the building remained sound, and roughcast became detached from the from the wall as a result of the heat, as would be expected with properties that have EWI fitted where the insulation acts as a barrier between the roughcast and the brickwork.
- 1.5 During December the incident was reported in the Irvine Times and other associated newspapers. The report quoted from a document, which it suggested was from the Scottish Fire and Rescue Service, that again suggested that the EWI works were of concern and were leading to additional fire spread.
- 1.6 The Association met with the Scottish Fire and Rescue Service and North Ayrshire Council's Building Control Officer on 13th December 2019. At the meeting neither party proposed any further investigation of, or remedial works to, the EWI works. The Association had also received a copy of the Fire Incident Report which raised no irregularities. In fact it specifically says that there are no "dangerous substances involved" and there was "no rapid fire growth".
- 1.7 In view of the attention the matter had received in the local press, the Association put out a statement on social media and on its website. We have also advised the Pennyburn Tenants and Residents Association. The statement is available on the

following link: <https://www.irvineha.co.uk/update-pennyburn-fire/>. The Association is not proposing to take any further action on this matter.

- 1.8 In view of the original email from the Fire and Rescue Service a meeting of the Notifiable Events Group was called 28<sup>th</sup> November 2019. This agreed that the event should be notified to the Scottish Housing Regulator and the notification was made on 3<sup>rd</sup> December 2019. The SHR noted the event and requested an update after the meeting with the Scottish Fire and Rescue Service. This was provided on 23<sup>rd</sup> December 2019 and set out the information contained in paragraphs 1.6 and 1.7 above. At the time of writing no further response had been received from the SHR.

## **2 Board / Chair Recruitment**

- 2.1 An update on proposals relating to the recruitment of a new Chair / Board Members will be provided at the meeting.

## **3 Recommendation**

- 3.1 It is recommended that Board Members note and comment on the contents of this Report.