

# Solon Business Plan 2011-14

	<b>Contents</b>	<b>Page</b>
1.	<b>Introduction</b>	2-3
2.	<b>Mission, vision and values</b>	4
3.	<b>Key strategic outcomes</b>	4-5
4.	<b>Achieving the outcomes and measuring our progress:</b>	
	1. Financial viability and value for money.	6-9
	2. Customer service, choice and customer care.	10-13
	3. Resident involvement and empowerment.	14-17
	4. Equality and diversity.	18-21
	5. Maintenance and asset management services.	22-27
	6. Housing management services.	28-33
	7. Producing new homes.	34-36
	8. Housing support services.	37-43
	9. Motivated workforce.	44-47
	10. Governance.	48-51
5.	<b>Long-term strategic outcomes</b>	
	To be agreed by the Board Autumn 2011	
6.	<b>Appendices</b>	
	1. Performance targets, benchmarking information and performance indicators. <i>To be attached on completion.</i>	
	2. 30-year Financial Plan	

## **1. Introduction**

The Business Plan describes our intentions for the future direction of Solon. It sets the key strategic outcomes that we wish to achieve during the period April 2011 - March 2014 and the action we will take to deliver them. It has been developed by the Board, residents and staff.

The Business Plan has also been developed in conjunction with the 30-year Financial Plan. This tests the financial implications and viability of the main proposals and assumptions which form the core of the Business Plan and demonstrates that they are affordable and deliverable. The 30-year Financial Plan, including the Business Plan assumptions on growth, asset management and disposal of unsuitable properties was approved by the Audit & Finance Committee (AFC) on 2 March 2011 and the Board on 16 March 2011.

Our overriding mission is to deliver excellent housing services, accessible to all and tailored to personal needs, and provide homes that people want to live in. Our success will be measured by high levels of customer satisfaction with our services and the achievement of 3-star excellent services and a 3-star excellent approach to customer care, value for money, equalities and resident involvement.

Solon's work is governed by the Tenant Services Authority (TSA) National Standards and Local Offers. The actions to deliver the key strategic outcomes, and the outcomes themselves will ensure compliance with the TSA's requirements.

We will also meet the requirements of a wide range of service standards and strategies already in place to improve our services.

The above standards and requirements generate a number of individual SMART action plans. These have been or will be drawn into a single consolidated 'Giant Action Plan' (GAP).

Our staff are key to delivering the objectives. We will be guided at all times by the principles described by the Solon Behaviours, and the principles of *Investors in People*. The skills required to deliver the objectives will drive the staff development and training programme. Individuals will be encouraged to gain associated skills and knowledge and will be able to see how their work contributes to our overall direction and success.

The Business Plan also reflects the views of our residents, expressed through a variety of customer surveys, meetings and other engagement. We are confident that our residents' highest priorities are reflected in our priorities for investment and service improvement.

### **Over-arching outcomes**

Solon has agreed strategic outcomes, strategies and service standards to improve the standard of customer care, involve residents in the management of their homes, and achieve equality and diversity and value for money in all our work. See Outcomes 1 - 4. All of our services will be conducted in accordance with these over-arching outcomes, strategies and standards.

## **Layout of the Business Plan**

The mission, vision and values are set out in section 2.

There are 10 key outcomes - what we want to achieve - set out in section 3.

Section 4 sets out:

- The actions we need to take to achieve each of the key outcomes, listed and numbered in order of priority.
- How we propose to measure our progress with completing each of the actions - how will we know whether we have been successful.

Each action is aligned to a corresponding measurement of progress. Therefore the measurement for action 1 is referenced as 1.

The Appendices comprises:

- Performance targets, benchmarking information and performance indicators for the Business Plan period. These are to be agreed at the Board meeting on 18 May.
- The 30-year Financial Plan, including income and expenditure account, balance sheet and cash flow over 30 years.

The strategic outcomes and the majority of actions set out in the Plan to achieve them will be completed within the 3-year Business Plan period. However, it is proposed that the Plan also includes a short section setting out longer-term outcomes. This will be completed once the Board has had the opportunity to consider and comment.

## **2. Mission, vision and values**

### **Solon's Mission (purpose)**

Our purpose is to deliver excellent housing services, accessible to all and tailored to personal needs. We will provide homes that people want to live in. We will invest in the local communities where we work.

### **Solon's Vision (aspiration)**

Excellent homes and excellent housing services for all.

### **Values** (what we stand for)

- Local and accessible.
- Putting customers first and treating them with respect.
- Listening to, acknowledging and responding positively and flexibly to customers' needs.
- Open, inclusive, reliable and honest. People you can trust.
- Supportive and caring.

## **3. Key strategic outcomes**

We wish to achieve the following strategic outcomes during the Business Plan period:

1. Maintain strong financial viability to deliver the Business Plan outcomes.
2. Achieve a high level of resident satisfaction with the quality of customer care in all services.
3. Involve and empower residents to participate successfully in co-regulation and ensure a high level of satisfaction that Solon takes residents' views into account and enables them to influence services.
4. Achieve equality and diversity in all areas of activity, and ensure that all residents are highly satisfied with Solon's service.
5. Maintain housing to current standards and in good condition and ensure that all residents are highly satisfied with the maintenance service and the quality and condition of the home.
6. Ensure that all residents are highly satisfied with the way their homes and neighbourhoods are managed.
7. Develop new permanent homes to:
  - Produce a larger proportion of high quality new-build homes which are more sustainable and cost effective to occupy and maintain, and that residents are highly satisfied with.

- Meet local housing need and tackle homelessness.
  - Gain the financial and other benefits of scale, spread overhead costs and become more efficient and cost effective.
8. Ensure that all residents are highly satisfied with access to and quality of housing support.
  9. Maintain and manage an effective and well-motivated workforce with the direction, skills, aptitude and commitment to deliver the Business Plan outcomes.
  10. Achieve excellent governance by a strong Board of Management which ensures the delivery of the Business Plan outcomes, and genuine co-regulation.

#### 4. Achieving the outcomes and measuring our progress

##### Outcome 1: Maintain strong financial viability to deliver the Business Plan outcomes.

High level actions to achieve Outcome 1			
Priority & ref number	Action	Who?	When?
1	Regularly review the 30-year Financial Plan, incorporating new expenditure and income forecasts and assumptions on growth, asset management, staffing and disposal of unsuitable properties, as circumstances change.	Finance Director, (FD)	Annually Q3 – Q4 and when there are significant changes.
2	Develop budgets with budget holders and maintain regular, consistent and robust budgetary control via production of monthly and quarterly management accounts and monthly budget meetings to discuss progress.	FD	Annually Q3 – Q4
3	Maintain negotiations with prospective lenders and secure sufficient additional borrowing to fund the planned investment in new homes.	FD	Q2 2011/12.
<b>4</b>	<b>Deliver £418k pa of cost efficiencies by 2013/14 (£450k by 2014/15) as follows:</b>	Chief Executive (CEO)	Q4 2013/14
4A	<ul style="list-style-type: none"> <li>Carry out, and implement recommendations of a review of organisational and staffing structure to identify efficiencies and resource priority areas.</li> </ul>	CEO	Q2 2011/12.
4B	<ul style="list-style-type: none"> <li>Implement asset management procurement.</li> </ul>	Customer Service Director (CSD)	Q4 2011/12
4C	<ul style="list-style-type: none"> <li>Mobilise new asset management contracts.</li> </ul>	CSD	Q4 2011/12
4D	<ul style="list-style-type: none"> <li>Identify and implement asset management programme cost reductions</li> </ul>	CSD	Q4 2013/14.
4E	<ul style="list-style-type: none"> <li>Identify and implement other budget cost reductions.</li> </ul>	FD	Q4 2013/14.

4F	Promote achievements with delivering value for money to residents via a variety of media.	Performance Improvement Manager (PIM).	Q2, 2011/12
5	Maintain a healthy cash-flow from current stock via target setting and pro-active management of disposals (identification, decanting and sales).	CSD	Review quarterly.
6	Maintain a healthy cash-flow from current stock via target setting and pro-active control over income (rent arrears, service charges, re-chargeable items, SH income).	CSD	Review quarterly.
7	Coordinate the external validation of all Solon's critical PI data.	FD	By end Q1 2011/12
8	Coordinate and service the Value for Money – Performance Information Committee.	FD	From start Q1 2011/12
	<b><i>Compliance with strategies, guidance and best practice</i></b>		
9	Deliver VFM Strategy action plan and targets, regularly reporting progress to Audit & Finance Committee.	FD.	Q2 2012/13.
10	Deliver Procurement Strategy action plan and targets regularly reporting progress to Audit & Finance Committee.	CSD	Q2 2012/13.
11	Deliver VFM KLOE action plan and targets, and VFM aspects of complete range of KLOEs, regularly reporting progress to Audit & Finance Committee.	FD	Q2 2012/13.
12	Deliver ITC Strategy action plan and targets, regularly reporting progress to Audit & Finance Committee.	FD	Q2 2012/13.

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Achieve 3 stars according to the Audit Commission's inspection criteria (current KLOE) for value for money.	FD	Completion by Q2, 2012/13.
1	Updated 30-year Financial Plan and assumptions, demonstrating financial viability	FD	Annually Q3 and when there are

	and covenant compliance, reviewed and approved by AFC and independently validated.		major changes to forecasts.
1	Updated 30-year Financial Plan reviewed and approved by regulator.	FD	Annually Q3 – Q4.
2	Monthly & quarterly management accounts demonstrating income and expenditure within budget.	FM, Budget holders	Monthly
3	Private finance facility agreed, approved by AFC and Board and drawn-down as required.	FD, CEO, AFC, Board.	Q1 2011/12.
4A	Report on outcome of review discussed and approved by the Board. Planned efficiencies from restructure achieved.	CEO, FD, CSD	Q2 2011/12 Q2 2012/13
4B	New asset management contracts approved by Board and implemented.	CSD, Asset Managers	From Q1 2012/13 - Q4 2013/14
4C	New asset management contracts delivering planned efficiencies.	CSD, Asset Managers	From Q1 2012/13 - Q4 2013/14
4D	Asset management programme cost reductions being delivered.	CSD, Asset Managers	From Q1 2012/13.- Q4 2013/14
4E	Other budget cost reductions being delivered.	FM, Budget holders.	From Q1 2012/13.- Q4 2013/14
4F	VFM achievements are posted on the website and in newsletters.	FD, Performance Improvement Manager (PIM).	Q2, 2011/12
5	Pls demonstrate that disposal targets being achieved (for identification, decanting and sales).	CSD, HM, DPM, SPM.	Review quarterly.
6	Pls demonstrate that income targets are being met.	CSD, HM, SHM.	Review quarterly.
7	Coordinate the external validation of all Solon's critical PI data.	FD	By end Q1 2011/12
8	Coordinate and service the Value for Money – Performance Information Committee.	FD	From start Q1 2011/12
	<b><i>Compliance with strategies, guidance and best practice</i></b>		
9	Evidence of implementation/completion of VFM Strategy action plan and targets.	FD, All, AFC.	Quarterly review.

			Completion by Q2, 2012/13.
10	Evidence of implementation/completion of Procurement Strategy action plan and targets.	All.	Quarterly review. Completion by Q2, 2012/13.
11	Evidence of implementation/completion of KLOE VFM action plan and targets, and VFM aspects of complete range of KLOEs.	All.	Quarterly review. Completion by Q2, 2012/13.
12	Evidence of implementation/completion of ITC Strategy action plan and targets, regularly reporting progress to Audit & Finance Committee.	FD, All. Audit & Finance (AFC).	Q2 2012/13.

**Outcome 2: Achieve a high level of resident satisfaction with the quality of customer care in all services.**

<b>High level actions to achieve Outcome 2</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Tailor communication to meet the identified needs and preferences of all residents and communicate well at all times.	CSD	From start Q1, 2011/12.
1	Implement improvements to services which improve or speed up communication. For example: repairs appointments made at first point of contact.	CSD	From start Q1, 2011/12. Complete by Q2. 2012/13.
2	Provide clear and up-to-date guidance on residents' rights and the full range of services available via a wide range of media.	CSD	From start Q1, 2011/12. Complete by end Q2. 2012/13.
3	Ensure that all residents are accessing services and take action to remove barriers and assist access.	CSD	From start Q1, 2011/12. Complete by end Q2. 2012/13.
4	Maintain and implement consistently a fair and responsive Feedback Policy, and performance targets, and implement regular monitoring of progress against targets, reporting to Customer Service Improvement Committee (CSIC).	PIM	From start Q1, 2011/12. Complete by end Q2. 2012/13.
5	Publish all performance information in relation to customer service via a wide range of media, and report performance to Residents' Forum (RF)/Scrutiny Panel.	CSD	From start Q1, 2011/12.
6	Tailor support to meet the needs of all residents, using resources and Tenancy Audit data pro-actively to seek out and identify residents who need or may benefit from support and assistance.	CSD (Lead) Supported Housing Manager (SHM)	From start Q1, 2011/12. Complete by end Q2. 2012/13.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
7	Set performance targets for the Solon Complaints Service Standard and deliver services and process complaints in line with	PIM	From start Q1, 2011/12. Complete by

	the Standard, regularly reporting progress to CSIC and RF/Scrutiny Panel.		end Q2. 2012/13.
8	Set performance targets for Solon's Customer Care Service Standard and deliver services in line with the Standard, regularly reporting progress to CSIC and RF/Scrutiny Panel.	CSD	From start Q1, 2011/12. Complete by end Q2. 2012/13.
9	Deliver customer care in accordance with the Solon staff Behaviours.	CSD.	From start Q1, 2011/12. Complete by end Q2. 2012/13.
10	Implement Solon's Customer Service & Choice Strategy action plan and targets, regularly reporting progress to CSIC.	CSD	From start Q1, 2011/12. Complete by end Q2. 2012/13.
11	Develop and implement the customer care KLOE action plan and targets, regularly reporting progress to CSIC.	CSD	Quarterly review. Completion by end Q2, 2012/13.
12	Compare Solon with high performing housing associations to deliver the best possible customer care. Adapt and improve customer care to reflect findings.	PIM	From start Q1, 2011/12.

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Customer satisfaction to be in the Top quartile (best 25% of all housing associations), particularly for customer care indicators via new comprehensive customer survey, and other more frequent targeted surveys.	CSD	By end Q2, 2012/13.
All	Achieve 3 stars for access and customer care, according to the Audit Commission's inspection criteria (current KLOE)	CSD	Completion by end Q2, 2012/13.
1	Regular PI reporting of good progress meeting tenancy audit targets to CSIC.	CSD	6-monthly review.

1	Regular reporting of examples of consistent and comprehensive use of tenancy audit data to tailor communication to preferences to Equality Champions Group (ECG) and CSIC.	CSD	Quarterly review.
1	Regular PI reporting to CSIC demonstrates fewer complaints caused by poor communication.	PIM	6-monthly review.
1	Top quartile satisfaction with other service indicators i.e. repairs.	CSD	By end Q2, 2012/13.
1	PI reporting to CSIC demonstrates reduction in number of complaints relating to repairs.	PIM	6-monthly review.
1	Positive outcome from mystery shopping and surveys related to communication reported to CSIC.	Resident Involvement Coordinator (RIC)	6-monthly review.
2, 5	Positive outcome from mystery shopping and surveys relating to information for residents reported to CSIC.	RIC	6-monthly review.
3	Positive outcome from mystery shopping re access to services reported to CSIC.	RIC	6-monthly review.
3	Surveys reported to CSIC demonstrate that all groups are accessing services. Reports on action taken to remove barriers and assist access.	RIC	From start Q1, 2011/12. Complete by end Q2. 2012/13.
4	PI reporting to CSIC demonstrates high level of satisfaction with management of complaints/feedback.	PIM	From start Q1, 2011/12. Complete by end Q2. 2012/13.
4	Achievement of Feedback Policy performance targets.	PIM	Quarterly review.
6	Reports to CSIC demonstrate increased number of residents receiving support, greater resident awareness of available services and satisfaction with support available/provided.	CSD	6-monthly review.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
7	Reports to CSIC and RF/Scrutiny Panel demonstrate good performance against the targets of the Complaints Service Standard.	PIM	Quarterly review.
8	Reports to CSIC and RF/Scrutiny Panel	CSD	Quarterly

	demonstrate good performance against the targets of the Customer Care Service Standard.		review.
9	Evidence of implementation/completion of Solon staff Behaviours in relation to customer care via mystery shopping, surveys etc.	CSD	Quarterly review.
10	Reports to CSIC demonstrate evidence of implementation/completion of Customer Service & Choice Strategy action plan and targets.	CSD	Quarterly review. Completion by end Q2, 2012/13.
11	Reports to CSIC and Board demonstrate evidence of implementation/completion of customer care KLOE action plan and targets.	CSD	Quarterly review. Completion by end Q2, 2012/13.
12	Benchmark comparison information provided and discussed by CSIC and recommendations made for improvements to customer care.	PIM	From start Q1, 2011/12.

**Outcome 3. Involve and empower residents to participate successfully in co-regulation and ensure a high level of resident satisfaction that Solon takes their views into account and enables them to influence services.**

High level actions to achieve Outcome 3			
Priority & ref number	Action	Who?	When?
1	Review staff and other resources available to deliver resident involvement and capacity to deliver the outcome.	CEO	By end Q2, 2011/12
2	Design Solon's approach to resident scrutiny, involving all residents, the Board, staff and TSA, and via review of what high performing peers are doing. ( <i>Agree with residents, a methodology for effective measurement and monitoring of staff and contractor performance, and influencing service development and improvement</i> ).	RIC.	Semi-scrutiny in place by end Q2, 2011/12.  Full scrutiny in place by end Q3, 2011/12.
3	Maintain resident involvement in scrutiny/review of progress against improvement plans at the CSIC.	CSD	Bi-monthly reviews.
4	Develop appropriate training to ensure residents are equipped to challenge performance via scrutiny panels and other methods participate effectively in other meetings and forums.	RIC	By end Q2, 2011/12
5	Set targets for increasing the number of involved residents via a wide range of involvement techniques and opportunities to participate and influence services, ( <i>including telephone panels, phone surveys, specific focus groups, more written correspondence, ICT and estate and area based events</i> ).	CSD	From end Q1, 2011/12. Completion by end Q2, 2012/13.
5	Set up a comprehensive database to collect and analyse resident activity/involvement.	RIC	By end Q2, 2011/12
5	Analyse and address the reasons for non-involvement, using tenancy audit data and the outcome of other engagement with residents.	RIC	By end Q2, 2011/12
6	Recruit a third resident Board Member and maintain resident Board membership at or above this level.	CEO	By end Q2, 2011/12

	<b>Compliance with strategies, standards, guidance and best practice</b>		
7	Produce new Solon Resident Involvement Strategy and action plan and targets, incorporating the recommendations of the TPAS accreditation report. <i>(Incorporate objectives for achieving scrutiny in the Resident Involvement Strategy before it is finalised).</i>	RIC	By end Q1, 2011/12
7	Implement the Resident Involvement Strategy action plan and targets, regularly reporting progress to CSIC and the RF/Scrutiny Panel.	RIC	Quarterly review. Completion by end Q2, 2012/13.
8	Set performance targets for the Resident Involvement Service Standard (for representation, outcomes achieved and satisfaction levels) and deliver services in accordance with the Standard, regularly reporting progress to CSIC and Residents' Forum/Scrutiny Panel.	CSD	Completion by end Q2, 2011/12. Quarterly review.
9	Develop and deliver the Resident Involvement KLOE action plan and targets, regularly reporting progress to CSIC.	RIC	Quarterly review. Completion by end Q2, 2012/13.
10	Deliver resident involvement in accordance with the Solon staff Behaviours, seeking customer feedback and using it to change services.	RIC	From start Q1, 2011/12. Complete by end Q2, 2012/13.
11	Achieve TPAS accreditation for resident involvement arrangements.	RIC	Q4, 2012/13

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Customer satisfaction to be in the top quartile for all housing associations, particularly for resident involvement indicators via comprehensive customer survey and other more frequent targeted surveys, including satisfaction with opportunities to get involved.	RIC	By end Q2, 2012/13.
All	Achieve 3 stars for resident involvement	RIC	Completion by

	according to the Audit Commission's inspection criteria (current KLOE)		Q2, 2012/13.
1	Report and recommendations to Board on the outcome of the review of staff and other resources available to deliver resident involvement, and subsequent implementation of recommendations.	CEO	By end Q2, 2011/12
2	Board and CSIC approval to resident scrutiny arrangements, including methodology for measurement and monitoring of performance, and influencing service development and improvement, agreed with residents.	CSD	By end Q2, 2011/12
3	Minutes demonstrate that residents continue to be involved in scrutiny of progress against improvement plans at the CSIC.	CSD	Bi-monthly reviews.
4	Residents' training completed and minutes and reports demonstrate that they are actively challenging performance at scrutiny panels and through other channels.	RIC.	By end Q3, 2011/12
5	PI reporting to CSIC demonstrates that performance targets in the RI Strategy for involved residents via different techniques/opportunities are being met.	RIC	From end Q1, 2011/12. Completion by Q2. 2012/13.
5	Report to SMT that comprehensive database to collect and analyse resident activity/involvement set up and in operation.	RIC	By end Q2, 2011/12
5	Reports to CSIC demonstrate that reasons for non-involvement have been identified and are being addressed.	RIC.	By end Q3, 2011/12
6	Recruitment of a third resident Board Member achieved. 3 Members retained.	CEO	By end Q2, 2011/12
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
7	Board approval of new Solon Resident Involvement Strategy and action plan and targets, incorporating the recommendations of the TPAS accreditation report.	RIC	By end Q1, 2011/12
7 & 11	Reports to CSIC and Residents' Forum/Scrutiny Panel demonstrate implementation/completion of the Resident Involvement Strategy action plan.	RIC	Quarterly review. Completion by end Q2, 2012/13.

8	Reports to CSIC and Residents' Forum/Scrutiny Panel demonstrate good performance against the targets of the Resident Involvement Service Standard.	CSD	Completion by end Q2, 2011/12. Quarterly review.
9	Reports to CSIC demonstrate implementation/completion of customer care KLOE action plan and targets.	CSD	Quarterly review. Completion by end Q2, 2012/13.
10	Evidence of implementation of Solon staff Behaviours in relation to resident involvement.	CSD	From start Q1, 2011/12. Completion by end Q2. 2012/13.

**Outcome 4: Achieve equality and diversity in all areas of activity, and ensure all residents are highly satisfied with Solon’s service.**

<b>High level actions to achieve Outcome 4</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Maintain and use tenancy audit data to deliver tailored services and monitor service take-up, satisfaction etc. Ensure use and analysis is comprehensive and consistent.	CSD	From start Q1, 2011/12.
2	Tailor communication to meet the identified needs and preferences of all residents and communicate well at all times, particularly about matters of concern such as progress with repairs and ASB. <i>As outcome 2 above.</i>	CSD	From start Q1, 2011/12.
3	Ensure that all residents are accessing services and take action to remove barriers and assist access. <i>As outcome 2 above.</i>	CSD.	From start Q1, 2011/12. Complete by Q2. 2012/13.
4	Introduce systems to ensure support is tailored to meet the needs of all residents, using resources and tenancy audit data pro-actively to seek out and identify residents who need or may benefit from support and assistance. <i>As outcome 2 above.</i>	CSD (Lead), SHM	From start Q1, 2011/12. Complete by Q2. 2012/13.
5	Ensure that the above data is practically applied by contractors as well as staff and that requirements are raised and discussed regularly.	CSD	From start Q1, 2011/12.
6	Maximise accessibility of Solon’s working environment for customers and staff.	CSD	By end Q2, 2011/12.
7	Review the EIA arrangements and introduce a more comprehensive system.	HR Coordinator (HRC).	From start Q2. 2011/12.
7	Programme and oversee the completion of EIAs on all key services. Take action to address negative EIAs.	HRC	From start Q2 2011/12. Complete by Q2, 2014/15.
8	Identify and take action to redress inequality in service provision, representation etc.	SMT	From start Q2. 2011/12.
	<b><i>Compliance with strategies, standards,</i></b>		

	<b>guidance and best practice</b>		
9	Oversee the delivery of Solon's Equality & Diversity Strategy action plan and targets, regularly reporting progress to CSIC and the Equality Champions' Group (ECG).	HRC	Quarterly review. Completion by end Q2, 2012/13.
10	Set performance targets for the Equality & Diversity Service Standard and deliver services in accordance with the Standard, reporting progress to CSIC and the ECG.	HRC	Completion by end Q2, 2011/12. Quarterly review.
11	Develop and implement a Single Equality Scheme with residents and the ECG.	HRC	Completion by end Q3, 2011/12.
12	Develop and deliver a Solon Community Cohesion Strategy and action plan with residents and the ECG.	ECG. (revised to LS leading with a project group involving ECs)	Completion by end Q3, 2011/12. (revised to Q2 2012/13)
13	Develop and deliver the Diversity KLOE action plan and targets, regularly reporting progress to CSIC and the ECG.	CEO	Quarterly review. Completion by end Q2, 2012/13.
14	Amend the Equality & Diversity Strategy action plan and targets to comply with the Equality Framework for Social Housing.	HRC.	By end Q4, 2011/12.
15	Meet excellent rating set by the Equality Framework for Social Housing.	HRC	By end Q4, 2012/13.

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Customer satisfaction to be in the top quartile for all housing associations via comprehensive customer survey and other more frequent targeted surveys.  Satisfaction of residents with protected characteristics will be equal to, or higher than satisfaction of other residents.	SMT	By Q2, 2012/13.
All	Achieve 3 stars for diversity according to the	CEO	Completion by Q2, 2012/13.

	Audit Commission's inspection criteria (current KLOE)		
1	Regular reporting of good progress meeting tenancy audit collection targets to CSIC. <b>As outcome 2 above</b>	CSD	6-monthly review from start Q1, 2011/12.
1	Regular reporting to CSIC and ECG on the comprehensive and consistent use of tenancy audit data to deliver tailored services and monitor service take-up, satisfaction etc.	CSD	Quarterly review from start Q1, 2011/12.
2	Regular reporting to CSIC and ECG on the use of tenancy audit data and comprehensive customer surveys to tailor communication to preferences. <b>As outcome 2 above.</b>	CSD	Quarterly review from start Q1, 2011/12.
3	Analysis of service uptake surveys demonstrate that all groups are accessing services. Reports on action taken to remove barriers and assist access. <b>As outcome 2 above</b>	CSD	From start Q1, 2011/12. Completion by Q2. 2012/13.
4	Increase in number of residents receiving support. Evidence of resident awareness of available services and satisfaction with support available/provided. <b>As outcome 2 above</b>	CSD (Lead) SHM	6-monthly review from start Q1, 2011/12.
5	Evidence that information is discussed at contractor meetings and contractors are being given information by staff.	CSD	From start Q1, 2011/12.
5	Positive outcome from mystery shopping on use of data.	PIM	From start Q1, 2011/12.
6	Regular reports to CSIC on progress with adaptations to Solon's office.	CSD	From start Q1, 2011/12.
7	Report to CSIC and ECG on outcome of review of the EIA arrangements.	HRC.	By Q2. 2011/12.
7	PI reporting to CSIC and ECG demonstrates that EIAs are being completed and reports on outcomes.	HRC	By Q3. 2011/12.
8	Reports to CSIC and ECG on action taken to redress inequality in service provision, representation etc.	HRC	From end Q2, 2011/12.
	<b>Compliance with strategies, standards, guidance and best practice</b>		
9	Reports to CSIC and ECG demonstrate	HRC	Quarterly

	implementation/completion of the Equality & Diversity Strategy action plan and targets.		review. Completion by end Q2, 2012/13.
10	Reports to CSIC and ECG demonstrate good performance against the performance targets of the Equality & Diversity Service Standard.	HRC	Completion by Q2, 2011/12. Quarterly review.
11	Reports to CSIC and ECG demonstrate that Solon has a Single Equality Scheme and is taking action to implement/complete it.	HRC	Quarterly review. Completion by end Q3, 2012/13.
12	CSIC approval of Solon Community Cohesion Strategy and action plan.	HRC. (Revised to LS)	Completion by end Q3, 2011/12. (Revised to Q2 2012/13)
12	Reports to CSIC and ECG demonstrate implementation/completion of the Community Cohesion Strategy and action plan.	HRC	Completion by end Q2, 2012/13. Quarterly review. (revised to Q1 2013/14 – review 6 monthly)
13	Reports to CSIC and ECG demonstrate implementation/completion of Diversity KLOE action plan and targets.	CEO	Quarterly review. Completion by end Q2, 2012/13.
14	CSIC approval of amendments to the Equality & Diversity Strategy action plan and targets to comply with the Equality Framework for Social Housing.	CEO, HRC.	By end Q4, 2011/12.
15	Evidence of implementation/completion of the action plan to comply with the Equality Framework for Social Housing.	CEO, HRC, CSD,	By end Q4, 2012/13.

**Outcome 5: Maintain housing to current standards and in good condition so that residents are highly satisfied with the maintenance service and the quality and condition of the home.**

<b>High level actions to achieve Outcome 5</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Allocate £6.68m for investment in the maintenance and improvement of existing homes, base on assessments from the Asset Management Section.	FD	By Q4, 2013/14.
<b>2</b>	<b>Management of the procurement process</b>	CSD (Lead)	
2A	Implement recommendations from specialist procurement consultants – Echelon – to deliver a 3 star asset management service in tandem with re-procurement of asset management contracts.	CSD	By Q4, 2011/12.
2B	Re-procure all of Solon’s asset management contracts in 2011/12, with support from Echelon, and full involvement of residents.	CSD	By Q4, 2011/12.
2C	Mobilise asset management contracts in Q4, 2011/12 for a start in Q1, 2012/13, in tandem with robust performance management of contractors and resident scrutiny of performance.	CSD	By Q4, 2011/12.
2D	Set up a framework agreement for damp and other specialist work.	AM	Q2, 2011/12.
<b>3</b>	<b>Improve access and customer care and the quality of the repairs service by:</b>		
3A	<ul style="list-style-type: none"> <li>Setting and delivering top quartile targets for ensuring residents are given appointments for repairs works and inspections when they first report a repair.</li> </ul>	RVMM	From Q1, 2011/12.

3B	<ul style="list-style-type: none"> <li>Improving the quality of repairs diagnosis by Solon and contractors' staff and increasing first time fix.</li> </ul>	RVMM	Q2, 2011/12.
3C	<ul style="list-style-type: none"> <li>Developing Solon's and contractors' systems to improve information on the condition of homes and progress with repairs.</li> </ul>	CSD	Q2, 2011/12.
3D	<ul style="list-style-type: none"> <li>Improving communication with residents on progress with repairs, ensuring they are kept informed at all stages, particularly with complex repairs and repairs which go past target completion date.</li> </ul>	CSD	From Q1, 2011/12.
3E	<ul style="list-style-type: none"> <li>Reducing pre-inspections by maintenance staff to speed up repairs processing and save staff time.</li> </ul>	CSD	Q2, 2011/12.
4	Ensure the development and maintenance of a robust and comprehensive approach to health & safety – gas and alarm servicing, asbestos etc.	CSD	From start Q1, 2011/12
5	Set and deliver challenging targets for improving the return rates for satisfaction surveys.	CSD	Q2, 2011/12.
6	Ensure ongoing robust performance management of current asset management contractors to ensure timely and good quality work.	CSD	From Q1, 2011/12.
7	Maintain the proportion of responsive repairs to planned repairs at < 30:70, continuing to invest to comply with the Decent Homes Standard.	CSD	From Q1, 2011/12.
8	Identify and appraise properties for disposal, promptly and effectively.	CSD.	From Q1, 2011/12.
9	Deliver better value for money by keeping asset management costs under control.	CSD	From Q1, 2011/12.
10	Complete rolling stock condition survey of 20% stock per year and keeping Estate-Pro data and cost projection system up-to-date.	AM	Annually by Q4.
11	Deliver TSA Local Offer for aids and adaptations in partnership with local housing providers.	CSD	From start Q1, 2011/12.
11A	Provide adequate annual budgets to deliver	FD	From Q1,

	Local A&A Offer.		2011/12
12	Consult with residents to agree a Solon property condition standard.	CSD.	By Q3, 2011/12.
13	Develop an energy efficiency and affordable warmth (sustainability) strategy and action plan, including planning for Energy Bill and other Government requirements by September 2011.	CSD	By Q3, 2011/12.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
14	Deliver customer care in accordance with the Solon staff Behaviours.	CSD	From Q1, 2011/12. By Q2. 2012/13.
15	Implement the Asset Management Strategy action plan and targets, regularly reporting progress to CSIC and the Maintenance Forum/Resident Scrutiny Panel.	CSD	Quarterly review. Completion by Q2, 2012/13.
16	Set performance targets for the Repairs and Maintenance Service Standards and deliver services in accordance with the Standards, regularly reporting progress to CSIC and the M. Forum/Scrutiny Panel.	CSD	Completion by Q2, 2011/12. Quarterly review.
17	Develop and deliver the Asset Management KLOE action plan and targets, regularly reporting progress to CSIC and the M. Forum/Scrutiny Panel.	CSD	Quarterly review. Completion by Q2, 2012/13.

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Customer satisfaction to be in the top quartile for all housing associations via new comprehensive survey and other more frequent targeted surveys, particularly for asset management, and satisfaction with quality and condition of the home.	CSD	By Q2, 2012/13.
All	Achieve 3 stars for asset management according to the Audit Commission's inspection criteria (current KLOE)	CSD	Completion by Q2, 2012/13.
1	Annual review of 30-year Financial Plan	FD	Annually Q3 –

	demonstrates sufficient allocation of annual funding for asset management investment.		Q4.
1	Quarterly management accounts and annual accounts demonstrate expenditure in line with budget.	CSD	By Q4, 2013/14.
<b>2</b>	<b>Management of the procurement process</b>	CSD (Lead)	
2A	Regular progress reports to SMT and Board on the implementation of the Echelon recommendations to deliver a 3 star asset management service.	CSD	By Q4, 2011/12.
2B	Regular reports to Board from residents and staff on progress with, and outcome of completion of re-procurement of all of Solon's asset management contracts, and Board approval to new contracts, January 2012.	CSD	From start Q1, 2011/12. Completion by Q4, 2011/12. Quarterly review.
2C	Progress reports to Board/CSIC and M.Forum/Scrutiny Panel on mobilisation of asset management contracts in Q4, 2011/12 for a start in Q1, 2012/13, and update on arrangements for performance management of contractors and resident scrutiny of performance.	CSD	By Q4, 2011/12.
2D	Report to Board on outcome of work to establishing a framework agreement for damp and other specialist work, and Board approval to new contracts, September 2011.	CSD	End Q2, 2011/12.
<b>3</b>	<b>Improving access and customer care, and quality of repairs service:</b>		
3A	<ul style="list-style-type: none"> <li>PI reporting to CSIC and M. Forum/Scrutiny Panel demonstrates delivery of targets for ensuring appointments at first point of contact.</li> </ul>	RVMM	Q2, 2011/12. Quarterly review.
3A	<ul style="list-style-type: none"> <li>Mystery shopping and manager audit finding that appointments given at first point of contact.</li> </ul>	RVMM	Q2, 2011/12. Quarterly review.
3B	<ul style="list-style-type: none"> <li>Confirmation that training in repairs diagnosis delivered.</li> </ul>	HRC.	Q2, 2011/12.
3B	<ul style="list-style-type: none"> <li>PI reporting to CSIC and M. Forum/Scrutiny Panel demonstrates delivery of targets to increase first time fix.</li> </ul>	RVMM	Q2, 2011/12.
3B	<ul style="list-style-type: none"> <li>Mystery shopping and manager audit</li> </ul>	RVMM	Q2, 2011/12.

	finding that repairs are properly diagnosed.		
3C, 3D	<ul style="list-style-type: none"> <li>PI reporting demonstrates reduction in complaints relating to repairs, particularly caused by communication issues.</li> </ul>	PIM.	6-monthly review.
3C, 3D	<ul style="list-style-type: none"> <li>Manager audit and mystery shopping confirm that residents' queries are dealt with at first point of call.</li> </ul>	CSD	Q2, 2011/12.
3C, 3D	<ul style="list-style-type: none"> <li>Manager audit and mystery shopping confirm that communications with residents on progress with repairs is improving.</li> </ul>	CSD	Q2, 2011/12.
3E	<ul style="list-style-type: none"> <li>PI evidence of reduction in the number of pre-inspections by Solon staff and increase in speed of completions.</li> </ul>	RVMM	Q2, 2011/12.
3E	<ul style="list-style-type: none"> <li>Customer satisfaction is in the best 25% of all housing associations via new survey and other more frequent targeted surveys, particularly for speed work completed.</li> </ul>	CSD	By Q2, 2012/13.
4	PI reporting to Board and Maintenance Forum/Scrutiny panel demonstrating maintenance of a robust and comprehensive approach to health & safety – gas and alarm servicing, asbestos etc.	CSD	From start Q1, 2011/12
4	Regular review of Health & Safety policies and procedures by internal audit and reported to Board.	CSD	From start Q1, 2011/12
5	PI reporting to Board and M.Forum/Scrutiny Panel demonstrates delivery of targets for improving the return rates for satisfaction surveys.	CSD	Q2, 2011/12.
6	Manager audit, reported to SMT demonstrates consistent robust performance management of current asset management contractors.	CSD	From Q1, 2011/12.
7	PI evidence that proportion of responsive repairs to planned repairs is at < 30:70 reported to SMT and VFM-PIC.	CSD	From Q1, 2011/12.
7	Evidence of continued compliance with the Decent Homes Standard reported to SMT and M. Forum/Scrutiny Panel.	AM	From Q1, 2011/12.

8	Regular report of active disposal programme to SMT.	CSD	From Q1, 2011/12.
9	Regular reports to SMT and AFC demonstrate that asset management costs are in line with budget.	CSD	From Q1, 2011/12. 3-monthly review.
10	PI evidence of completion of rolling stock condition survey of 20% stock per year and keeping Estate-Pro data and cost projection system up-to-date.	AM	Annually by Q4. Quarterly review.
10	Evidence that Estate-Pro data and cost projection system kept up-to-date from manager audit and report to SMT.	AM	Annually by Q4. Quarterly review.
11	PI reporting to SMT and CSIC demonstrating delivery of TSA local offer for aids and adaptations.	CSD	From Q1, 2011/12.
11A	SMT and Board approval of annual budget for A&A as part of overall budget setting process, based on Asset Management assessment of needs.	FD	Form end Q4, 2011/12
12	Report to CSIC and M.Forum/Scrutiny Panel on outcome of consultation on Solon property condition standard and subsequent analysis and recommendations.	CSD	By Q3, 2011/12.
13	Report to SMT and CSIC on progress with development of energy efficiency & affordable warmth strategy and action plan.	CSD	By Q3, 2011/12.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
14	Evidence of implementation/completion of Solon staff Behaviours in relation to customer care, from mystery shopping and manager audit.	CSD	Quarterly review.
15	Reports to Board demonstrate implementation/completion of Asset Management Strategy action plan and targets.	CSD	Quarterly review. Completion by Q2, 2012/13.
16	Reports to CSIC and M.Forum/Scrutiny Panel demonstrate good performance against the performance targets of the repairs and maintenance Service Standards.	CSD	Completion by Q2, 2011/12. Quarterly review.
17	Reports to Board demonstrate	CSD	Quarterly

	implementation/completion of the Asset Management KLOE action plan and targets.		review. Completion by Q2, 2012/13.
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**Outcome 6: Residents are highly satisfied with the way their homes and neighbourhoods are managed.**

<b>High level actions to achieve Outcome 6</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Develop and maintain a consistent, pro-active and robust policy and approach to tackling neighbour nuisance, harassment and anti-social behaviour, including setting targets for reducing complaints.	CSD (Lead)	From end Q2, 2011/12.
1A	Finalise and introduce new ASB procedures.	HM (Lead)	By end Q2, 2011/12
1B	Install and implement SABRE ASB software.	HM (Lead)	By end Q2, 2011/12
2	Finalise and deliver TSA Local Offer for ASB, in partnership with local housing providers, and in consultation with residents.	HM (Lead)	By end Q2, 2011/12.
3	Develop and maintain a consistent and pro-active policy and approach to the management and upkeep of estates and homes to ensure that property-based issues are identified early and tackled promptly.	HM (Lead).	By end Q3, 2011/12.
3A	Complete and enter into common area maintenance/cleaning contracts.	HM (lead).	By end Q3, 2011/12
4	Assist residents to meet their commitment to pay rent, whilst maintaining a firm but fair approach to income management and maximising income (inc. Sundry debts, FTAs, recharges).	HM (Lead).	From start Q1, 2011/12.
4A	Review of rent collection policy and procedures.	HM	By end Q1, 2011/12
5	Develop and implement action plan for	HM (Lead)	By end Q2,

	Solon's Financial Inclusion Strategy.		2011/12.
6	Generally act as the advocate of the resident and intervening to resolve problems with any services.	HM	From start Q1, 2011/12.
7	Improve communication with residents on progress with important issues of concern to them, ensuring they are kept informed at all stages, particularly with ASB and other estate management issues.	HM.	From start Q1, 2011/12.
8	Consistently and pro-actively seek out and identify residents who need or may benefit from support and assistance. Deliver quality support and assistance where it is needed, including enhanced welfare advice and/or signposting. Service will be delivered by all housing staff, including HOs and TSO. Also see Objective 8.	HM/SHM	From start Q1, 2011/12.
9	Actively participate in local neighbourhood management initiatives in partnership with residents, local authorities and other housing providers to improve the local environment and tackle neighbourhood issues. Particularly Kingswood, Easton, Barton Hill, Bedminster where Solon leads.	HM	From start Q1, 2011/12.
10	Implement best practice approach to service charge arrangements.	HM	By end Q2, 2011/12.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
11	Deliver customer care in accordance with the Solon staff Behaviours.	CSD	From start Q1, 2011/12. By Q2. 2012/13.
12	Set performance targets, and develop a way of measuring subsequent performance, for the following 'Living in the Home' Service Standards and deliver services in accordance with the Standards, reporting progress to CSIC and Residents' Forum/Resident Scrutiny Panel:	CSD.	By end Q2, 2011/12. Quarterly review.
12a	<ul style="list-style-type: none"> <li>• Anti-social behaviour.</li> </ul>		
12b	<ul style="list-style-type: none"> <li>• Communal areas.</li> </ul>		
12c	<ul style="list-style-type: none"> <li>• Moving into the home.</li> </ul>		
12d	<ul style="list-style-type: none"> <li>• Rent collection.</li> </ul>		

12e	<ul style="list-style-type: none"> <li>Tenancy support.</li> </ul>		
13	Develop and deliver a Solon Housing Services Strategy and action plan with residents.	CSD	Completion by end Q4, 2011/12. Delivery by end Q3, 2012/13
14	Develop and deliver the following KLOE action plan and targets, regularly reporting progress to CSIC and the Residents' Forum/Resident Scrutiny Panel:	CSD	Quarterly review. Completion by end Q2, 2012/13.
14a	<ul style="list-style-type: none"> <li>Housing income management.</li> </ul>		
14b	<ul style="list-style-type: none"> <li>Tenancy and estate management.</li> </ul>		
14c	<ul style="list-style-type: none"> <li>Allocations and lettings.</li> </ul>		
14d	<ul style="list-style-type: none"> <li>Management of leasehold and shared ownership housing.</li> </ul>		

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Customer satisfaction to be in the top quartile of all housing associations via comprehensive customer survey and other more frequent targeted surveys, particularly for housing management services.	CSD	By end Q2, 2012/13.
All	Achieve 3 stars according to the Audit Commission's inspection criteria (current KLOE) -	CSD	By end Q2, 2012/13.
1 & 1A	Evidence of maintenance of comprehensive policies and procedures to tackle neighbour nuisance, harassment and anti-social behaviour.	HM	From end Q2, 2011/12.
1 & 1B	Reports to CSIC and Residents' Forum/Resident Scrutiny Panel on progress with implementation of SABRE performance information system for ASB management.	HM	From end Q1, 2011/12.
1	PI evidence that neighbour nuisance, harassment and ASB issues are being dealt	HM	From end Q2, 2011/12.

	with robustly and effectively.		
1	Evidence from mystery shopping and manager audit that issues are being dealt with consistently, robustly and effectively.	HM	From end Q1, 2011/12.
1	Surveys and other feedback demonstrate that customer satisfaction with dealing with ASB issues in the best 25% of all housing associations.	HM	From end Q2, 2011/12.
1	PI reports demonstrate a reduction in the number of complaints relating to ASB in line with target.	HM	From end Q2, 2012/13.
2	PI reporting to SMT and CSIC demonstrate delivery of TSA Local Offer for ASB.	HM	From end Q2, 2011/12.
3	PI reporting and reports on outcome of manager audits, to SMT and CSIC demonstrate completion of estate and property inspections.	HM	From start Q1, 2011/12.
3	Reports of outcome of manager audits/estate inspections to check implementation of actions from inspections.	HM	By end Q1, 2011/12.
3	Reports of outcome of resident mystery shopping and estate inspections.	RIC	By end Q2, 2011/12.
3A	SMT/VFM-PIC review and approval of common area maintenance/cleaning contracts.	HM	By end Q3, 2011/12
4	PI reporting to SMT and Board demonstrating top quartile performance for control of rent arrears and former tenant arrears.	HM	From start Q1, 2011/12.
4A	SMT and Residents Forum approval to new rent collection policy and procedures.	HM	By end Q1, 2011/12
4	Reports of outcome of manager audits to assess the extent of a firm but fair approach to rent arrears.	HM	By end Q2, 2011/12.
5	Evidence of implementation/completion of Solon's Financial Inclusion Strategy action plan and targets reported to CSIC and SMT.	HM	From end Q2, 2011/12.
6	Customer satisfaction to be in the best 25% of all housing associations for assistance with and ability to resolve problems.	HM	From end Q1, 2011/12.
6	Reports of outcome of mystery shopping and	CSD	From end Q2,

	manager audit to assess the extent to which staff are acting to resolve problems with any services.		2011/12.
7	Customer satisfaction to be in the best 25% of all housing associations for communication over particular problems.	CSD	From end Q1, 2011/12.
7	Reduction in number of complaints relating to ASB and other issues particularly caused by lack of communication.	HM	From end Q1, 2011/12.
7	Reports of outcome of mystery shopping and manager audits to assess the extent to which staff are communicating effectively.	CSD	From end Q2, 2011/12.
8	Reports of outcome of mystery shopping and manager audits to assess the extent to which housing staff (HOs and TSO) are promoting and referring residents for support.	CSD	From end Q2, 2011/12.
8	Resident surveys demonstrate high level of satisfaction with direct support provided by housing staff (HOs and TSO).	SHM	From end Q2, 2011/12.
8	Reports of outcome of mystery shopping and manager audit to assess the extent to which housing staff are directly providing support and assistance.	CSD	From end Q1, 2011/12.
9	Reports of manager audit to assess extent of active participation in local neighbourhood management (Kingswood, Easton, Barton Hill, Bedminster).	CSD	From end Q1, 2011/12.
9	Outcome of stakeholder surveys (or manager audit) to assess the extent to which Solon is regarded as actively participating in local neighbourhood management.	CEO	End Q3, 2011/12.
10	Report to CSIC and Board on progress with implementing best practice approach to service charge arrangements.	HM	By end Q3, 2011/12.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
11	Evidence of implementation/completion of Solon staff Behaviours in relation to customer care via mystery shopping, resident surveys etc.	CSD	From end Q2, 2011/12. Quarterly review.
12	Reports to CSIC and the Residents' Forum/Scrutiny Panel demonstrate good	CSD	From end Q3, 2011/12.

	performance against the performance targets of the following Living in the Home Service Standards:		Quarterly review.
12a	<ul style="list-style-type: none"> <li>• Anti-social behaviour.</li> </ul>		
12b	<ul style="list-style-type: none"> <li>• Communal areas.</li> </ul>		
12c	<ul style="list-style-type: none"> <li>• Moving into the home.</li> </ul>		
12d	<ul style="list-style-type: none"> <li>• Rent collection.</li> </ul>		
12e	<ul style="list-style-type: none"> <li>• Tenancy support.</li> </ul>		
13	Reports to CSIC demonstrate implementation/completion of the Housing Services Strategy and action plan.	CSD	From start Q1, 2012/13. Quarterly review.
14	Reports to CSIC and Board demonstrate implementation/completion of the following KLOE action plans and targets:	CSD ..	From start Q1, 2011/12. Quarterly review. Completion by Q2, 2012/13.
14a	<ul style="list-style-type: none"> <li>• Housing income management.</li> </ul>		
14b	<ul style="list-style-type: none"> <li>• Tenancy and estate management.</li> </ul>		
14c	<ul style="list-style-type: none"> <li>• Allocations and lettings.</li> </ul>		
14d	<ul style="list-style-type: none"> <li>• Management of leasehold and shared ownership housing.</li> </ul>		

**Outcome 7: Develop new permanent homes to:**

- **Produce a larger proportion of high quality new-build homes which are more sustainable and cost effective to occupy and maintain, and that residents are highly satisfied with.**
- **Meet local housing need and tackle homelessness.**
- **Gain the financial and other benefits of scale, spread overhead costs and become more efficient and cost effective.**

<b>High level actions to achieve Outcome 7</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Set up Board working group (BWG) to oversee affordable rent bidding process and risk assessment.	Senior Project Manager (SPM).	By Q1, 2011/12.
2	Identify and bid for funding for a forward programme of 20 homes for affordable rent. To be located in Bristol and South Gloucestershire.	SPM.	By Q1, 2011/12.
3	Review Development staffing arrangements as part of wider review of organisational and staffing structure.	CEO	Q2 2011/12.
4	Deliver current committed development programme. Comprising: <ul style="list-style-type: none"> <li>• 6 S106 for social rent</li> <li>• 8 S106 for Low cost home ownership (LCHO)</li> <li>• 7 SHG funded for social rent.</li> </ul>	SPM.	Completion by Q4, 2011/12.
5	Achieve sale of unsuitable properties identified for disposal by Asset Management Strategy and AM staff.	SPM	Completion by Q4, 2011/12.
6	Identify and deliver forward programme of 60	SPM.	Completion by

	homes for social rent and LCHO via S106. 40 located in South Gloucestershire, 20 in Bristol.		Q4, 2012/13.
7	Achieve reselection as a West of England housing management partner, but ideally also with development partnership status in consortium with other local partners.	SPM.	By Q2, 2011/12.
8	Ensure take-up of Recycled Capital Grant Fund (RCGF) generated by property disposals.	SPM.	Annually by Q4.
9	Seek HCA approval to the principle of converting units currently identified for disposal to Affordable Rent without committing to providing new AR homes with the proceeds.	CEO.	By Q1, 2011/12.
10	Review development partnership arrangements with Sovereign Consortium.	CEO	By Q2, 2011/12.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
11	Review Solon's Development Strategy, action plan and targets and obtain Board approval.	CEO	By end Q1, 2011/12.
11	Deliver Solon's Development Strategy action plan and targets, regularly reporting progress to SMT and Board.	SPM	Completion by end Q4, 2013/14.

**Measurement of progress (how will we know whether we have been successful?):**

<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Customer satisfaction to be in the top quartile for all housing associations via comprehensive customer survey and other more frequent targeted surveys, particularly for satisfaction with quality and condition of the home.	SPM	By end Q2, 2012/13.
All	PIs and resident surveys demonstrate high levels of satisfaction with new homes developed by Solon.	SPM	From start Q1, 2011/12.
All	PIs and other data demonstrate that new lettings meet local housing need and tackle	HM	From start Q1, 2011/12.

	homelessness.		
All	Annual accounts demonstrate that Solon is achieving net growth.	FD.	By end Q2 annually.
1	Reporting to, and ratification by the Board of decisions of the BWG on the Affordable Rent bidding process.	SPM	By end Q1, 2011/12.
2	Reporting to the BWG and Board on the outcome of the bid for funding for a forward programme of 20 homes for affordable rent.	SPM	By end Q2, 2011/12.
3	Report on outcome of organisational and staffing review discussed and approved by the Board as part of wider review.	CEO	By end Q2 2011/12.
4	Evidence of handovers of committed development programme achieved in line with projections, reported to Board.	SPM	Completion by end Q4, 2011/12.
5	Evidence of achievement of disposal targets set out in Financial Plan and disposals tracking, reported to Board.	SPM	Completion by end Q4, 2011/12.
6	Evidence of handovers of 60 homes for social rent and LCHO via S106, reported to Board.	SPM	Completion by end Q4, 2012/13.
7	Confirmation of reselection as a West of England housing management partner, and ideally also as a development partner.	SPM.	By end Q2, 2011/12.
8	Annual accounts demonstrate take-up of RCGF generated by property disposals, via annual accounts.	FD.	Annually by end Q4.
9	Confirmation of HCA approval to the principle of converting units currently identified for disposal to Affordable Rent.	CEO.	By end Q1, 2011/12.
10	Report on outcome of review of development partnership arrangements discussed and approved by the Board.	CEO	By end Q2, 2011/12.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
11	Reports to SMT and Board demonstrate delivery of Development Strategy action plan and targets.	CEO	Completion by end Q4, 2013/14.

**Outcome 8: Residents are highly satisfied with access to and quality of housing support.**

<b>High level actions to achieve Outcome 8</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Resolve current management and support issues with the SYPHA project in South Gloucestershire. This will be achieved via joint tender with South Glos. SP team (for supporting people grant) and Places for People.	SHM, FD.	Complete by end Q3, 2011/12.
2	Conduct a wide ranging review of the housing support operation, including management arrangements, income, costs and risks.	CSD	By end Q2, 2011/12.
3	Review support staffing arrangements as part of wider reviews of SH operation and organisation/staffing structure.	CEO	By end Q2, 2011/12.
4	Oversee re-procurement of housing management contracts – housing managed by agents, in conjunction with retendering of support contracts by LAs. <b>High support schemes in Bristol.</b>	SHM	By end Q4, 2011/12
4	Oversee re-procurement of housing management contracts – housing managed by agents, in conjunction with retendering of support contracts by LAs. <b>Low support schemes in Bristol.</b>	SHM	By end Q4, 2012/13
5	Ensure that Rackfield House (RH) continues to provide a cost effective, quality service meeting the strategic aims and QAF requirements of Supporting People and all SP housing performance requirements.  Prep for SP review (now expected late-	SHM.	From start Q1, 2011/12.  Complete prep by end Q2, 2011/12.

	2011).		
6	Ensure that the in-house TSO service continues to provide a cost effective, quality service – primarily for Solon residents – which meets the strategic aims and QAF requirements of Supporting People.	SHM	From start Q1, 2011/12.
7	Ensure that supported housing agencies/managing agents continue to provide cost effective and quality services which meet SP QAF requirements and housing performance standards.	SHM.	From start Q1, 2011/12.
8	Review internal staff resources available to deliver quality support and assistance to all residents where needed, including enhanced welfare advice or signposting.	CSD	By end Q2, 2011/12.
9	Use resources to consistently and pro-actively seek out and identify current residents who need or may benefit from support and assistance. <b>As outcome 6 above.</b>	SHM (Lead), HM.	From start Q1, 2011/12.
10	Ensure that Solon's risk management procedures track the potential internal and external risks relating to supported housing, particularly the risk of residents in supported housing managed by agents receiving a poor quality housing service.	SHM	From start Q1, 2011/12.
11	Liase and work with partner managing agents to ensure the continued provision of existing services, in line with management agreements, and that the needs of the client groups they support are met.	SHM	From start Q1, 2011/12.
12	Maintain Solon's profile in supported housing via maintenance of effective relationships with LA Supporting People Teams (SPTs), managing agents, and participation in networks such as the LA supported housing forums.	SHM	From start Q1, 2011/12.
13	Keep under review the scope for cost efficiencies generally, and via collaboration with other housing associations or support providers.	SHM	From start Q1, 2011/12.
14	Investigate and pursue options including a charitable trust, for providing a welfare fund to support residents suffering financial	SHM	By Q1, 2012/13.

	hardship.		
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
15	Review Solon's Housing Support Strategy, action plan and targets in consultation with residents and CSIC.	SHM	By end Q3, 2011/12.
16	Deliver the Housing Support Strategy action plan and targets, regularly reporting progress to SMT and Board.	SHM.	Completion by Q4, 2013/14.
17	Deliver customer care in accordance with the Solon staff Behaviours – all SH services.	CSD (Lead), SHM	From start Q1, 2011/12. Complete by end Q2. 2012/13.
18	Set performance targets for the tenancy support Service Standard and deliver services in accordance with the Standards, regularly reporting progress to SMT.	SHM	From end Q2, 2011/12. Quarterly review.
19	Set performance targets for the Living in the Home Service Standards and other relevant standards for RH and SH managed by agents, and deliver services in accordance with the Standards, regularly reporting progress to SMT.	SHM	From end Q2, 2011/12. Completion by end Q4, 2012/13. Quarterly review.
20	Develop and deliver the supported housing KLOE action plan and targets, reporting progress to CSIC and Residents' Forum/Scrutiny Panel.	SHM ..	Quarterly review. Completion by end Q2, 2012/13.
21	Ensure that managing agents meet requirements of supported housing KLOE action plan.	SHM.	Quarterly review. Completion by end Q4, 2012/13.
22	Ensure that managing agents generally deliver the Business Plan Strategic Outcomes for residents living in the housing they are managing on Solon's behalf.	SHM.	6-monthly review. Completion by end Q2, 2012/13.

**Measurement of progress (how will we know whether we have been successful?):**

<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Achieve 3 stars for Solon's housing support services according to the Audit Commission's inspection criteria (current KLOE).	SHM	Completion by end Q2, 2012/13.
All	Achieve 3 stars for housing support services (including management) provided via managing agents, according to the Audit Commission's inspection criteria (current KLOE).	SHM	Completion by end Q4, 2012/13.
1	Report to Board on progress with alternative arrangements, and approval of recommendations to resolve issues with the SYPHA project.	CSD	By end Q1, 2011/12.
2	Report to Board on progress, and approval of recommendations from wide ranging review of the housing support operation.	CSD	By end Q2, 2011/12.
3	Report to Board on progress, and approval of recommendations from review of supported housing staffing arrangements.	CEO.	By end Q2, 2011/12.
4	Approval of procurement programme by the Board. High and low support procurement.	SHM	High support by end Q2, 2011/12 Low support by end Q2, 2012/13
4	Reports on progress with delivery of the procurement programme to the Board. High and low support procurement.	SHM	High support by end Q3, 2011/12 Low support by end Q3, 2012/13
4	SMT and Board approval of new management contracts. High and low support procurement.	SHM	High support by end Q3, 2011/12 Low support by end Q3, 2012/13
5	Service user surveys demonstrate high level of satisfaction with the RH service.	SHM	From end Q1, 2011/12.
5	Receipt of positive QAF assessments and	SHM	From end Q1,

	other reports from SP team on RH.		2011/12.
5	PI evidence that RH is meeting Solon's housing management performance standards and service standards, reported to SMT.	SHM	From end Q1, 2011/12.
5	Quarterly management accounts demonstrate that RH is within budget.	SHM, FD.	From start Q1, 2011/12.
6	Service user surveys demonstrate high level of satisfaction with the TSO service.	SHM	From end Q1, 2011/12.
6	Receipt of positive QAF assessments and other reports from SP team on the TSO service.	SHM	From end Q1, 2011/12.
6	Quarterly management accounts show the TSO service within budget.	SHM, FD	From end Q1, 2011/12.
7	Service user surveys demonstrate high level of satisfaction with the services of supported housing agencies/managing agents.	SHM.	From end Q2, 2011/12.
7	Receipt of positive QAF assessments and other reports from SPTs on supported housing agencies/managing agents.	SHM.	From end Q2, 2011/12.
7	PI evidence that managing agents are meeting housing management performance standards and service standards reported to SMT.	SHM.	From end Q2, 2011/12.
8	Report to SMT on progress, and approval of recommendations to ensure internal resources available to deliver quality support and assistance to all of Solon's residents. <i>As outcome 6 above.</i>	CSD	By end Q2, 2011/12.
9	Reports of outcome of mystery shopping and manager audits to assess the extent to which housing staff are promoting and referring residents for support. <i>As outcome 6 above.</i>	SHM (Lead), HM	From end Q2, 2011/12.
9	Resident surveys demonstrate high level of satisfaction with direct support provided by housing staff. <i>As outcome 6 above.</i>	HM	From end Q2, 2011/12.
9	Reports of outcome of mystery shopping and manager audit to assess the extent to which housing staff are directly providing support and assistance. <i>As outcome 6 above.</i>	SHM (Lead), HM	From end Q2, 2011/12.

10	2011 risk management review considers the potential internal and external risks relating to supported housing, particularly the risk of residents in SH managed by agents.	CEO	By end Q2, 2011/12.
10	Regular manager audits and visits are carried out to assess current risks. Outcome is reported to SMT. Outcome of SP reviews are acted upon.	SHM	From start Q1, 2011/12.
11	Reports to SMT on the outcome of liaison and monitoring work with partner agents to ensure the continued provision of existing services and that the needs of the client groups they support are met.	SHM.	From start Q1, 2011/12.
12	Reports to SMT on the outcome of liaison and work with LA SPTs and other forums.	SHM.	From start Q2, 2011/12.
12	Stakeholder survey demonstrating Solon's contribution to, and work with LA SPTs and other forums.	CEO.	From Q4, 2011/12.
13	Regular reports to SMT on the outcome of discussions on collaboration with other housing associations or support providers and/or identification of efficiencies.	SHM.	From start Q1, 2011/12.
14	Report on progress with, and recommendations from review of fundraising options.	SHM	By end Q2, 2012/13.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
15	Board approval of Solon's Housing Support Strategy, action plan and targets in consultation with residents and CSIC.	SHM	By end Q3, 2011/12.
16	Reports to SMT and Board demonstrate implementation/completion of Housing Support Strategy action plan and targets.	SHM.	Completion by end Q4, 2013/14.
17	Evidence of implementation/completion of Solon staff Behaviours in relation to customer care, from mystery shopping and manager audit.	CSD (Lead), SHM.	From start Q1, 2011/12. Completion by end Q2, 2012/13.
18	Reports to SMT demonstrate good performance against the performance targets for the tenancy support Service Standard and delivery of services.	SHM	Completion by Q2, 2011/12. Quarterly review.

19	Reports to SMT demonstrate good performance against the performance targets of the Living in the Home Service Standards, and other relevant standards for RH and SH managed by agents.	SHM	From start Q2, 2011/12. Completion by Q2, 2012/13. Quarterly review.
20	Reports to CSIC demonstrate implementation/completion of the supported housing KLOE action plan and targets.	SHM. .	Quarterly review. Completion by end Q2, 2012/13.
21	Reports to SMT demonstrate implementation/completion of the requirements of supported housing KLOE action plan by managing agents.	SHM.	Quarterly review. Completion by end Q4, 2012/13.
22	Reports to Board demonstrate that managing agents are generally delivering the Business Plan Strategic Outcomes for residents living in the housing they are managing on Solon's behalf.	SHM	6-monthly review. Completion by end Q4, 2012/13.

**Outcome 9: Maintain and manage an effective and well-motivated workforce with the direction, skills, aptitude and commitment to deliver the Business Plan outcomes.**

<b>High level actions to achieve Outcome 9</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Agree actions and targets for a new internal leadership standard/KLOE.	CEO	By end Q2, 2011/12
1	Implement action plan to achieve leadership standard/KLOE requirements.	CEO	By end Q2, 2012/13.
2	Review of Solon's organisational and staffing structure to ensure maximum output for less cost.	CEO	By end Q2, 2011/12.
3	Implement changes to the organisational structure and any restructuring.	CEO	By end Q4, 2012/13.
4	Develop and deliver a strong performance management culture, ensuring that directors, managers and SMT provide robust, decisive and participative leadership/management to drive performance improvement.	CEO	From start Q1, 2011/12.
4A	Develop a smart Performance Management Strategy action plan which identifies where and when performance is challenged and the responsibilities and accountabilities of a range of staff, managers, the Board and residents in driving improved performance.	HRC	Completion by Q2, 2011/12
4B	Deliver the Performance Management Strategy action plan and targets, regularly reporting progress to SMT and Board.	CEO	Completion by Q2, 2012/13.
5	Ensure widespread integration and use of the Solon behaviours to ensure staff are	HRC	By end Q2, 2011/12

	motivated to deliver high levels of service.		
6	Ensure that directors and managers have appropriate management skills and all staff have the skills to do their jobs.	HRC.	By end Q3, 2011/12.
6A	Develop and implement/complete management training programme.	HRC	By end Q4, 2011/12
6B	Generally improve training opportunities for all staff with a more systematic approach to training planning.	HRC	By end Q4, 2011/12
7	Continue to deliver the recommendations of the 2008 IIP accreditation.	HRC	By end Q2, 2011/12.
8	Retain IIP accreditation when it is reviewed in 2011.	HRC	By end Q2, 2011/12.
9	Carry out annual staff survey and act on the outcomes.	HRC	Annually by end Q3.
10	Review Solon's employment contract and conditions of service.	HRC	By end Q3, 2011/12.
11	Deliver the basic TSA Local Offer for worklessness in partnership with local housing providers and other agencies.	HRC	By end Q4, 2011/12.
12	Deliver the enhanced TSA Local Offer for worklessness in partnership with local housing providers and other agencies.	HRC	By end Q4, 2013/14.
13	Deliver the HR Strategy action plan and targets, regularly reporting progress to SMT and Board.	HRC	Completion by end Q1, 2013/14.
14	Maximise opportunities for volunteering with Solon.	HRC	From start Q2, 2011/12.
15	Maximise opportunities to celebrate success.	CEO	From start Q1, 2011/12.
16	Develop a diverse and representative workforce.	HRC	From start Q2, 2011/12.

**Measurement of progress (how will we know whether we have been successful?):**

<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
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ALL	Achieve 3 stars for leadership against the Solon internal leadership KLOE.	CEO	By end Q2, 2012/13.
1	Internal leadership standard/KLOE actions and targets agreed and published.	CEO	By end Q2, 2011/12
1	Reports to Board demonstrate implementation/completion of the Internal leadership KLOE action plan and targets.	CEO	By end Q2, 2012/13.
2	Report and recommendations on outcome of organisational and staffing review discussed and approved by the Board.	CEO	By end Q2, 2011/12.
3	Proposed changes to the organisational structure and any restructuring completed and signed-off by the Board.	CEO	By end Q4, 2012/13.
3	Financial Plan incorporates planned efficiencies from restructure.	FD.	By end Q2, 2011/12. By end Q2, 2012/13.
4A	SMT and CSIC approval of smart Performance Management Strategy action plan.	HRC	Completion by end Q2, 2011/12
4B	Reports to SMT and Board demonstrate implementation/completion of Performance Management Strategy action plan and targets.	CEO.	Completion by end Q2, 2012/13.
4	PI reporting to the Board demonstrates that service improvements are being achieved.	HRC	From end Q1, 2011/12.
4	HR PI reporting and/or annual HR report to the Board demonstrates that managers are managing effectively.	HRC	From end Q1, 2011/12.
4	Director audit and internal audit establish that managers are managing effectively.	CEO	From end Q1, 2011/12.
4	Annual staff survey demonstrates that managers are managing effectively.	HRC	Annually by end Q3.
5	Staff survey and manager audits to assess use of the Solon behaviours. <ul style="list-style-type: none"> <li>Evidence of implementation/completion of Solon staff Behaviours in relation to customer care, from mystery shopping and manager audit.</li> <li>Completion of behaviour action plan and behaviours skills matrix.</li> </ul>	CEO (Lead), HRC.	From end Q2, 2011/12.

6	Annual appraisals and training plans assess and set out training and development needs of managers and directors.	HRC	From end Q1, 2011/12.
7	Regular reporting to SMT on progress with delivery of 2008 IIP recommendations.	HRC	From end Q1, 2011/12.
8	IIP accreditation re-confirmed at review in 2011.	HRC	By end Q2, 2011/12.
9	Results of annual staff survey and recommendations reported to SMT or Board.	HRC	Annually by end Q3.
10	Report to Remuneration Committee on outcome and recommendations from review of employment contract and conditions of service.	CEO	By end Q3, 2011/12.
11	PI evidence of delivery of basic TSA local offer for worklessness, and reports to SMT.	HRC	By end Q4, 2011/12.
12	PI evidence of delivery of enhanced TSA local offer for worklessness, and reports to SMT.	HRC	By end Q4, 2013/14.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
13	Reports to SMT and Board demonstrate implementation/completion of HR Strategy action plan and targets.	HRC	Completion by end Q1, 2013/14.
14	Evidence of promotion, and subsequent successful recruitment of volunteers.	HRC	From start Q3, 2011/12.
15	Evidence that opportunities to celebrate success have been taken.	CEO	From start Q1, 2011/12.
16	Diversity (of workforce) reporting to CSIC.	HRC	From start Q2, 2011/12.

**Outcome 10: Achieve excellent governance by a strong Board of Management which ensures the delivery of the Business Plan outcomes, and genuine co-regulation.**

<b>High level actions to achieve Outcome 10</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
1	Set/agree performance targets to be met for all services and KPIs required for subsequent monitoring of performance, via Board KPI Working Group (KPIWG).	PIM (Lead). KPIWG.	By end Q1, 2011/12
2	Revise Board succession planning policy, including arrangements for the succession of the Chair.	CEO	By end Q2, 2011/12.
3	Undertake annual review of Board membership, and run regular campaigns to ensure recruitment of new Board Members.	CEO	Annually by end Q3.
4	Recruit at least one new Resident Board Member.	CEO	By end Q2, 2011/12.
5	Recruit new Board Members with business/commerce: Experience of running a private sector business at a senior level.	CEO	By end Q3, 2011/12.
6	Carry out annual reviews of governance arrangements and effectiveness, and develop an action plan to maintain effectiveness, including recommendations for Board appraisal.	CEO	Annually by end Q3.
7	Deliver action plan to maintain Board effectiveness, including out regular Board appraisal.	CEO	Annually by end Q3.
8	Carry out annual reviews of compliance with the NHF code of governance and governance code of conduct, and develop an action plan to achieve full compliance.	CEO	Annually by end Q3.

9	Deliver action plan to achieve full compliance with the NHF codes.	CEO	Annually by end Q3.
10	Ensure Board input to arrangements for resident scrutiny, and agree with residents on appropriate linkages and reporting arrangements between new Residents Scrutiny Panel, CSIC and the Board.	CEO	By end Q2, 2011/12.
11	Maintain and develop training and support for all Members to complement existing skills. Develop annual training programme.	CEO.	Annually by end Q3.
12	Develop appropriate methods of independent validation of performance including: <ul style="list-style-type: none"> <li>• Mock inspection:</li> <li>• Validation of performance information:</li> <li>• Peer review: <i>Provisional</i>.</li> </ul>	CEO	Q1,2011/12 Q3,2011/12 Q1,2012/13
13	Implement the recommendations from independent validation.	CEO	By end Q2, 2012/13
14	Produce annual report to residents, TSA and stakeholders on meeting TSA standards and local offers: (long and short versions).	CEO	Annually by end Q2.
15	Maintain regular and open contact with the regulator.	CEO	By end Q4, 2011/12. Annually.
16	Regularly review Board and Sub-Committee structure and delegated authorities.	CEO	Bi-annually by end Q3.
17	Reduce Board involvement in operational decisions, enabling Board time to concentrate on strategic decision making/development of strategy etc.	CEO	Annual review by end Q3.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
18	Deliver/implement the Risk Management Strategy action plan and targets, regularly reporting progress to the AFC.	FD	Completion by end Q2, 2012/13.
19	Deliver the KLOE action plan and targets for prospects for improvement, regularly reporting progress to the Board.	CEO	Completion by end Q2, 2012/13.

<b>Measurement of progress (how will we know whether we have been successful?):</b>			
<b>Priority &amp; ref number</b>	<b>Action</b>	<b>Who?</b>	<b>When?</b>
All	Achieve excellent prospects for improvement according to the Audit Commission's inspection criteria (current KLOE).	CEO	Completion by end Q2, 2012/13.
1	Report and recommendations to Board on proposed targets and KPIs for the Business Plan period. May 2011.	PIM (Lead), KPIWG	By end Q1, 2011/12
1	Regular PI reporting to Board on progress against performance targets for all services.	CEO	From start Q1, 2011/12
2	Board review and approval of revised succession planning policy.	CEO	By end Q2, 2011/12.
3	Reporting to Board and discussion of outcome of annual review of Board membership, and proposed campaigns to recruit new Board Members.	CEO	Annually by end Q3.
4	New Resident Board Member/s elected.	CEO	By end Q2, 2011/12.
5	New Board Member with business or commerce experience elected.	CEO	By end Q3, 2011/12.
6	Annual Board participation in reviews of governance arrangements and effectiveness, and subsequent development and approval of action plans to maintain effectiveness.	CEO	Annually by end Q3.
7	Regular Board review of progress with implementation of Board effectiveness action plan.	CEO	6-monthly.
7	Annual Board Member participation in Board appraisal.	CEO	Annually by end Q3.
8	Report to Board on outcome and recommendations/action plans from annual reviews of compliance with the NHF code of governance and governance code of conduct.	CEO	Annually by end Q3.
9	Regular Board review of progress with implementation of action plan to achieve full compliance with the NHF codes.	CEO	Annually by end Q3.

10	Board review of proposed resident scrutiny arrangements and agreement of linkages and reporting arrangements between Scrutiny Panel, CSIC and the Board.	CEO	By end Q2, 2011/12.
11	Implementation and delivery of the Board Members' training and development plan.	CEO	Annually by end Q3.
12	Implementation and subsequent reporting to CSIC and Board on outcome of independent validation of performance. Approval of proposed action plans.	CEO	By end Q2, 2012/13
13	Reporting of progress with delivery of action plans from independent validation to CSIC.	CEO	Quarterly review.
14	Residents and Board approval of the draft annual report to residents, TSA and stakeholders: (long and short versions).	CEO	Annually by Q2.
15	Board engagement with, and reporting to Board on the outcome of engagement with the regulator.	CEO	By end Q4, 2011/12. Annually.
16	Report to Board on, and approval of recommendations from review of Board and sub-committee structure and delegated authorities.	CEO	Bi-annually by end Q3.
17	Feedback from Board Members, regulator and other observers on extent of focus on strategic decision making/development of strategy etc.	CEO	Annual review by end Q3.
	<b><i>Compliance with strategies, standards, guidance and best practice</i></b>		
18	Reports to AFC and Board demonstrate implementation of Risk Management Strategy action plan and targets.	FD	Completion by end Q2, 2012/13.
19	Reports to Board demonstrate implementation/completion of the KLOE action plan and targets for prospects for improvement.	CEO	Completion by end Q2, 2012/13.

## **5. Long-term strategic outcomes – Vision 2020**

### **Solon's desired outcomes/ what success will look like in 2020:**

- Excellent services as measured by residents. Core and wider services.
- Solon's brand and identity maintained, in line with our niche role.
- Brand and identity widely promoted and recognised.
- Good quality homes – variety of age and type.
- Community focussed – helping communities to continue to be strong.
- An excellent housing support provider.
- Focussed on financial inclusion.
- In control of our own destiny.
- Geographically focussed – Bristol and South Gloucestershire. Clear about where we work within these areas.
- Better use of IT to ensure that services and information are accessible to everyone.
- Better engagement with and outcomes for young people.

## **6. Appendices**

1 Performance targets, benchmarking information and performance indicators.

*To be attached on completion*

2 30-year Financial Plan