

Asset Compliance Committee Monday 22 January 2024

A meeting of the above Committee will be held in Shire Hall, Market Place, Warwick on Monday 22 January 2024, at 6.00pm.

Councillor P Phillips (Chairman)

Councillor A Barton

Councillor K Gorman

Councillor A Boad

Councillor R Hales

Councillor K Dickson

Councillor K Hunt

Councillor K Dray

Councillor H Yellapragada

Councillor J Falp

Emergency Procedure

At the commencement of the meeting, the emergency procedure for Shire Hall will be announced.

Agenda

1. Apologies for Absence

To receive apologies for absence from any Councillor who is unable to attend.

2. Declarations of Interest

Members to declare the existence and nature of interests in items on the agenda in accordance with the adopted Code of Conduct.

Declarations should be disclosed during this item. However, the existence and nature of any interest that subsequently becomes apparent during the course of the meeting must be disclosed immediately. If the interest is not registered, Members must notify the Monitoring Officer of the interest within 28 days.

Members are also reminded of the need to declare predetermination on any matter.

If Members are unsure about whether or not they have an interest, or about its nature, they are strongly advised to seek advice from officers prior to the meeting.

3. Minutes

To confirm the minutes of the meeting held on 20 December 2023. **(Pages 1 to 4)**

4. Asset Compliance Plan Progress and Review of the Risk Register

To consider a report from Neighbourhood & Assets. **(To Follow)**

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Asset Compliance Committee

Minutes of the meeting held on Wednesday 20 December 2023 at Shire Hall, Warwick at 6.00pm.

Present: Councillors Barton, Boad, K Dickson, Dray, Gorman and Phillips.

Also Present: Councillor Armstrong – Vice-Chair of the Overview & Scrutiny Committee (Overview & Scrutiny Committee Observer),
Councillor Wightman – Portfolio Holder for Housing & Assets,
Councillor Yellapragada (observing only).

1. **Appointment of Chairman**

It was proposed, duly seconded and

Resolved that Councillor Phillips be appointed Chairman of the Committee for the remainder of the municipal year.

2. **Apologies for Absence**

Apologies for absence were received from Councillors Falp, Hales and Hunt.

3. **Declarations of Interest**

There were no declarations of interest made.

4. **Asset Compliance Plan Progress**

The Committee considered a report from Neighbourhood and Assets which gave an update on the current position and progress made following on from an independent asset review.

Subsequent to the review, the Council self-referred itself to the Regulator of Social Housing on 9 November 2023. A meeting between Council officers and representatives from the Regulator's Office took place on 27 November, followed by a request for information from the Regulator on 29 November. The deadline for the provision of the information was 8 December.

On 13 December, the Council's newly formed Asset Compliance Board met to review and assess progress. The Board also included a tenant representative (who had received training from Penningtons) and the CEO from the Association of Stock Retained Authorities.

The Board requested that a consultant from Penningtons joined Board meetings going forward from 2024.

The Council had also recently appointed technical specialists covering fire safety and building safety, as well as securing Penningtons to support the programme over the ensuing 12 months.

Several appendices were attached to the report:

- Appendix 1 – a highlight report presented to the Compliance Board;
- Appendix 2 – the Action Plan;
- Appendix 3 – a copy of the information sent to the Regulator on the 8 December;
- Appendix 4 – a copy of the data compliance dashboard; and
- Appendix 5 – the current risk assessment.

The Asset Compliance Committee was instituted on 15 November 2023. The remit of the Committee was set out and agreed at Warwick District Council's meeting on that date and was recorded in Appendix 4 to Warwick District Council's minutes of that meeting.

The Asset Compliance Committee Chairman explained the purpose of the newly formed Committee. The Committee had been asked to review and challenge the progress to ensure compliance with safety under the Social Housing Regulation Act. This followed some work undertaken by Penningtons in September 2023. A copy of the report they produced was available on the Council's website. This had resulted in a significant number of actions for the Council to undertake. The Committee would check and monitor the progress and would make reports to the Cabinet.

Members requested that in future, to facilitate monitoring that actions would be met on target delivery dates, they should be provided with a report that listed what the action was, the current position, who was responsible for delivery and the expected delivery date. The report should highlight slippage. Currently, they were forced to refer to other parts of the report to find out all of the necessary information. All actions were to have delivery dates stated. It was noted that some information given in Appendices 1 and 2 conflicted and the suggestion was made that these should be collated into one document to remove the conflicting information.

In response to questions from Members, the Head of Neighbourhood & Assets and the Deputy Chief Executive explained that:

- There were already Legionella risk assessments in place, so the Council was compliant, and these had all been reviewed. The Council was undertaking all necessary prevention regimes such as flushing out the system. The Council changed contractors back in May and they would be re-doing the risk assessments with their own staff using their own methods. The agreed completion date for this was June 2024.
- The Head of Neighbourhood & Assets would be reviewing all of the action plan dates from the start of 2024 as more detail became available. The Action Plan would become more detailed as a result. The Action Plan would break down in more detail the tasks and milestones.
- The detailed Action Plan, with a risk assessment below, would form the core of future Committee meetings following a request from the Committee.
- After the training that would be provided the following evening to Members, officers and Members would re-evaluate the way in which information was presented to see if a more "visual" approach could be applied to the Action Plan.

- There were 128 overdue electrical safety inspections. The Council had reduced its reinspection dates from 10 years to five (the standard operated in the Private Sector) which had caused the increase in numbers of overdue reports. Work was well underway to reduce this figure and Members would be able to see progress in the next report. The figure for inspections outstanding was dropping daily as inspections were underway.
- Members would be getting a compliance dashboard to use which would allow them to examine compliance areas by category, current progress by number and percentage completed, to allow them to track progress. This dashboard would be updated frequently, giving Members a more accurate picture. It was important to look at the trend because the figures were changing on a daily basis and for Members to be satisfied that the trend was heading in the right direction. If Members required the exact position for that moment, then they could request the information from officers via email. Committee meeting papers were published a week in advance so could only be accurate at the point when they were written.
- Data recording showing progress against target delivery date was an action that would be picked up in future reporting.
- The Council had invested in a "Customer Relationship Management" system, and this held tenant records. As part of the roll-out of this system, there were plans to update it with full details of every tenant. This information would then inform staff on the best way to communicate with tenants. For computer literate tenants a portal would be coming online for them to use. Tenants in the meantime could still come to see officers at the Council, telephone or email. An update on this would be provided at the next meeting. So far, around 50 tenants had contacted the Council about the issues on compliance; these had all been checked and their properties had been compliant.
- Tenant and leaseholder engagement would be an item on the next meeting agenda. The Council needed to ensure it was getting information to all of its housing customers including the less computer literate and the vulnerable. It was accepted that the focus of the Asset Compliance Committee's involvement had to be kept controlled because it was not the Committee's real purpose. Tenant engagement could be better dealt with by other means such as a Task & Finish Group.
- The Chairman and officers would liaise to discuss the report format to ensure that the inconsistencies spotted between Appendices 1 and 2 were removed by collating reports together.

The Committee thanked officers for the work they had been doing to ensure compliance. The amount of work required was recognised.

Resolved that:

- (1) progress be noted; and
- (2) requirements for information and assurance data are:
 - a) to facilitate monitoring that actions will be met on target delivery dates, a report should be provided that lists what the

action is, the current position, who is responsible for delivery and the expected delivery date. The Chairman will meet with officers to agree the requirements so that the Committee can monitor progress and slippage;

- b) the detailed Action Plan with the Risk Assessment sitting beneath it should be the core of future meetings;
- c) the Action Plan will be reviewed to see if the information can be presented in a more "visual" way to help monitor progress;
- d) data should be presented showing progress against target delivery dates and this should show the start point and progress up to delivery in a "visual" way; and
- e) engagement with tenants and leaseholders will be an agenda item for the next meeting.

(The meeting ended at 6.35pm)

CHAIRMAN
22 January 2024

Title: Asset Compliance Plan Progress

Lead Officer: Steve Partner, Head of Neighbourhood & Assets

Portfolio Holder: Councillor Paul Wightman, Cabinet Member for Housing
Wards of the District directly affected: all

Approvals required	Date	Name
Portfolio Holder	12.01.24	Paul Wightman
Finance	12.01.24	Andew Rollins
Legal Services		N/A
Chief Executive	12.01.24	Chris Elliott
Director of Climate Change		N.A
Deputy CEO	12.01.24	Darren Knight
Section 151 Officer	12.01.24	Andew Rollins
Monitoring Officer	12.01.24	Graham Leach
Leadership Co-ordination Group		N/A
Final decision by this Committee or rec to another Cttee / Council?	No	
Contrary to Policy / Budget framework?	No	
Does this report contain exempt info/Confidential? If so, which paragraph(s)?	No	
Does this report relate to a key decision (referred to in the Cabinet Forward Plan)?	No	
Accessibility Checked?	Yes	

Summary

Following the independent asset review, the governance framework and action plan have commenced in response to the recommendations. This report gives the asset compliance committee an update on the current position and progress on the action plan.

Recommendation(s)

That the committee notes the progress made.

1 Introduction

- 1.1 Following the independent asset compliance review, a self-referral to the Regulator for Social Housing was made on the 9 November. Additional information was submitted on 8 December 2023 and a Teams meeting held thereafter to go through the response.
- 1.2 An email has been received from the Regulator and a Teams discussion arranged for 19th January. The outcome will be reported verbally at this meeting, with a briefing email to all Councillors afterwards.
- 1.3 The two specialist leads, Fire safety and Building safety continue to provide specialist assistance based on the specific competencies required around these areas, and liaison continues with Pennington.
- 1.4 Consultancy with Pennington has commenced around data validation, involving officers from the Assets and Housing Teams together with data analysis from Pennington.
- 1.5 A Project Manager has been recruited, to start with the Council at the end of January 2024. They will act as the focal point in ensuring that all actions and targets are being project managed and to collate reports and updates for the Compliance Board, Regulator, and this Committee.
- 1.6 The next meeting of the Compliance Board is scheduled for 14th February 2024.
- 1.7 At the last meeting of the Committee there was a discussion on the Committee receiving information on the tenant engagement strategy. A review of this is already sat within the work plan of the Overview & Scrutiny Committee and therefore the Chair of this Committee has agreed for the points raised by this Committee to be passed to Overview & Scrutiny Committee for them to consider when reviewing their action plan.
- 1.8 The Chair of this Committee, with support from officers has also set up a review meeting with the Chair of Overview & Scrutiny Committee, Vice-Chair of Overview & Scrutiny Committee, the Chair of Audit & Standards Committee to discuss cross cutting themes and how best to scrutinise and monitor them, not only at present but also looking forward as well. This meeting will be supported by relevant officers.

2 Highlight Report & Action Plan

- 2.1 Appendix 1 is the updated highlight report with additional columns to provide further context for this Committee.

2.2 With the self-referral to the regulator completed, additional regulatory information provided and specialist resources in place, the Compliance Action Team will:

- Review the target dates in the action plan.
- Set out estimated start dates for the recommendations that have not commenced.
- Further break down recommendations into more detailed tasks and milestones (this was an area also highlighted by overview & scrutiny)

3 Regulatory Information

3.1 **Appendix 2** is a copy of the data compliance dashboard. This reporting will further evolve and improve over time. In relation to the compliance % areas that show 0%. This is due to the fact the information is held by the contractor's database and not the Council's housing management system, ActiveH. There is a recommendation to address this within the action plan.

3.2 The compliance board have requested the dashboard is amended and moving forward it will target dates for when the compliance performance will be achieved to help further monitor progress.

4 Financial Services

4.1 As reported at the previous meeting, from the Housing Revenue Account, £270,000 of resources will be used for specialist consultancy support and additional technical resources covering asset compliance, fire safety and building safety. This ensures that we have the right skills, experience and competence immediately in the organisation to help drive forward critical and high priority actions.

4.2 During this year we will be considering what resources will be needed to sustain the improvements that are being made to ensure compliance is maintained. This is to ensure that 'kneejerk' structure changes are not made, and proposals recommended will be thoroughly considered and sustainable.

5 Risk Assessment

5.1 **Appendix 3** is the updated risk assessment, and now includes additional risks 11 and 18. This will be reviewed by the Compliance Board when it next meets on 14 February. It now also records the financial risk to the Council in building and maintaining the compliance framework.

In summary the risk register records 19 number of risks of which 10 are green, 4 are amber, 5 are yellow and 0 are red. Since the last meeting none of the risks have changed in scoring other than the addition of two additional risks as set out above.

Background papers:

None.

Highlight Report No. 2

18th January 2023

Period Covered: 8 December 2023 to 18 January 2024

Executive summary:

1. Of the 32 individual recommendations, 6 are complete on time, 21 are underway with estimated percentage completion shown below, and 5 are yet to start (and were not expected to have started at this stage).
2. The Target Date for Recommendation 17 has been extended at the request of the Head of Finnace, as Lead Officer.
3. Specialist Leads for Fire Safety and Building safety are in full operation and specifically and both have already proved invaluable with their technical and regulatory expertise to review and update existing Fire Risk Assessments.
4. A Project Manager has been appointed and will start towards the end of January.
5. Training now completed for SLT / Cabinet and Asset Compliance Committee.
6. Pennington have produced a proposal for data validation and work is underway this month.
7. The Regulator of Social Housing will meet with the Council on 19th January.
8. The Risk Register has been updated, no change to existing risks but two additional risks around refresher training and financial risk have been added.
9. The Compliance Action Team is scheduled to meet each month to look back at matters arising from Compliance Board and to plan documents needed for the next meeting of the Board.
10. The next meeting of the Compliance Board is on 14th February.

Compliance Roadmap – Cross Cutting Recommendations

Programme: The current estimated date to achieve full compliance with the Action Plan is 31 October 2024

Key Deliverables	Priority	Target Date	Revised Target Date	Lead Officer	Progress (Previous report in brackets)	Completion Date	Status	Notes
Recommendation 1 – Governance and assurance structure:	Critical	09.11.23	09.11.23	DK	100% (100%)	09.11.23	Complete	Compliance Board and Asset Compliance Committee

<p>Recommendation 2 – Compliance awareness session:</p>	High	22.12.23	22.12.23	DK	100% (90%)	21.12.23	On track	<p>Course completed for SLT & Cabinet on the 29.11.2023.</p> <p>Course completed for the Asset Compliance Committee – 21 December 2023</p>
<p>Recommendation 3 – Compliance and building safety strategy:</p> <p>Develop a standalone compliance and building safety strategy that: sets out your objectives, addresses the recommendations within this report and outlines how they will be achieved. Ensure that you are clear on:</p> <p>Legal and regulatory obligations, now and in the future</p> <p>Your overall objectives for property compliance, building safety and resident safety.</p> <p>What actions need to be delivered to achieve these objectives.</p> <p>How you will demonstrate that these actions are deliverable.</p>	High	30.06.24	30.06.24	SP	15% (10%)		On track	<p>Pennington Consultants quoted to assist and advise in policy development.</p> <p>Fire Safety policy (including strategy) developed, through consultation and ready for sign-off.</p> <p>Both Fire Safety lead and Building Safety lead are tasked with developing a building safety strategy and Pennington engaged to assist in this process</p>
<p>Recommendation 4 – Fire Safety Group:</p> <p>Broaden the scope of the existing Fire Safety Group to have full oversight of all legal fire and building safety requirements.</p>	High	09.11.23	09.11.23	LB	100% (100%)	19.10.23	Complete	<p>Terms of Reference Drafted.</p> <p>Draft TOR circulated for comment.</p> <p>Discussed and agreed TOR at Fire Safety Group 19/10/23.</p> <p>Saved on Teams channel for R04</p>

<p>Develop a term of reference for the group that ensures achieving the requirements of fire and building safety legislation and guidance is included as a standard agenda item.</p>								
<p>Recommendation 5 – Data Validation:</p> <p>Undertake a data validation exercise that is coordinated across all compliance areas to gain assurance around all property assets, compliance programmes and records:</p> <p>Download the full asset list from your parent management system into a data validation workbook.</p> <p>Confirm which properties will or will not be subject to each compliance programme. All properties should be defaulted to require an inspection until it can be evidenced otherwise.</p> <p>Record evidence-based reasons for properties not required on each programme.</p> <p>Validate a sample of compliance records to ensure they are valid and in date.</p> <p>Quantify compliance gaps to develop a plan to resolve them.</p> <p>Validation should include categorising buildings (11+ and</p>	<p>Critical</p>	<p>30.06.24</p>	<p>30.06.24</p>	<p>SH</p>	<p>30% (10%)</p>		<p>On Track</p>	<p>This action is underway with a clearer view on relevant data sets. Meeting 29/11/23 - Established as a weekly meeting. Agreed methods for tracking actions, progress, and timeline for delivery. Initial 'catch all' query presented and discussed. Agreed a sufficient foundation for quantifying properties and associated areas of Compliance. This is now the temporary base, (ahead of formalised published reports) for reporting current position with opportunity for further development to cross validate with other possible data points, (supported by actions in other recommendations)</p> <p>Looking into viability of Database Functions to simplify the query for reporting and exploring report output options.</p> <p>All the above is available for review in detail on dedicated TEAMS channel for this recommendation.</p> <p>Pennington to provide criteria for data validation to achieve compliance received 30/11. Internal project meeting on 6/12 to review and comment ready for response required by 13/12</p> <p>First project initiation meeting completed on 05/01/24 with Pennington.</p>

<p>18m+) and the smoke and carbon monoxide alarm programmes.</p> <p>Follow the above exercise with regular, documented validation to ensure asset and compliance data remains up to date.</p>								
<p>Recommendation 6 – Active H configuration:</p> <p>Configure Active H to record the correct compliance programme data and provide appropriate reporting outputs.</p>	High	30.06.24	30.06.24	SH	30% (0%)		On Track	Attribute configuration underway and supporting Recommendation 5 data validation.
<p>Recommendation 7 – Managing follow-up actions:</p> <p>Implement a process for tracking all actions deriving from each of your compliance programmes. You should consider and agree: the platform for recording actions, where the process can be automated, allocation, quality checks, evidence of completion and reporting.</p>	High	31.10.24	31.10.24	SH	10% (10%)		On Track	Existing FRA actions now all in centralised spreadsheet. Ability to prioritise in relation to property, severity, department etc. Completed actions to be updated in spreadsheet, with completion date added. Comments to be added to outstanding actions. Work already undertaken with ICT on development of the Contractor Web Portal over the last 12 months which supports this Recommendation. The work done to-date is currently in TEST pending Acceptance Testing.
<p>Recommendation 8 – Changes to asset and programme lists:</p> <p>Formalise and document the process for adding, removing or making changes to properties on Active H, including who has authority to do so.</p> <p>Ensure there is a clear audit trail of uploading and setting attributes against each property and quality assurance checks to ensure each property is on the correct compliance programme.</p>	Medium	31.03.24	31.03.24	SH	0%		Not Started	Not started as dependent on <u>progress</u> with Recommendation 5 and medium priority. Target date to start 01/02/2024

<p>Recommendation 9 – Operational lead for fire safety:</p> <p>Appoint an operational lead for fire safety to have oversight of all fire safety related programmes and performance (fire risk assessment programme and actions, Fire Safety (England) Regulations obligations, fire equipment servicing, and so on).</p>	Critical	31.12.23	31.12.23	SP	100% (100%)	27.11.23	Complete	Charles Hahn appointed as Operational Lead for Fire Safety – started 27.11.23
<p>Recommendation 10 – Operational lead for building safety:</p> <p>Appoint an operational lead for building safety to support the strategic lead (Head of Neighbourhood and Assets) and take overall operational responsibility for day-to-day management of building safety risks in higher-risk buildings, and communications with residents of those buildings.</p> <p>Operational duties can be delegated; however the operational lead should have full oversight of all activities through a clear assurance and ‘lines of defence’ framework</p>	Critical	30.11.23	30.11.23	SP	100% (100%)	07.12.23	Complete	Richard Barratt appointed Building Safety Lead – started 07.12.23
<p>Recommendation 11 – Compliance reporting:</p> <p>Develop a standalone weekly compliance report that covers the big six compliance areas and addresses the items raised in the report (Section 3.5).</p> <p>This new report should also be used to provide monthly and quarterly</p>	High	31.10.24	31.10.24	SH	40% (25%)		On Track	<p>Progress on this action is also detailed as part of Recommendation 5.</p> <p>Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions.</p> <p>Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.</p> <p>15/01 - Compliance Dashboard Report and Summary have been updated substantially since last Highlight report. Snapshots</p>

<p>summaries to the management and Leadership Team. Reporting should include follow-up actions: total number of actions, actions by risk/priority, actions completed in time and overdue, and supporting narrative to provide a status summary.</p> <p>Data should be driven from Active H and performance presented in an easy to read format. Use our compliance scorecard examples as a benchmark for current best practice.</p>								<p>summaries now possible with conditional formatting of performance against historical snapshots.</p>
<p>Recommendation 12 – Policies</p> <p>The Leadership Team and technical team members should attend a facilitated session to agree policy principles (obligations, inspection programmes, follow-up works, contractor competencies, KPIs, and so on).</p> <p>The output of this session will be used to draft seven separate policy documents which should be approved through your updated governance framework, subject to version control and reviewed every two years (or sooner, if there is a change in legislation, regulation or other approved guidance).</p>	High	31/01/24	31.01.24	SP	100% (5%)	16.11.24	Complete	<p>Facilitated session held on 16th January 2024, led by the specialist Fire and Building Safety leads. Gap analysis identified and responsibility for providing / updating policies, KPIs, contractor competencies etc.</p>
<p>Recommendation 13 – Process maps & procedures:</p> <p>Once the policies have been approved, develop standalone procedure</p>	High	31.09.24	31.09.24	SP	0%		Not Started	<p>Pennington Consultants quoted for consultancy. Links to Recommendation 12</p>

<p>documents and process maps to support each of your policies.</p> <p>Your procedure documents should clearly outline how each of your service areas are delivered operationally.</p> <p>The process maps should visibly demonstrate the end-to-end process and areas of responsibility for all parties involved.</p>								
<p>Recommendation 14 – Competence & Training matrix:</p> <p>Develop a training matrix to specify the training, competence and qualification requirements for all employees responsible for oversight and delivery of compliance and building safety programmes.</p> <p>This will identify gaps and ensure training and competence is kept up to date.</p> <p>Any gaps should be addressed by undertaking appropriate qualifications within appropriate timeframes.</p>	High	31.03.24	31.03.24	FJQ	55% (5%)		In progress	<p>Still awaiting national Guidance on development of competence matrix. Not due until Spring 2024- some now emerging but work continues based on Best Practice/external discussions.</p> <p>Required competency Levels created- subject to consultation (initial stages of this arranged)</p> <p>Competence Matrix skeleton created subject to consultation (initial stages of this arranged)</p> <p>Required training courses identified in most cases but two training courses will need developing (one internal, one external)</p>
<p>Recommendation 15 – Compliance and building safety refresher training:</p> <p>The Compliance Team should undertake refresher training that covers all compliance areas to refresh their knowledge and ensure they remain up to date with the latest legislation and obligations.</p>	Medium	30.6.24	30.6.24	SH	0%		Not Started	

<p>Recommendation 16 – Contract management:</p> <p>Ensure your regular contractor performance meetings include standard agendas, record minutes and monitor key performance indicators. Also incorporate checks of accreditations, insurances, competency, and any changes to staff, and ensure evidence is provided.</p> <p>Undertake regular, documented contractor competency checks (at least annually).</p> <p>Migrate data and records from contractors’ systems to Active H to re-establish full control, ownership and accountability of all compliance programme data to ensure programmes are driven by WDC.</p>	Medium	31.03.24	31.03.24	SH	0%		Not Started	<p>Will develop with Fire and Building Safety Leads to develop a framework for contractor performance meetings with standardised document format. Expected to be on target</p>
<p>Recommendation 17 – Internal audit:</p> <p>Ensure that your internal audit regime reviews all seven compliance areas at least once every two years, and as a minimum, establishes whether WDC is compliant with its legal and regulatory obligations.</p> <p>Ensure that your internal auditor has the required levels of competence and knowledge of legal, regulatory and best practice compliance obligations to provide a meaningful assurance report with appropriate assurance ratings.</p>	Medium	30.01.24	29.02.24	AR	30% (30%)			<p>Part 1 Response</p> <p>The need for specific themed compliance audits (covering both Corporate and HRA properties) had already been identified and the strategic plan, which had been approved by the (then) Chair of the Audit and Standards Committee in April 2023, includes audits against 6 of the 7 identified areas (Fire Safety Compliance (2023/24), Asbestos Management and Legionella Management (both 24/25), Lifts and Lifting Equipment, and Gas and Electrical Safety (both 25/26)). The one area that does not have a specific audit is building safety – we have an audit of Fire Safety and Prevention Contracts included in this year as well, but in the (draft) brief, there is specific reference to the fact that Pennington’s are doing work in the area of Building Safety Cases, so these were omitted from the scope of the audit, with assurance to be placed on their work.</p> <p>The planned audits set out above will again be included in the strategic plan for 2024/25 onwards (assuming that no revisions are</p>

							<p>agreed as part of the discussions with individual service areas), with the new plan being reported to Audit and Standards in March (date TBC).</p> <p>The scope of the audits will be agreed at the start of each audit, with assurance being taken from any extra work undertaken by external bodies on these seven areas (see part 2), with any actions identified by them being followed up to ensure that non-compliance with legislation is being addressed.</p> <p>(Nb - It should be noted that we were not asked for our plans as part of the review, just copies of specific reports undertaken within the last two years and, as with the current Fire Safety and Prevention Contracts audit, there may have been other reports that touched on areas of compliance.)</p> <p>Target Date – 1 April (for Strategic Plan to be approved by A&S). Dates for specific compliance audits contained within response. Audit plan is in draft stage currently.</p> <p><i>Part 2 Response</i></p> <p><i>Specific support will be commissioned (Audit with steer by assets), with the required level of specialist technical expertise and knowledge of legal regulatory and best practice compliance obligations to provide the necessary assurance across all 7 compliance areas. This will form part of the evidence base from which Internal Audit can complete their specific themed compliance audits (as addressed in part 1) and be reflected within the assurance reports from which assurance ratings are provided.</i></p> <p><i>Target date revised to reflect start of Tender exercise – not full completion of task. Delay due to staff absences.</i></p>
<p>Recommendation 18 – External audit:</p> <p>Implement 100 per cent desktop checks of compliance records to provide assurance that certification has been completed correctly (for example, nine-point check of gas safety records) and</p>	High	31.05.24	31.05.24	SP	25% (10%)	In progress	<p>Work with Fire and Building Safety Leads to develop processes and to develop third party auditing. Procurement information being collated with a view to contractor selection via a suitable framework.</p>

<p>follow-up works are actioned within an appropriate timeframe.</p> <p>Implement a third-party technical auditing regime across all compliance areas to undertake sample checks of contractors' field work and desktop reviews of compliance records. The auditor(s) should be competent and appropriately accredited.</p>								
<p>Recommendation 19 – resident communications:</p> <p>Develop and implement a formal resident communications campaign to share key messages around resident health and safety across all areas of property compliance and building safety.</p> <p>This should include consideration of the legal fire and building safety requirements under the Fire Safety (England) Regulations 2022 and Building Safety Act 2022.</p> <p>Also consider how you intend to inform harder to reach groups, such as those without internet access, where English is not their first language, or those with disabilities and impairments.</p>	Medium	30.06.24	30.06.24	NC	20% (20%)		In Progress	<p>A survey has been developed which will be issued to all housing tenants end December/early January.</p> <p>The results of this will be used to inform the Strategy.</p> <p>The results will also be used as a basis for identifying hard to reach groups and how to consistently reach them.</p> <p>Regular comms with tenants starting with their newsletter issued in December, which will feature an article about the audit and the action plan.</p>
<p>Recommendation 20 – Gas and heating safety:</p> <p>Implement checks to ensure tenants are receiving LGSRs within 28 days of the service.</p>	High	30.06.24	30.06.24	SH	5% (5%)		In Progress	<p>Meeting on 10/10 to review existing no access process, existing policy and procedure.</p> <p>2009 policy and procedure identified, walk through of existing HPM (ActiveH Case Processing) for Gas Safety No Access.</p> <p>Meeting on 14/11 identify required updates to Process Mapping, follow up meeting to be arranged January 2024</p>

<p>Display LGSRs in communal areas of buildings served by a communal boiler.</p> <p>Ensure you can demonstrate compliance with the Smoke and Carbon Monoxide (Amendment) Regulations 2022</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>End-to-end access process.</p> <p>Managing remedial actions.</p> <p>New tenant checks to ensure they arrange turn on and test visits.</p> <p>Checks on properties that are not currently connected to the gas mains networks.</p> <p>Compliance with Dangerous Substances and Explosive Atmosphere Regulations 2002 through risk assessments (where necessary).</p>								
<p>Recommendation 21 – Electrical safety:</p> <p>Establish a catch-up programme to address the non-compliant properties that do not have a valid test certificate dated within the last five years.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p>	High	31.10.24	31.10.24	SH	10% (10%)		In Progress	<p>232 properties have now been identified (05/12) as recorded not having an in-date certificate in the housing database, (ActiveH). We are establishing with the Contractor whether data exists and are already completed before raising planned programme of works to rectify.</p> <p>In addition, we have 109 (05/12) missing EICR's from new builds according to ActiveH – Lead Officer to liaise with Housing Development and whether they can provide or obtain from the Developer.</p> <p>Attribute updated in ActiveH to accommodate new data, (assisting with Recommendation 5, 6, 11 and General Recommendation 7).</p>

<p>End-to-end access process. Managing remedial actions.</p> <p>Ensuring Active H captures reinspection dates less than five years (as recommended by the competent person)</p>								
<p>Recommendation 22 – Fire safety:</p> <p>Complete all outstanding fire risk assessments (FRAs) in line with the fire risk assessor’s recommended reassessment frequency.</p> <p>Extract all FRA actions into an appropriate monitoring platform to accurately track the completion of each action. Record who the actions have been allocated to, action priorities and timeframes, completion dates and supporting evidence (post inspections, certification, before/after photographs, etc.).</p> <p>Ensure you can demonstrate compliance with the Fire Safety (England) Regulations 2022, including undertaking fire door checks.</p> <p>Consider undertaking Type 3 FRAs to all properties as this provides a more detailed understanding by assessing a sample of homes within each block.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p>	<p>Critical</p>	<p>31.04.24</p>	<p>31.04.24</p>	<p>SP</p>	<p>10% (10%)</p>		<p>In Progress</p>	<p>Additional person engaged and trained to carry out fire door checks - fixed term to June 2024 and will be reviewed.</p> <p>Fire safety lead appointed and joining a review of existing FRA (including accuracy and appropriateness) and recommended actions which, if confirmed, have been put into an appropriate monitoring platform (point 2)</p> <p>New Fire Risk Assessments for all medium/high rise properties commissioned by Housing.</p> <p>Housing site staff carry out daily inspections of high rise and weekly of medium rise.</p> <p>Fire Safety Lead, Building Safety Lead and Health & Safety Manager developing policy, procedure, and process map plus new Fire Safety (and building safety) Policy/ Strategy (see recommendation 3)- which includes recommendation to undertake type 4 FRAs and consideration of all other points recommended.</p>

<p>Management and reporting of periodic checks on fire safety equipment.</p> <p>Housing management issues that impact on fire safety, such as hoarding and allocations.</p> <p>Person centred fire risk assessments. Incident management, internal investigation and responding to property fires and near misses. Liaison with the local fire and rescue service</p>								
<p>Recommendation 23 – Asbestos Management:</p> <p>Undertake all outstanding reinspection surveys on your communal blocks to ensure asbestos containing materials are being monitored and managed appropriately. Ensure this is followed by a regular, risk-based reinspection programme, with the frequency determined in agreement with the competent person.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>Establish Appointed Person and Deputy Appointed Person roles (ensuring they are appropriately qualified).</p> <p>Develop a fit for purpose asbestos management plan.</p> <p>Use of priority assessment scores and material assessment scores to determine the risk of an asbestos item.</p>	Medium	31.10.24	31.10.24	SH	0%		Not Started	

<p>Recommendation 24 – Water Hygiene:</p> <p>Undertake all outstanding legionella risk assessments.</p> <p>Ensure written schemes of control are documented to provide guidance on how to manage and monitor the risks identified within the legionella risk assessments.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>Establish Responsible Person and Deputy Responsible Person roles (ensuring they are appropriately qualified).</p> <p>Managing water hygiene in domestic properties – adopting a practical and proportionate approach.</p> <p>Managing water hygiene void properties (considering the void standard, removing high risk installations, system flushing, replacing shower heads, etc.)</p>	Medium	30.06.24	30.06.24	SH	5% (5%)		In Progress	New Contractor is currently reviewing existing Risk Assessments
<p>Recommendation 25 – Lift Safety:</p> <p>Review all thorough examination remedial actions and ensure they are completed.</p>	High	31.03.24	31.03.24	SH	60% (60%)		In Progress	<p>ActiveH up to date. New attribute created and populated with information from Contractor.</p> <p>We will finalise reporting and publishing of reports from ActiveH. We will be meeting with Contractor to discuss how we ‘push’ works to them, how its completed and data returned to ActiveH with automation.</p>

<p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>Establish a formal process for notifying the compliance team of new domestic lifts installations.</p> <p>Managing remedial action</p>								Building Safety Lead involvement with Corporate Insurance Officer
<p>Recommendation 1 – Building registration:</p> <p>Any higher-risk buildings identified following completion of the wider data validation exercise should be registered with the Building Safety Regulator</p>	Critical	31.03.24	31.03.24	SP	95% (95%)		In Progress	<p>Seven higher-risk buildings registered with the Building Safety Regulator.</p> <p>An identified outcome of the data validation process to confirm final numbers to be registered.</p>
<p>Recommendation 2 – Building safety cases and reports:</p> <p>Establish and implement an appropriate infrastructure around property and building safety compliance, which includes, an effective assurance framework, defining roles and responsibilities and implementing and documenting supporting policies and procedures.</p> <p>This will allow the safety case and safety case report development project to resume and will include documenting a safety management system and building risk assessment.</p>	High	31.03.24	31.03.24	SP	10% (10%)		In Progress	<p>Pennington commissioned to prepare draft building safety cases based on information being supplied and taking in to account latest guidance from the Building safety Regulator.</p> <p>Draft safety case for Eden Court to be completed by Pennington by 15 December 2023 and used as a gap analysis for data.</p> <p>Daily safety inspections undertaken by housing teams on site.</p>
<p>Recommendation 3 – Golden thread:</p>	High	31.03.24	31.03.24	SP	10% (10%)		In Progress	<p>Linked to Recommendation 2, above and will form part of the Building Safety Cases.</p>

<p>Document the approach and commitment to delivering golden thread principles for all higher-risk buildings.</p> <p>This should include what information will be held, what systems will be used, how one version of the truth will be maintained, and how digital information will be accessed, managed and shared to support ongoing reviews of the safety case.</p>							
<p>Recommendation 4 – Mandatory occurrence reporting:</p> <p>Develop a mandatory occurrence reporting procedure that captures the principles of reporting and recording safety occurrences as intended by the Act.</p>	High	31.07.24	31.07.24	FJQ	50% (50%)		Existing owned software has been adjusted to incorporate the mandatory reporting as far as is presently specified. More details to be announced by HMG in 2024
<p>Recommendation 5 – Residents’ engagement strategies:</p> <p>Develop building specific residents’ engagement strategies for your higher-risk buildings that include, tenancy management arrangements, allocations, how residents will be involved in decision-making around building safety risks and how they can access safety information.</p>	High	March 2024	March 2024	SP	15% (10%)		Lead officer to engage with Landlord Services Manager
<p>Recommendation 6 – Complaints procedure:</p> <p>Either develop a separate complaints procedure or ensure the existing generic procedure is updated to ensure that WDC can satisfy itself that building safety issues have been resolved (for</p>	High	March 2024	March 2024	GL	50% (25%)	On Track	<p>There is an agreed timetable for adoption of a new complaints policy and procedure which is as follows:</p> <ul style="list-style-type: none"> • Draft Cabinet approved by Chief Exec/Deputy & Head of Service, Programme Director for Climate Change, Finance, Legal Services & Procurement (when considered appropriate), Section 151 Officer, Monitoring Officer 9/1/2024. • Revisions and Final Draft for 11 January 2024

<p>example, taking action to minimise the possibility of recurrence, ensuring there is no impact on the risk profile of the building or updating the building risk assessment and safety case).</p>					<p>10% (10%)</p>			<ul style="list-style-type: none"> • Publish SLT Agenda 15 Jan 2024 • Chief Exec / Section 151 Officer / Monitoring Officer / Programme Director for Climate Change to meet to discuss reports and advise author of any changes; and PH to provide comments by this time. 16/01/2024 • SLT agree final policy 18 Jan 2024 • The draft report to be sent to Committee Services by 10am. Committee Services produce & send draft agenda to Chief Exec, Monitoring Officer, Programme Director for Climate Change & Cabinet & Group Leaders 18/01/2024. • Chief Exec/Monitoring Officer/Programme Director for Climate Change/Cabinet briefing followed by an LCG meeting to approve reports and feedback to author. 22/01/2024 • Final Report to Committee Services by 10:00am 25/01/2024 • Despatch of Agenda 29/01/2024 • Date of Overview & Scrutiny Committee 06/02/2024 • Date of Cabinet meeting 08/02/2024 <p>To date we are on track with that delivery timeline.</p> <p>A new officer is being appointed for taking responsibility for complaints across the Council which the post is due to be advertised this week.</p>
<p>Recommendation 7 – Measuring performance:</p> <p>Develop performance measures and assurance reporting, in line with the above, to enable effective oversight to ensure building safety obligations are being achieved.</p>	<p>Medium</p>	<p>30.04.24</p>	<p>30.04.24</p>	<p>SH</p>	<p>10% (10%)</p>	<p>In Progress</p>	<p>Progress on this action is also detailed as part of Recommendation 5.</p> <p>Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions.</p> <p>Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.</p>	

Compliance Dashboard Summary: v2.02

Last LIVE Data Refresh: 15/01/2024 10:01

Refresh Data

Run a Snap Shot

Refresh Data at anytime to see latest position.

Run Snap Shot at the end of week only.

Dashboard Summary Notes:

Total Assets is calculated independently, however the sum of 'On Programme', 'Off Programme' and 'Validation Required' should equal 'Total Assets'.

Volume Change in 'Asset Count' is based on last Management Summary Report.

%Change Columns display a percentage change from current compliance against an back-dated 'point in time' copy of

	Properties				Compliance					Comments
	Total Assets	On Programme	Off Programme	Validation Required	Compliant	Non-compliant	Current Compliance	%Change / Weekly Snap-Shot	%Change / Last Management Report	
Change in Asset Count ↑71	Domestic Dwellings									
Gas (LGSR Programme) In Date	5672	4599	232	841	4599	0	100.00%	⇒ 0.00%	⇒ 0.00%	Units in 'Validation Required' is ongoing work in progress.
CO Detection Installed (Y/N)	5672	4623	217	832	4510	113	97.56%	⇒ 0.00%	↑ 1.08%	Units in 'Validation Required' is ongoing work in progress.
Electric (5-Yr EICR Programme) In Date	5672	5520	131	21	5385	135	97.55%	⇒ 0.00%	↑ 0.03%	Validation Complete: New Validations are from new assets added wk/commencing 08/01
Smoke Detection Installed (Y/N)	5672	5520	131	21	5273	247	95.53%	⇒ 0.00%	↑ 4.47%	Validation Complete: Validations are from new assets added wk/commencing 08/01
Change in Asset Count ↑2	Communal Blocks & Schemes									
Gas (LGSR Programme)	268	8	260	0	8	0	100.00%	⇒ 0.00%	⇒ 0.00%	Validation Complete:
Electric (5-Yr EICR Programme)	268	256	12	0	255	1	99.61%	⇒ 0.00%	⇒ 0.00%	Validation Complete: *1 Non-Compliant = Tannery Court Block. Mobilising for full rewire in FY 2023/24
Fire Risk Assessment	268	264	0	4	143	121	54.17%	⇒ 0.00%	↑ 1.04%	Validation Complete: Agree with FSLead on method for recording reviews of RA's. *4 New FRA's required.
Asbestos Management	268	264	4	v2.4 Update - TBC	0	264	0.00%	⇒ 0.00%	⇒ 0.00%	***Yet to update Data held on Contractor Web Portal.
Water Hygiene (Legionella) Risk Assessment	268	15	253	0	0	15	0.00%	⇒ 0.00%	⇒ 0.00%	Validation Complete: Agree with BSLead on method for recording reviews of RA's.
Lifts Full Inspection	25	25	0	v2.3 Update - TBC	23	2	92.00%	⇒ 0.00%	⇒ 0.00%	***Yet to update Two 'Non-Compliant' are currently out of service for refurbishment - Update query to recognise as 'Off Plan'.
Change in Asset Count →0	Community Centres									
Gas (LGSR Programme)	4	4	0	0	4	0	100.00%	⇒ 0.00%	⇒ 0.00%	Validation Complete:
Electric (5-Yr EICR Programme)	4	4	0	0	4	0	100.00%	⇒ 0.00%	⇒ 0.00%	Validation Complete:
Fire Risk Assessment	4	4	0	0	4	0	100.00%	⇒ 0.00%	⇒ 0.00%	Validation Complete: Agree with FSLead on method for recording reviews of RA's.
Asbestos Management	4	4	0	v2.4 Update - TBC	0	4	0.00%	⇒ 0.00%	⇒ 0.00%	***Yet to update Data held on Contractor Web Portal.
Water Hygiene (Legionella) Risk Assessment	4	4	0	0	1	3	25.00%	⇒ 0.00%	⇒ 0.00%	Validation Complete: Agree with BSLead on method for recording reviews of RA's.

Fire Safety Outstanding Actions Summary:

Block Archtype	Risk			Comments
	High	Medium	Low	
High Rise 18+	1	45	11	High risk: One action which is currently in progress Extend the automatic fire detection inside the electric cupboards for early warning and ensure persons inside the apartments next to it are alerted immediately. Overdue since July 22 waiting documentary evidence of completion following the contractor visit in November 23. Medium risk outstanding since July/August/October 22 in varying positions of action with all actions expected to be complete within 6 months. Low risk outstanding and overdue since October 22 expected to be complete by March 24
Medium Rise 11-18	26	119	16	High risk outstanding and overdue since August 2022 (see below list of issues), Medium risk outstanding and overdue since October 2022. The high-risk actions fall within two common themes primarily: 9 inspection of roof void access and electrical intake cupboards. Surveys have been commissioned; 6 regarding reviewing fire action notices and visiting staff training records.
Low Rise Combined	464	2086	298	High risk outstanding and overdue since August to October 2022. Medium risk outstanding and overdue since July 2022. Low risk outstanding and overdue since April 2023. No date 645. There are no life critical actions at any of the buildings. The majority of high-risk actions are non-fabric related. The high-risk actions within the Low rise fall into several common themes: - 87 actions concern 'management confirm that the common area fixed electrical system has been inspected and tested within the last 5 years in accordance with BS7671:2008 (as amended). The position is that the reinspection is complete however we have not closed down the actions as we are waiting the certification being provided. - Numerous actions concern 'residents must be reminded of the importance of keeping doors closed' the position is that residents will be receiving this information in the Christmas newsletter 2023. - 22 actions relate to 'fire safety signage to be reviewed' The position is that we are in the process of reviewing and upgrading and will have this work completed within 6 months. - 77 actions relate to fire door surveys of doors. The position is that surveying has started with additional resources being put in place. Communal doors of the high rise, 11-18m buildings and 42 low rise buildings are now completed. The aim is for this work to be completed within the next 12 months.
Sheltered	30	91	14	High risk outstanding and overdue since May 22. Medium risk outstanding and overdue since July 2022. Low risk outstanding and overdue since October 2022. The high-risk actions within the Sheltered fall into several common themes primarily: - 15 actions around roof void access and compartmentation. The survey for which has been commissioned. 6 actions relating to reviewing signage and 5 other issue relates to logging the training of staff which is also in progress.
Christine Ledger Square	17	55	3	

Compliance Board - Risk Register. To be reviewed at each meeting

Key:

Impact	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5
Score		Rare	Unlikely	Possible	Likely	Very Likely	
		1	2	3	4	5	
Likelihood							

Context: This Risk Register is concerned with the delivery of the action plan constructed in response to Pennington report. It does not consider any risks within the report as Penningtons have addressed these, within their report and have prioritised the recommended actions accordingly.

REF	RISK OWNER	RISK DESCRIPTION	POTENTIAL	EXISTING MITIGATING CONTROLS	RISK RATING			PROPOSED FURTHER MITIGATION	RISK RATING		
					LIKELIHOOD	IMPACT	OVERALL RISK RATING		LIKELIHOOD	IMPACT	OVERALL RISK RATING
1	Board	Action plan is not accurate	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Penningtons are highly qualified with a strong reputation in this field	1	1		Consideration to be given to engage an external auditor, independent from Pennington, near to completion of project	1	1	
2	Board	Failure to deliver the plan	Significant harm to tenants/leaseholders and buildings. Reputational damage, further sanctions by the regulator and potential for prosecution in the event of failures	New plan and therefore there are no existing controls	4	5		Plan contains milestones and target dates Board reports directly and on a monthly basis to the Asset Compliance Audit & Scrutiny Committee Additional resources have been recruited and training provided to SLT , Cabinet and Asset Compliance	1	3	

3	Board	Progress to deliver the plan is slower than anticipated	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	4	5		Plan contains milestones and target dates Board reports directly and on a monthly basis to the Asset Compliance Audit & Scrutiny Committee Additional resources are being recruited	1	3	
4	Board	Improvement is not appropriately targeted to the highest priority first.	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Penningtons report has prioritised its recommendations	3	3		Action plan has been prioritised. Fire, Gas and Lift safety identified as critical areas for action first. Action plan to be cross checked with Penningtons report. Regular progress reports	1	1	
5	Board	Incidents are not reported to management	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	4	5		Incident reporting mechanisms to be established and reported to the Board.	1	3	
6	Board	Unknown performance against all of the compliance areas	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	5	4		Needs visibility of performance and progress - a dashboard. The dashboard needs to be visible to appropriate officers and board members	1	1	
7	Board	Data is incorrect and cannot be relied upon	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	3	5		A data validation exercise is recommended by Penningtons and is contained within the action plan	1	1	
8	Board	Operational capacity insufficient to enable the Board to effectively function and deliver the action plan	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	4	4		Gaps in resources are being identified and are in the process of being recruited to. A Project Management team is being put in place	2	2	

9	Board	The Board is not competent to provide required leadership.	There are a number of variables that can impact the company adversely	An external independent sector specialist has been invited to sit on the board and has accepted	3	4		Penningtons training booked for board members 29.11.23	1	1	
10	Board	Senior officers and those responsible for compliance or other health and safety work are not trained or competent.	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	3	4		Penningtons training booked for 29.11.23. Appropriate senior level IOSH H&S training for senior staff to be progressed. Development of Competence matrix included in action plan	2	3	
11	Board	Training is not provided to new members or refresher training for existing Members as regualtions and best practise develops.	Inadequate Member understanding impacting on scrutiny and decision making process	New plan and therefore there are no existing controls	3	4		Need for regular training identified in risk register	2	3	
12	Board	Cabinet are not competent to provide the appropriate governance	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	3	4		Penningtons training booked for 29.11.23	2	2	
13	Board	Lack of/poor communications between the levels, within the levels and internally/externally	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	3	3		Regular and frequent reporting to Cabinet and to the Asset Compliance Audit & Scrutiny Committee Standing item on SLT and Managers Forum meetings Communications plan in place for Tenant and leaseholder communications All relevant information on the web and updated following each Board meeting.	1	1	
14	Board	The risks associated with the Penningtons report and actions plan are not captured, the captured risks are not complete.	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	5	4		A risk register in place reviewed and updated as a standing board item. Significant business risk separated and given a high priority over other risks. Penningtons are asked to review the risk register . Consider engaging an external auditor, independent from Pennington, near to	1	1	

15	Board	Poor communication with Tenants and Leaseholders	Reputational damage	New plan and therefore there are no existing controls	4	4		Letter to T&L setting out position sent on 8.11.23 Communications plan to be drafted and approved by the Board. Updates provided to T&L provided following each Board meeting Full information disclosed to tenants on the website for transparency	3	3	
16	Board	Reputational Damage or loss of confidence including community concerns	Reputational damage. Overwhelming numbers of enquiries. Significant press interest Known tenants of concern introduce additional noise into the system	Existing reputation and good relationship with tenants and leaseholders	4	4		Communications plan Member and MP briefings and communications Briefing and preparation for key staff and housing teams	3	3	
17	Board	Key staff leaving or being absent for a period of time	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Ability to bring in agency or additional staff as necessary although delays still occur Employee Assistance programme	3	3		Additional resourcing requirements to be put in place. Chris and Darren to speak with key staff to provide reassurance Heads of Service to hold team meetings to provide reassurance Project team to have regular communications and reassurance Regular and frequent check-ins with key staff to assess wellbeing Deputies and buddying system to be put in place	2	2	

18	Board	Financial impact of compliance and fire safety works on the Housing Revenue Account	Significant detrimental impact of HRA which may impact of finite resource and ability to meet other statutory obligations relating to the housing stock	Regular financial monitoring and careful procurement and cost control whilst meeting all compliance obligations	4	4		Compliance Team, Fire Safety Group and Compliance Board to have overview of costs including through monthly financial monitoring with relevant Finance accountancy team	3	3	
19	Board	Increased risk of no win no fee claims	Increased costs in damages, legal fees, surveyors and administrators to handle claims. Reputational damage.	New plan and therefore there are no existing controls	4	4		Within the tenant and leaseholder communication plan, develop approaches to guide tenants to contact the Council if they have concerns with their property.	3	3	