

Asset Compliance Committee Monday 26 February 2024

A meeting of the above Committee will be held in Shire Hall, Market Place, Warwick on Monday 26 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 22 January 2024. **(Pages 1 to 4)**

4. Asset Compliance Plan Progress

To consider a report from Neighbourhood & Assets.

- (a) Appendix 1 – Highlight Report and Action Plan
- (b) Appendix 2 – Compliance Dashboard Summary
- (c) Appendix 3 – Compliance Board – Risk Register

(Pages 1 to 4)
(Pages 4 to 26)
(Pages 27 to 27)
(Pages 28 to 31)

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For enquiries about specific reports, please contact the officers named in the reports. You can e-mail the members of the Committee at assetcompliancecommittee@warwickdc.gov.uk

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Asset Compliance Committee

Minutes of the meeting held on Monday 22 January 2024 at Shire Hall, Warwick at 6.02pm.

Present: Councillor Phillips (Chairman); Councillors Barton, Boad, K Dickson, Dray, Falp, Gorman and Yellapragada (late arrival).

5. Apologies for Absence

An apology for absence was received from Councillor Hales.

6. Declarations of Interest

There were no declarations of interest made.

7. Minutes

The minutes of the Asset Compliance Committee meeting held on 20 December 2023 were taken as read and signed by the Chair as a correct record.

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

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.

Several appendices were attached to the report:

Appendix 1 – an updated highlight report covering the period 8 December 2023 to 18 January 2024 with the Action Plan;
Appendix 2 – a copy of the data compliance dashboard; and
Appendix 3 – the updated risk assessment.

The Deputy Chief Executive gave Members a summary of the conversation that had taken place with the Regulator for Social Housing the previous week:

- This was the third in a series of conversations that had taken place with the Regulator.
- The Regulator had made the decision not to issue a Regulatory Judgement against the Council, but would keep the case open for the time being for the following reasons:
 - progress made by the Council since its self-referral;
 - the Council had retained Pennington as its asset management consultant and they were experts in this area and would work with the Council for the duration of the Action Plan; and
 - the governance framework the Council had set up quickly, namely the Asset Compliance Committee and the governance compliance board which had given a level of confidence in what the Council planned to do.

The Deputy Chief Executive warned that the Council could not be complacent and was required to provide the Council's dedicated case worker at the Regulator for Social Housing with all the reports the Committee considered every two months and anything else requested by the Regulator. The Regulator reserved the right to change its position if necessary and issue a Regulatory Judgement if matters were not progressing as required.

The Committee's and the Compliance Board's role was to ensure that when there were challenges to meeting deadlines, the Project Team would be held to account and then this would be reported back to the Regulator. To ensure oversight and reassure the Regulator, Pennington had been invited to join the Compliance Board and the Council had undertaken to invite Pennington back when the Action Plan had been completed to independently validate the work and carry out a sign off which would mean checking that all actions had been completed and done properly. Pennington would be asked to make a report that would be considered by the Committee and the Compliance Board, before submission to the Regulator.

The Deputy Chief Executive noted that there were challenges ahead but the work done to-date had given a good start. The Council needed to ensure that it recruited and retained staff with the right skillset. The challenge was that staff with the right skillset were in short supply nationally. The two specialist leads already recruited for fire safety and building safety would be with the Council for a further nine months during which time a more sustainable structure would be created.

In response to questions from Members, the Deputy Chief Executive and the Building & Safety Lead explained that:

- The reason that the recommendations in the Action Plan tables in Appendix 1 to the report ran from 1 to 25 and then re-started from 1 to 7 was because the Council had matched its report to the Pennington report which rated different themes. This ensured that there was a complete crossover between the Pennington report and the Action Plan facilitating cross referencing.
- A conversation had been held with the asbestos consultant that had carried out the surveys and their qualifications and accreditations had been obtained which would be held on a master database. The results of the surveys they had undertaken had been requested and would be loaded onto the Council's ActiveH (Assets) system.
- The Building & Safety Lead had liaised with the Compliance Manager who held control over all compliance activities. He had also met with other key colleagues on 16 January and it had been agreed to draft seven new policies and procedures. The policies related to the six main compliance areas and would incorporate a new compliance and building safety strategy policy. The next meeting would be held on 12 February.
- Water safety had been evaluated as a medium priority.
- The Building & Safety Lead joined the Council shortly before Christmas and had focused heavily on the six main compliance areas of fire safety, heating safety, electrical safety, water hygiene and lift safety. He had asked the six compliance contractors to send in contract documents such as insurance, health and safety policy,

staff qualifications, organisation accreditations and access to their portals. The next task was to validate these and then transfer the documents onto the ActiveH database.

- There were only ten electrical safety inspection and tests overdue and this was because the Council had changed the inspection cycle to every five years.
- The Building & Safety Lead would ensure that at the next meeting of the Committee, an update would be given on asbestos safety and other items, (Members had mentioned asbestos, water and electrical safety).
- When Pennington had undertaken its assessment of actions required, it had rated both asbestos and water as medium priorities (to be completed within six months).
- Officers would provide details on how soon compliance information would be provided on housing acquired by the Council from the private sector at the next meeting. Members had expressed surprise that this information was not part of the exchange of ownership and had asked why this was.
- It was estimated that phase 1 of the Action Plan would be completed by 31 October 2024 contingent on no unplanned circumstances. Any extension to this timescale would require approval from the Committee and the Compliance Board.
- The Council needed to instigate a compliance structure and ensure sufficient resources to guarantee that it could maintain compliance moving forward. There was already an action to do this, and the Head of Assets was working on the necessary structure and then recruitment of staff would commence. The Council also needed to ensure that it would have the right level of oversight and governance as the project moved towards a close and moved into the next stage of maintaining asset compliance. In this respect there would be senior officer oversight and political oversight from Members.
- It was agreed that additional information would be provided on the Action Plan to indicate progress on the compliance structure to show what was being done. The Head of Assets would provide more details at the next meeting.
- A new Complaints Policy would be considered by Cabinet in February and a vacancy for a Council Complaints Officer had been advertised.
- Recruitment of staff was necessary because historically, the Council had not had all the necessary expertise in place and did not have the required capacity. More technical expertise in very specific areas was vital and many policies and procedures would need to be updated. The Project Manager post was to take pressure off the Head of Assets and the postholder would handle the administrative side of managing the project. Currently staff with technical knowledge were being asked to do this.

Members had received training provided by Pennington shortly before Christmas. The general consensus was that the training had been suitable in content and had covered all the areas required at that time. There might be a need for refresher training as the project progressed.

Members were pleased with the changes made to the report since the previous meeting. The Chairman asked Members to send any feedback /

comments they had on the Risk Register to Committee Services for collation. The Risk Register would be considered in more depth at the next meeting in February. The Chairman asked them to consider if they agreed with the risk ratings, both in terms of the likelihood and on the impact.

It was agreed that a short demonstration would be given to Members of the ActiveH system which was used to manage the housing stock. Officers would check if a demonstration could be given at the next meeting.

A change was requested to the Action Plan so that the commentary in the last column would tie back up to the action in the first column. More detail was requested to show progress on each action listed under a recommendation, (what work was left to do and how much had been completed). The report would be refined for the next meeting. Members required the actions and commentary broken down in more detail since the progress column only showed progress for the whole recommendation, not for each action as part of that recommendation.

Members noted that the colour coding on the Action Plan was not sensitive enough to distinguish which actions were on target and which ones had fallen behind.

The Chairman advised Members that the Chairs of the Overview & Scrutiny Committee, Audit & Standards Committee and the Asset Compliance Committee and relevant officers would meet to discuss cross-cutting themes such as the tenant engagement strategy to ensure that nothing would be missed and to avoid duplication of work.

The Chairman noted that there had not been full attendance at both meetings of the Committee. He asked the Committee Services Officer to find out why the Committee did not have an appointed substitute membership.

(Councillor Yellapragada arrived just after the start of this item.)

(The meeting ended at 6.50pm)

CHAIRMAN
26 February 2024

Agenda Item No 4
Asset Compliance Committee
26 February 2024 Date

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	13.02.24	Paul Wightman
Finance	13.02.24	Andrew Rollins
Legal Services		N/A
Chief Executive	13.02.24	Chris Elliott
Director of Climate Change		N.A
Deputy CEO	13.02.24	Darren Knight
Section 151 Officer	13.02.24	Andrew Rollins
Monitoring Officer	13.02.24	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 2023.
- 1.2 As reported verbally at the last meeting of the Committee in January, the Regulator has determined not to record a Breach of the Standard at this stage but to require regular reporting on progress in meeting the Action Plan.
- 1.3 The Regulator has been contacted to confirm agreement on the level of detail and frequency that will be required in order to provide updates.
- 1.4 The two specialist leads, Fire Safety and Building Safety were appointed to provide specialist assistance based on the specific competencies required around these areas, and liaison continues with Pennington. However, the Fire Safety lead left with effect from 5 February 2024 and work is underway to appoint a suitable replacement. A verbal update will be given at the meeting.
- 1.5 A Project manager has been recruited and has started work on project coordination for the many recommendations in the Action Plan.
- 1.6 Consultancy with Pennington is underway around data validation, involving officers from the Assets and Housing Teams together with data analysis from Pennington.
- 1.7 A meeting of the Compliance Board was held on 14 February 2024 and any matters arising will be reported verbally at this meeting.

2 Highlight Report & Action Plan

- 2.1 Appendix 1 is the updated highlight report with columns to provide further context for this Committee.
- 2.2 With the self-referral to the regulator completed and the outcome now known, 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, including additional risks 11 and 18 as previously notified. This was reviewed by the Compliance Board when it met on 14 February. It has been updated to record the financial risk to the Council in building and maintaining the compliance framework.
- 5.2 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
- 5.3 Since the last meeting of the Committee, feedback from two Councilors has been received on the risk register, and these comments with a response are set out below.
- 5.4 **Question 1** - Do we have tight enough interaction with our suppliers? We know we are being held to account but is it as high a priority with them and if not, how do we make them understand that it is important for us.
- 5.5 **Response:** At the start of the project, a meeting was held with all relevant suppliers to explain about the outcome of the Pennington report and to obtain agreement from contractors to deliver on key aspects of the required outcome. Further meetings will be held as actions are progressed to further inform and involve contractors.
- 5.6 **Question 2:** Item 1: what is meant by "action plan not accurate", in what way could it be inaccurate?
- 5.7 **Response:** This is a description of a potential, rather than actual risk. It reflects a risk that Pennington may not have accurately established an action plan that would deliver compliance, but the register registers that this is a very low-level risk.

- 5.8 **Items 2 and 3:** I don't think slow progress on the plan and not delivering the plan have the same impact, but it does depend on how slow the progress is.
- 5.9 **Response:** Agreed, the degree of any slow progress would impact on the risk rating for the mitigation which can be adjusted as the project progresses
- 5.10 **Item 7:** the risk level with mitigation seems too low both for likelihood and impact.
- 5.11 **Response:** This was discussed at the Compliance Board on 14 February 2024 and the decision was to ask for further guidance from the Audit and Risk team about how residual risks are measured. There was also a recommendation that a further column be considered showing the risk rating at a point in time in addition to the residual risk rating when all actions are complete.
- 5.12 **Item 9:** Should "company" be "council"? Risk after mitigation for both impact and likelihood seems too low. It would make sense for it to be the same as item 12.
- 5.13 **Response:** Noted and will be changed

Background papers: None.

Title: Appendix 1 – Highlight Report No. 3

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	22.02.24	Councillor Paul Wightman
Finance	22.02.24	Andrew Rollins
Legal Services		N/A
Chief Executive	22.02.24	Chris Elliott
Director of Climate Change		N.A
Head of Service(s)	22.02.24	Darren Knight
Section 151 Officer	22.02.24	Andrew Rollins
Monitoring Officer	22.02.24	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.	

1. Addendum

- 1.1 Amendments have been made to Recommendations 19 and 5 (Residents Engagement Strategy).
- 1.2 The paragraph within Recommendation 19 (originally at Item 4(a) Page 17) which stated:

“Survey conducted and ended on the 19th January. Based on the information received, it was decided that additional results are required. A paper copy of the survey will now be distributed with in person visits to follow. A new closing date for the survey of February 29, 2024 has been set. The results of this will still be used to inform strategy”

has now been moved to Recommendation 5 (Residents Engagement Strategy) - Item 4a / Page 22.

The reason for the move is due to this update being specific to high-rise buildings and not to be considered in the general housing stock.

Highlight Report No. 3
14th February 2024
Period Covered: 18 January 2024 to 14 February 2024

Executive summary:

1. Of the 33 individual recommendations, 6 are complete on time, 26 are underway, and 1 is yet to start (and was not expected to have started at this stage). However, the Fire Safety Lead has subsequently left and we are actively recruiting for the position (specific notes below).
2. The Target Date for Recommendation 17 has been extended at the request of the Head of Finance, as Lead Officer.
3. A new recommendation of 12a in regard to specific policies is being proposed. See description below.
4. Jen Morrison, Project Manager, started on the 1st of February.
5. Training now completed for SLT / Cabinet and Asset Compliance Committee. Follow up training will be provided as required and for any new councillors.
6. Work on the data validation has progressed this month and will provide a basis for other requirements
7. A meeting with the Regulator of Social Housing will be held bi-monthly until the end of the project.
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 meeting 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 will be on the second Wednesday of the next month (13th March 2024).

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	Completion Date	Status	Notes
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					(Previous report in brackets)			
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
Recommendation 2 – Compliance awareness session:	High	22.12.23	22.12.23	DK	100% (90%)	21.12.23	Complete	Course completed for SLT & Cabinet on the 29.11.2023. Course completed for the Asset Compliance Committee – 21 December 2023
Recommendation 3 – Compliance and building safety strategy: 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: Legal and regulatory obligations, now and in the future Your overall objectives for property compliance, building safety and resident safety.	High	30.06.24	30.06.24	SP	15% (10%)		In Progress	Pennington Consultants quoted to assist and advise in policy development. Fire Safety policy (including strategy) developed, through consultation and ready for sign-off. 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>What actions need to be delivered to achieve these objectives.</p> <p>How you will demonstrate that these actions are deliverable.</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> <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>	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>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>	Critical	30.06.24	30.06.24	SH	45% (30%)		In Progress	<p>Internal:</p> <p>5.1) Download full asset list – complete 03/11</p> <p>5.2) Create Validation Workbook – complete 03/11</p> <p>The database query is complete in that brings in to the validation workbook all required data, however the query will require ongoing finessing as we work on interdependent recommendations such as R6 and R11</p> <p>5.3) Confirm properties for each compliance area – complete 31/01</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 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>The count or properties that are subject to a 'compliance area' is now accurate and complete with the output related to R11 (Compliance Reporting) now demonstrating the properties confirmed as On-Plan, Off-Plan or where Validation is still required. The validation exercise to confirm <u>status</u> within a 'compliance area' is ongoing.</p> <p>5.4) Evidence N/A properties – 75%</p> <p>We are now able to evidence N/A properties having created additional fields within ActiveH to determine this. This work is interdependent with R6 ActiveH Configuration and is driven by the validation exercise above.</p> <p>Currently working to validate, evidence and quantify remaining gaps identified in the reporting.</p> <p>5.5) External (Work with Pennington Choices for third party Data Validation and Assurance): Currently at Stage 3 of their Terms of Reference, Compliance Programme Data. Next meeting 08/02/2024 Data Review Meeting - Completed PC to provide worksheets for Pilot validation exercise by WDC by 09/02 PC to provide list of 300 Assets requiring inspection records to provided back to PC by 09/02 Above data requests to PC required by 18/02</p>
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<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	50% (30%)		In Progress	Attribute configuration completed for Gas, CO2, EICR, AFD, FRA and LRA. Attribute for LOLER and Occurrences created. Asbestos still outstanding for review and configuration.
<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%)		In Progress	<p>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.</p> <p>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 User Acceptance Testing, (UAT).</p>
<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</p>	Medium	31.03.24	31.03.24	SH	10% (0%)		In Progress	<p>First meeting held on Tuesday 6th February to discuss the creation of new assets in ActiveH, primarily new builds, market acquisitions.</p> <p>UAT also required on the browser-based Certificate Importer which will greatly assist in the handling of documents/certificates and creation of Attribute records in ActiveH.</p>

each property is on the correct compliance programme.								
<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	<p>Charles Hahn appointed as Operational Lead for Fire Safety – started 27.11.23</p> <p>9.1) On Monday 29/01/24 The Fire Safety Lead decided to pursue a new venture and resigned from his post at (WDC)</p> <p>9.2) Interviews are taking place on the 7th and 9th of February 2024 with the view of appointing a new Fire Safety Lead.</p> <p>9.3) Members will be updated at the next meeting.</p>
<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</p>	Critical	30.11.23	30.11.23	SP	100% (100%)	07.12.23	Complete	<p>Richard Barratt appointed Building Safety Lead – started 07.12.23</p>

assurance and 'lines of defence' framework								
<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 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>	High	31.10.24	31.10.24	SH	40% (25%)		In Progress	<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 summaries now possible with conditional formatting of performance against historical snapshots.</p>
<p>Recommendation 12 – Policies</p> <p>12.0) The Leadership Team and technical team members should attend a</p>	High	31.01.24	31.01.24	SP	100% (5%)	31.01.24	Complete	<p>12.0) 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>facilitated session to agree policy principles (obligations, inspection programmes, follow-up works, contractor competencies, KPIs, and so on).</p>								<p>For transparency, Pennington have indicated that they do not consider this recommendation to be complete as they were not invited to facilitate the session (at a cost to the Council).</p> <p>The session was facilitated by the Fire Safety Lead / Building Safety Lead and not Pennington. Discussions will be needed to resolve this issue with Pennington.</p>
<p>Recommendation 12a – Policies</p> <p>12.0) 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	31.07.24	31.07.24	SP	30% (0%)		In Progress	<p><u>Compliance Workstreams Policies:</u></p> <p><u>12.1</u> Fire safety policy (Complete)</p> <p>12.2 Heating safety (In progress RB)</p> <p><u>12.3</u> Electrical safety (Lead RB)</p> <p><u>12.4</u> Asbestos management (Lead RB)</p> <p><u>12.5</u> Water hygiene (Lead TBC)</p> <p><u>12.6</u> Lift safety (Lead TBC)</p> <p><u>12.7</u> Building safety (In progress RB)</p> <p>12.8 The next progress meeting is scheduled for the 12th of February.</p> <p><u>12.9</u> Members will be updated at the next meeting.</p>
<p>Recommendation 13 – Process maps & procedures:</p> <p>Once the policies have been approved, develop standalone procedure documents and process maps to support each of your policies.</p>	High	31.09.24	31.09.24	SP	0%		Not Started	<p>Pennington Consultants quoted for consultancy. Links to Recommendation 12 and 12a.</p> <p>As soon as an individual policy is approved process mapping will commence.</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	66% (55%)		In Progress	<p>Still awaiting national Guidance on development of competence matrix, but work continues based on Best Practice/external discussions.</p> <p>Required competency Levels created- subject to consultation (formal stages of this arranged)</p> <p>Competence Matrix skeleton created subject to consultation (formal 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	50% (0%)		In Progress	<p>15.1 CORGI (Council for Registered Gas Installers) Offer compliance training across all compliance workstreams (Gas, Electrical, Asbestos, Water hygiene, lifts, Fire safety)</p> <p>15.2 CORGI Have been invited to present their training module to members of the compliance team on the 12th of February.</p> <p>15.3 The CORGI Training model is also supported by approved qualifications. A quotation to provide this training for all staff within the compliance team has been obtained for debate and decision.</p> <p>15.4 Members will be updated at the next meeting on the outcome of this workshop.</p>
<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</p>	Medium	31.03.24	31.03.24	SH	50% (10%)		In Progress	<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>Richard Barrett (BSL) has started work on this. Mainly around obtaining Contractor accreditations, insurances and competencies.</p> <p>Richard Southey (ICT) has also provided in proof of concept browser-based Contractor DMS connected to Contractor records in ActiveH. This requires review and UAT.</p> <p>16.1 In progress and being developed by the (BSL)</p> <p>16.2 Discussions with all six compliance contractors have taken place and an overview of documents collected to date are detailed below.</p> <ul style="list-style-type: none"> > Insurance > Health and safety policies

<p>full control, ownership and accountability of all compliance programme data to ensure programmes are driven by WDC.</p>								<p>> Accreditations</p> <p>> Qualifications</p> <p>> Gas safe cards and validation against the gas safe register</p> <p>> Evidence of contractor personal working on the (WDC) contracts.</p> <p>16.3) These documents are currently being validated and are stored in a central database which can be shared in the interim period with the compliance team.</p> <p>(ICT) Are creating a new contractor document folder within ActiveH to store these documents.</p> <p>Going forward, all contractors will have an annual compliance check carried out by members of the compliance team.</p> <p>16.4) Discussions are in progress with the contractors who store certification on their own portal and will continue to agree a process of transferring these documents into ActiveH.</p> <p>16.5) Members will be updated at the next meeting.</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,</p>	<p>Medium</p>	<p>30.01.24</p>	<p>29.02.24</p>	<p>AR</p>	<p>30%</p>		<p>In Progress</p>	<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</p>

<p>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>					(30%)		<p>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 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</i></p>
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							<p><i>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>The strategic audit plan, which will be presented for approval by Audit & Standards on 27 February 2024, includes a number of different compliance audits to cover the relevant areas.</p> <p>Following consultation with Senior Management as part of the drafting of the strategic audit plan, these audits are currently included within years two and three of the plan in order to ensure that the other actions from this Compliance Roadmap Action Plan have been completed. The work of Internal Audit can then provide assurance that these actions have been addressed appropriately.</p> <p>Where relevant, Internal Audit may seek to appoint external specialist auditors to assist with these reviews.</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 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</p>	High	31.05.24	31.05.24	SP	50% (25%)	In Progress	<p>18.1) CORGI (Council for Registered Gas Installers) Offer an independent validation service across all six compliance workstreams (Gas, Electrical, Asbestos, Water hygiene, lifts, Fire safety)</p> <p>CORGI Will report on the outcomes of certification issued to them by (WDC) (Pass or Fail) and have a process for correction with the applicable contractor or consultant who deliver these services.</p> <p>CORGI Will also carry out a physical post inspection of complete works to ensure that they are compliant with current legislation.</p> <p>18.2) CORGI Have agreed to carry out a presentation on the 12th of February with members of the compliance team.</p> <p>18.3) The (BSL) Has held discussions with CORGI and obtained their training course details which are supported by qualifications and associated quotation to provide this training for all staff within the compliance team.</p>

of contractors' field work and desktop reviews of compliance records. The auditor(s) should be competent and appropriately accredited.							
<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</p>	High	30.06.24	30.06.24	SH	5% (5%)	In Progress	Meeting on 10/10 to review existing no access process, existing policy and procedure.

<p>within 28 days of the service.</p> <p>Display LSGRs 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>					10%			<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>20.1) Building Safety Lead has held discussions with heating contractor and a process is to be developed. However, where tenants have an email address the LSGR is emailed to the tenant the day after the annual gas check. A new process is required for those tenants with no email address.</p> <p>20.2) A process is also required to display LSGRs in communal areas.</p> <p>20.3) Smoke and carbon monoxide detectors process is currently under review.</p> <p>20.4) Managing remedial actions is currently under review.</p> <p>20.5) New tenant checks are currently under review.</p> <p>20.6) Checks on properties not currently connected to the gas mains are to be reviewed.</p>
<p>Recommendation 21 – Electrical safety:</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</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> <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>Contractor whether data exists and are already completed before raising planned programme of works to rectify. 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>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</p>	Critical	31.04.24	31.04.24	SP	10% (10%)		In Progress	<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</p>

<p>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>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</p>								<p>to undertake type 4 FRAs and consideration of all other points recommended.</p> <p>22.1) All 6 new FRAs were received January 11, 2024.</p> <p>22.2) In the process of engaging a new Fire Safety Lead who will review the data.</p>
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with the local fire and rescue service								
<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	5% (0%)		In Progress	<p>23.1) Tersus has been appointed to carry out new asbestos surveys across all communal blocks. Once work begins, a weekly programme update will be provided by Tersus.</p>

<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	10% (5%)		In Progress	<p>New Contractor is currently reviewing existing Risk Assessments</p> <p>24.1) Review of existing assessments is ongoing</p>
<p>Recommendation 25 – Lift Safety:</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>Review all thorough examination remedial actions and ensure they are completed.</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>								<p>We will finalise reporting and publishing of reports from ActiveH.</p> <p>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>Building Safety Lead involvement with Corporate Insurance Officer</p>
<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>Clarendon Square is being deregistered, so will be removed from the list.</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,</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>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>							<p>Daily safety inspections undertaken by housing teams on site.</p> <p>2.1) Target date will need to be reviewed and clarified with Pennington.</p>
<p>Recommendation 3 – Golden thread:</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>	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>3.1) Will be reviewed after discussion with Pennington (see Recommendation2)</p>
<p>Recommendation 4 – Mandatory occurrence reporting:</p> <p>Develop a mandatory occurrence reporting procedure that captures the</p>	High	31.07.24	31.07.24	FJQ	50% (50%)	In Progress	<p>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>

<p>principles of reporting and recording safety occurrences as intended by the Act.</p>								
<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>	<p>High</p>	<p>March 2024</p>	<p>March 2024</p>	<p>SP</p>	<p>25% (15%)</p>			<p>Lead officer to engage with Landlord Services Manager</p> <p>5.1) Survey conducted and ended on the 19th of January. Based on the information received, it was decided that additional results are required. A paper copy of the survey will now be distributed with in person visits to follow. A new closing date for the survey of February 29, 2024 has been set. The results of this will still be used to inform strategy.</p>
<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 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>High</p>	<p>March 2024</p>	<p>March 2024</p>	<p>GL</p>	<p>50% (25%)</p>		<p>In Progress</p>	<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 • 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.

							<ul style="list-style-type: none"> • 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>	Medium	30.04.24	30.04.24	SH	10% (10%)	In Progress	<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: v2.2.2

Last LIVE Data Refresh: 15/02/2024 15:13
 Last Management Report: 09/02/2024 16:01

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 this dashboard.

	Properties				Compliance					Comments
	Total Assets	On Programme	Off Programme	Validation Required	Compliant	Non-compliant	Current Compliance	%Change / Weekly Snap-Shot	%Change / Last Management Report	
Domestic Dwellings										
Change in Asset Count: 0										
Gas (LGSR Programme) In Date	5678	4600	233	845	4600	0	100.00%	0.00%	0.00%	Units in 'Validation Required' is ongoing work in progress.
CO2 Detection Installed (Y/N)	5678	4621	217	840	4508	113	97.55%	0.00%	0.00%	Units in 'Validation Required' is ongoing work in progress.
Electric (5-Yr EICR Programme) In Date	5678	5519	129	30	5409	110	98.01%	0.45%	0.07%	Validation Complete: New Validations are from new assets added wk/commencing 08/01
Smoke Detection Installed (Y/N)	5678	5517	131	30	5281	236	95.72%	0.20%	0.02%	Validation Complete: Validations are from new assets added wk/commencing 08/01
Communal Blocks & Schemes										
Change in Asset Count: 0										
Gas (LGSR Programme)	268	8	260	0	8	0	100.00%	0.00%	0.00%	Validation Complete:
Electric (5-Yr EICR Programme)	268	256	11	1	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%	0.00%	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	22	3	88.00%	-4.00%	0.00%	***Yet to update Three 'Non-Compliant' are currently out of service for refurbishment - Update SQL query to recognise as 'Off Plan'.
Community Centres										
Change in Asset Count: 0										
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	v2.4Update - 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	2	2	50.00%	25.00%	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	3	Consideration to be given to engage an external auditor, independent from Pennington, near to completion of project	1	1	3
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	20	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 Committee.	1	3	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 council 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 completion of project	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	