

Asset Compliance Committee Tuesday 28 May 2024

A meeting of the above Committee will be held in Shire Hall, Market Place, Warwick on Tuesday 28 May 2024, at 6.00pm.

Councillor H Adkins
Councillor A Barton
Councillor A Boad
Councillor K Dickson
Councillor K Dray

Councillor J Falp
Councillor K Gorman
Councillor R Hales
Councillor H Yellapragada
Councillor P Phillips

Emergency Procedure

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

Agenda

1. Appointment of Chair

To appoint the Chairman of the Committee for the remainder of the municipal year 2024/25.

2. Apologies for Absence

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

3. 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.

4. Minutes

To confirm the minutes of the meeting held on 26 February 2024. **(Pages 1 to 3)**

5. Asset Compliance Plan Progress

To consider a report from Neighbourhood & Assets.

(Pages 1 to 4)

(a)	Appendix 1 – Highlight Report and Action Plan	(Pages 1 to 26)
(b)	Appendix 2 – Compliance Dashboard Summary	(Pages 27 to 27)
(c)	Appendix 3 – Compliance Board – Risk Register	(Pages 28 to 31)
(d)	Appendix 4 – Note to Compliance Board	(Pages 32 to 32)

6. **Update on Licenses for Software used by the Compliance Team**

To consider a verbal update from Neighbourhood & Assets.

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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 26 February 2024 at Shire Hall, Warwick at 6.04pm.

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

Also Present: Councillor Wightman – Portfolio Holder for Housing & Assets.

9. Apologies for Absence

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

10. Declarations of Interest

There were no declarations of interest made.

11. Minutes

The minutes of the Asset Compliance Committee meeting held on 22 January 2024 were taken as read and signed by the Chair as a correct record, subject to an amendment to minute number 8. The bullet point which stated:

“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...”

was corrected to state:

“The Building & Safety Lead joined the Council shortly before Christmas and had focused heavily on the six main compliance areas of *building safety*, fire safety, heating safety, electrical safety, water hygiene and lift safety...”.

12. 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.

Several appendices were attached to the report:

Appendix 1 – an updated highlight report covering the period 18 January 2024 to 14 February 2024 with the Action Plan;

Appendix 2 – a copy of the data compliance dashboard; and

Appendix 3 – the updated risk assessment.

The Head of Neighbourhood and Assets advised that the Fire Safety Lead had left the Council for personal reasons and had now been replaced with a new Fire Safety Lead officer called Peter Colley who would commence

working for the Council the following week. He would be attending future meetings of the Committee.

The Head of Neighbourhood and Assets referred to paragraph 1.7 of the report. There was a meeting of the Compliance Board on 14 February 2024. At that meeting, the representative from Pennington stated that they were of the opinion that Recommendation 12 - that a facilitated session was to be held on policy needs which took place on 16 January 2024, was not completed because they had not been present when the action had taken place. The meeting had been facilitated by the Fire and Building Safety Leads, but the Pennington representative was of the view that the meeting did not happen because they were not present, even though the action did not specify that they needed to facilitate the session. Subsequently, officers met with Pennington and a way forward had been agreed and officers were taking forward actions agreed at that meeting. It remained to be seen if Pennington would continue to view the recommendation as incomplete and this would be tested by The Head of Neighbourhood and Assets at the next Compliance Board meeting.

At paragraph 2.2 in the report, a number of the recommendations (eight) had to be completed by the end of March 2024. These dates were set in the Action Plan last September, but matters had now moved on. Pennington was satisfied that these dates could be re-visited on the basis of an argued case. Officers would re-evaluate delivery dates and if any would benefit by a change, the case would be presented to the next Compliance Board meeting and the Committee would be updated.

In response to questions, The Head of Neighbourhood and Assets, the Building Safety Lead and the Deputy Chief Executive explained that:

- It was not felt that the replacement of the Fire Safety Lead would delay work but any deadlines due at the end of March 2024 would be re-evaluated as stated previously and where it was felt that an extension would be of benefit, the case would be made for an extension.
- It was hoped that the change to dates would only need to be done once but it could not be guaranteed that dates would not need to be changed again. What would not be changed was the October end date of the project.
- Recommendation 19 – The Head of Neighbourhood and Assets did not have any details about results from the survey. The deadline for the survey was June 2024. Alongside this was a Resident Engagement Policy for each of the high-rise blocks which the Housing Team were working on at the moment. The Head of Neighbourhood and Assets would provide an update about the survey at the next meeting.
- At the start of the project a letter had been sent to all tenants and a hotline had been set up for residents to contact. The response had been limited; none of the questions raised had been about anything of which officers were not aware. The number had been discontinued because it was being used by tenants for non-related issues.
- There would be individual resident engagement strategies for blocks of flats and how those were managed, and this would require tenant involvement. Linked to this would be the new consumer

standards for Social Housing and how this would be shaped into policy would involve tenant engagement.

- A tenant was on the Compliance Board but where the shaping of policy was required, it was hoped that there would be more tenant engagement because it would impact tenants more. (The Chairman advised the Committee that improving the level of tenant engagement was a subject that he and the Chairs of Overview & Scrutiny Committee and Audit & Standards Committee would be discussing in the coming days.)
- Referring to the emailing of information to tenants following on from the annual gas checks, where tenants did not have an email address, the information would be posted to them. The process of displaying documents in communal areas following gas checks was in progress.
- The process for smoke and carbon detectors was under review and was now showing in the Dashboard. The action listed on the Dashboard would be amended to read carbon monoxide rather than carbon dioxide.

The Head of Neighbourhood and Assets reported that he had met with the Audit & Risk Team. An additional column would be added to the Risk Register to show the risk at the current time because the report only showed the risk at the start and then after mitigation measures, so it was important to show the point reached at the current time. This would be done following comments which were yet to be received from the Audit & Risk Team. This was not the normal standards for Risk Registers, so the Audit & Risk Team needed time to examine the requirement. There was also a need to track each risk to the recommendation. It was hoped that this could be provided at the next meeting.

Members indicated that they were now content with the way the information on the Compliance Dashboard was presented.

The Chairman informed the Committee that the requested demonstration of the ActiveH system would now be done remotely because of technical issues in Shire Hall. The session would be scheduled from late March 2024 and would not form part of a meeting of the Committee.

(The meeting ended at 6.34pm)

CHAIRMAN
25 March 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	07.05.24	Paul Wightman
Finance	07.05.24	Andew Rollins
Legal Services		N/A
Chief Executive	07.05.24	Chris Elliott
Director of Climate Change		N.A
Deputy CEO	07.05.24	Darren Knight
Section 151 Officer	07.05.24	Andew Rollins
Monitoring Officer	07.05.24	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 is underway 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)

- (1) That the Committee notes the progress made.
 - (2) That the Committee agree to reduce the number of their meetings so they meet every other month as set out below, with the other scheduled dates being cancelled;
23 July 2024
18 September 2024
26 November 2024
27 January 2025
25 March 2025
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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 previously, the Regulator had 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 Meetings are being held to update the regulator on a bimonthly basis, the most recent being on 3 May 2024.
- 1.4 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.
- 1.5 Consultancy with Pennington around data validation is now complete, and draft policies have been produced by Pennington and are under review following which the project will move on to agree procedures and process charts across Assets and Housing.
- 1.6 A further meeting of the Compliance Board is due to be held on 8 May 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 has:
 - Reviewed and updated the target dates in the action plan, all to complete within the original project time scale.

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

2.3 These revised targets dates were as in in the last report and one further amendment has been made as below:

Recommendation number	Target Date	Revised Target Date	Reason for change
Recommendation 5	30.03.24	30.04.24	Target date has been re-assessed to consider the work that still needs to be completed and may need to be assessed again.

This revision of dates will continue throughout the project. Currently, there is no change to the overall completion date. If this needs to change, Compliance Board and Asset Compliance Committee will be advised as soon as possible.

2.4 The Chair of the Committee, asked the Compliance Board to consider the need for the Committee to meet each month, at this time, due to the considerable progress that has been made to date with the delivery of the Action Plan. This was considered by the Compliance Board and agreed that the Committee could meet every other month based on progress made. The Compliance Board will continue to meet each month, at this time and any significant issues that arise between Committee meetings these would be brought to the attention of the Committee via email and discussion held with the Chair as to if an additional meeting is required.

3 Regulatory Information

3.1 **Appendix 2** is a copy of the data compliance dashboard.

4 Financial Services

4.1 As reported at previous meetings, 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 will be reviewed by the Compliance Board when

it meets on 10 April and any comments will be notified at this meeting.

- 5.2 Since the last meeting the risks have been reviewed and none have changed in scoring.

Background papers: None.

Highlight Report No. 5
8th May 2024
Period Covered: 10 April 2024 to 7 May 2024

Executive summary:

1. Of the 33 individual recommendations, 7 are complete on time, 25 are underway, and 1 is yet to start (and was not expected to have started at this stage).
2. The Target Date for Recommendation 17 has been revised to consider the time needed to engage a supplier for the compliance specific aspect of the audit. This item is now amber and being worked on.
3. Target dates have been reviewed and updated where needed to consider workload and any dependencies on other recommendations. Any change does not currently have an impact on the end date (31.10.24) of the project. Moving the target dates is within our remit as confirmed by discussions with Pennington Choices.
4. There have been updates to some percentages as well. This is due to a better understanding of the items that are required to complete a recommendation, and these are now evidence based.
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. The Risk Register has been reviewed and risks have been discussed and currently reflect progress of work. There has been no addition of new risks or change to existing risks.
7. 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.
8. The next meeting of the Compliance Board will be on the second Wednesday of the next month (12th June 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 (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	1.1) 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	2.1) Course completed for SLT & Cabinet on the 29.11.2023. 2.2) 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:	High	30.06.24	28.06.24	SP	91% (78%)		In Progress	3.1) Pennington Consultants quoted to assist and advise in policy development. 3.2) Fire Safety policy (including strategy) developed, through consultation and ready for sign-off. 3.3) Both Fire Safety lead and Building Safety lead are tasked with developing a building safety strategy and Pennington engaged to assist in this process. Workshop for this will be held on the 19th of March 2024. 3.4) Workshop with Pennington was held on March 19 th to begin the development of the strategy. 3.5) Draft policy has been supplied for review. Amendments and comments from key team members is required by 11/04/2024.

<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>								<p>3.6) Target date revised to coincide with the last working day of the month and to consider internal approvals</p> <p>3.7) Strategy has been received from Pennington Choices. Reviewing to verify if EIA is required before going for final review prior to approval by Compliance Board and Asset Compliance Committee.</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>4.1) Terms of Reference Drafted.</p> <p>4.2) Draft TOR circulated for comment.</p> <p>4.3) Discussed and agreed TOR at Fire Safety Group 19/10/23.</p> <p>4.4) 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</p>	Critical	30.06.24	30.04.24	SH	100% (96%)		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>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 18m+) and the smoke</p>								<p>The database query is complete in that brings into 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>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> <p>5.6) Data Validation output report provided by PC for WDC to review and provide amendments.</p>
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<p>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>5.7) Target delivery date has been changed to consider amendments to draft and time to produce final report but is ahead of original date.</p> <p>5.8) The data validation has been completed. Report from Pennington Choices has been received and accepted. Follow on recommendations have been revised and will be actioned. These new recommendations will be actioned separately from this project to avoid creep.</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	28.06.24	SH	53% (50%)	In Progress	<p>6.1) 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> <p>6.2) Target date revised to coincide with the last working day of the month.</p> <p>6.3) Attributes for the big six have now been configured in ActiveH. These are being reviewed and monitored prior to being set as final.</p>
<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	52% (37%)	In Progress	<p>7.1) 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>7.2) 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>7.3) 03/04/24 - The Compliance Manager and (BSL) have implemented a new process with the Heating and Electrical contractors to capture variations identified whilst the operatives are on site. This new process incorporates a financial threshold to ensure that financial controls are in place. The new process will also capture these additional works and record them against the original works order in ActiveH. This new process will be embedded in the new applicable policies.</p> <p>7.4) Gas and electric have a process in place and the follow up actions have been completed. All will be remedied as they appear going forward.</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 each property is on the correct compliance programme.</p>	Medium	31.03.24	31.07.24	SH	64% (35%)		In Progress	<p>8.1) First meeting held on Tuesday 6th February to discuss the creation of new assets in ActiveH, primarily new builds, market acquisitions.</p> <p>8.2) 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> <p>8.3) Target date has been revised due to work that is being completed on Recommendations 5 and 6.</p> <p>8.4) Updates have been made to ActiveH to recognise new builds pending status.</p> <p>8.5) Document to outline process and procedures have begun to be developed</p>
<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>9.1) Charles Hahn appointed as Operational Lead for Fire Safety – started 27.11.23</p> <p>9.2) On Monday 29/01/24 The Fire Safety Lead decided to pursue a new venture and resigned from his post at (WDC)</p> <p>9.3) Interviews are taking place on the 7th and 9th of February 2024 with the view of appointing a new Fire Safety Lead.</p> <p>9.4) Members will be updated at the next meeting.</p> <p>9.5) Peter Colley appointed Fire Safety Lead – started 04.03.24</p>
<p>Recommendation 10 – Operational lead for building safety:</p>	Critical	30.11.23	30.11.23	SP	100% (100%)	07.12.23	Complete	<p>10.1) Richard Barratt appointed Building Safety Lead – started 07.12.23</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>							
<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</p>	High	31.10.24	31.10.24	SH	45% (40%)	In Progress	<p>11.1) Progress on this action is also detailed as part of Recommendation 5.</p> <p>11.2) Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions. Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.</p> <p>11.3) 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>11.4) Improvements on the Compliance Dashboard Report and Summary continue. Working towards monthly and quarterly updates.</p>

<p>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>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	14.06.24	SP	59% (33%)	In progress	<p>12.1) 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>12.2) 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). 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>12.3) Pennington will facilitate a workshop session on 16th April 2024 and provide the policies based on the feedback from this session.</p> <p>12.4) The target date for this item has changed to 14.06.24. The reason is that these dates were originally used if all the recommendations had begun in October. This change reflects the dates provided by Pennington.</p> <p>12.5) Workshop was held on April 16, 2024. Pennington is currently drafting the policies and reviewing the Fire Safety Policy. These will be circulated for WDC review and amendments in early May.</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> <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>	High	31.09.24	30.09.24	SP	0%		Not Started	<p>13.1) Pennington Consultants quoted for consultancy. Links to Recommendation 12.</p> <p>13.2) As soon as an individual policy is approved process mapping will commence.</p> <p>13.3) Pennington will also provide a ToR for this piece of work and will be updated accordingly.</p> <p>13.4) The target date for this item will be revised based in Pennington’s workload and once confirmed by their ToR.</p> <p>13.5) Target date revised to coincide with the last working day of the month.</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</p>	High	31.03.24	31.05.24	SP	91% (61%)		In Progress	<p>14.1) Review of current staff training levels and competencies has been completed.</p> <p>14.2) An initial training matrix has been proposed. This will be reviewed.</p> <p>14.3) Target date has been changed to reflect the review that will need to be completed on the initial training matrix that has been produced.</p> <p>14.4) The matrix was presented in the last Compliance Board Committee. A discussion is scheduled with HR to understand how to best implement the matrix, update job descriptions where applicable, and ensure training is followed.</p>

<p>competence is kept up to date.</p> <p>Any gaps should be addressed by undertaking appropriate qualifications within appropriate timeframes.</p>								<p>14.5) Target date has been changed as FJQ has left and SP is replacing in the interim.</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>	<p>Medium</p>	<p>30.06.24</p>	<p>31.07.24</p>	<p>SH</p>	<p>89% (80%)</p>		<p>In Progress</p>	<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) The compliance team are currently carrying out an assessment of the compliance courses offered by Corgi.</p> <p>15.5) The compliance team confirmed their choice of training offered by Corgi which was approved by Letrice Thomas from Pennington’s and Steve Partner, Head of Neighbourhood and Assets on the 19/03/24.</p> <p>15.5.1) Five members of Staff have chosen to take (Level 4 VRQ Diploma in Asset and Building Management Compliance)</p> <p>15.5.2) One staff member will take (Level 2 VRQ Award in Asset and Building Compliance Awareness)</p> <p>15.5.3) The Corgi training commence date is to be agreed shortly.</p> <p>15.5.4) The above training from Corgi will commence on the 16th of May for (Level 2) and the 4th of June 24 for (Level 4) These training costs were approved on the 10/04/24 by Darren Knight, Deputy Chief Executive.</p>

								<p>15.6) Target date has been changed to reflect the need to allow sufficient time for the staff members to begin training.</p> <p>15.7) CORGI training is commencing on June 4, 2024</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 full control, ownership and accountability of all compliance programme data to ensure programmes are driven by WDC.</p>	Medium	31.03.24	30.08.24	SH	68% (60%)		In Progress	<p>16.1) 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 Richard Barrett (BSL) has started work on this. Mainly around obtaining Contractor accreditations, insurances and competencies. 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>16.2) In progress and being developed by the (BSL)</p> <p>16.3) 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 > Accreditations > Qualifications > Gas safe cards and validation against the gas safe register > Evidence of contractor personal working on the (WDC) contracts.

						<p>16.4) 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>16.5) (ICT) Are creating a new contractor document folder within AchiveH to store these documents.</p> <p>16.6) Going forward, all contractors will have an annual compliance check carried out by members of the compliance team.</p> <p>16.7) 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>16.8) ICT Have now developed and completed a contractor folder within ActiveH. The compliance team will now start to transfer each contractor set of documents collected by the (BSL) into the applicable folder.</p> <p>16.9) The (BSL) has instructed the asbestos surveying consultant to forward all new asbestos surveys to the compliance team. The compliance manager will shortly develop and implement a new attribute within ActiveH to post all new surveys against the applicable property.</p> <p>16.10) All asbestos surveys currently held on the asbestos Consultants portal will be transferred to (WDC) on or before the 12/04/24.</p> <p>All these surveys will then be transferred into ActiveH to the applicable property and accessible to all users. All new surveys are now sent in direct to the compliance team.</p> <p>16.10.1) All asbestos surveys have now been transferred into (WDC) ownership and are in progress of being transferred by (ICT) against the applicable property within ActiveH. All new surveys are now issued directly to the (WDC) compliance team.</p> <p>16.11) The Compliance Manager and the (BSL) have agreed to facilitate two workshops on contract management. One for the</p>
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							contract administrators and another for the contractors for debate and decision on a standard appraisal template agenda and cycle of appraisal joint review meetings. 16.12) Target date has been changed to reflect time to complete transfers from all contractor portals to ActiveH.
<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	31.10.24	AR	33% (30%)	In Progress	<p>17.1) 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 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</p>

						<p>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>17.2) Part 2 Response</p> <p>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.</p> <p>Target date revised to reflect start of Tender exercise – not full completion of task. Delay due to staff absences.</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>
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							<p>Where relevant, Internal Audit may seek to appoint external specialist auditors to assist with these reviews.</p> <p>17.3) Due to ongoing change within the Internal Audit team, the process of commissioning the expertise has not yet commenced. However, noting that the support will not be required until year 2 of the current audit plan (1 April 2025 onwards), there is currently minimal risk of this not being in place for when it is required. Awarding contract should be completed by end of the project.</p> <p>17.4) Target date has been changed to reflect time needed to procure third party supplier.</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 of contractors’ field work and desktop reviews of compliance records. The auditor(s) should be</p>	High	31.05.24	31.07.24	SP	40% (50%)	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>18.2) 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>18.3) CORGI Will also carry out a physical post inspection of complete works to ensure that they are compliant with current legislation.</p> <p>18.4) CORGI Have agreed to carry out a presentation on the 12th of February with members of the compliance team.</p> <p>18.5) The (BSL) is liaising with (ICT) and Corgi to coordinate a project plan to analyse the technical resources required and implementation timescales for further debate and decision.</p> <p>18.6) The Corgi independent third-party validation model was discussed at the Compliance and Building Safety Strategy meeting held on the 19/03/24. This model type was approved by Letrice</p>

<p>competent and appropriately accredited.</p>								<p>Thomas from Pennington's and Steve Partner, Head of Neighbourhood and Assets. The (BSL) will now follow through with procurement to appoint a supplier asap.</p> <p>18.7) Target date has changed to consider time with ICT and Procurement</p> <p>18.8) ICT have begun to look at an implementation plan for this recommendation.</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, were English is not their first language, or those with</p>	<p>Medium</p>	<p>30.06.24</p>	<p>28.06.24</p>	<p>NC</p>	<p>73% (42%)</p>	<p>In Progress</p>	<p>19.1) A survey has been developed which will be issued to all housing tenants end December/early January.</p> <p>19.2) The results of this will be used to inform the Strategy.</p> <p>19.3) The results will also be used as a basis for identifying hard to reach groups and how to consistently reach them.</p> <p>19.4) 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>19.5) Communication Plan being developed</p> <p>19.6) Target date revised to coincide with the last working day of the month.</p> <p>19.7) Resident engagement has been considered through the results of the survey and regular infographics and newsletters are being sent (quarterly). The communications plan continues to be developed and will be complete by the end of June to begin implementation.</p>	

disabilities and impairments.							
<p>Recommendation 20 – Gas and heating safety:</p> <p>Implement checks to ensure tenants are receiving LGSRs within 28 days of the service.</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</p>	High	30.06.24	30.09.24	SH	41% (19%)	In Progress	<p>20.1) Meeting on 10/10 to review existing no access process, existing policy and procedure.</p> <p>20.2) 2009 policy and procedure identified, walk through of existing HPM (ActiveH Case Processing) for Gas Safety No Access.</p> <p>20.3) Meeting on 14/11 identify required updates to Process Mapping, follow up meeting to be arranged January 2024.</p> <p>20.4) (BSL) 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>At the Asset Compliance Committee meeting held on the 26/02/24 The (BSL) confirmed that tenants who do not have an email facility have their (LGSR) posted out the day after the annual gas safety check/service is carried out. Proof of the post date is then sent by the gas safety contractor to the compliance team. A new attribute has also been implemented within ActiveH that the contractor completes to confirm that the (LGSR) has been issued to the tenant.</p> <p>20.5) A process is also required to display LSGRs in communal areas.</p> <p>At the Asset Compliance Committee meeting held on the 26/02/24 The (BSL) confirmed that (LGSR's) are now in the process of being displayed within all communal areas. This task will be completed by week ending 8th March 2024.</p> <p>20.6) Smoke and carbon monoxide detectors process is currently under review.</p> <p>20.7) Managing remedial actions is currently under review.</p> <p>20.8) New tenant checks are currently under review.</p> <p>20.9) Checks on properties not currently connected to the gas mains are currently under review.</p>

<p>Atmosphere Regulations 2002 through risk assessments (where necessary).</p>							<p>20.10) Target date has been revised due to work that is being completed on Recommendations 12 and 13.</p> <p>20.11) LGSRs are now displayed in communal areas of buildings served by a communal boiler. We are aware of tenants who receive a physical copy of their LGSR through a mailing list provided by contractor.</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> <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>High</p>	<p>31.10.24</p>	<p>30.09.24</p>	<p>SH</p>	<p>25% (20%)</p>	<p>In Progress</p>	<p>21.2) 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>21.2) The (BSL) and Compliance Manager have held discussions with the Development Manager over non receipt of certification from new build properties and acquisitions. It was identified that a data error was being inserted into ActiveH showing that these properties were in management and consequently the database was then identifying that these units were non-compliant. A solution to this error has now been identified and tested and works therefore a procedural process requires updating and outstanding legacy errors correcting.</p> <p>The (BSL) and Compliance Manager are currently reviewing this workstream and the associated backlog.</p> <p>21.3) Target date has been revised due to work that is being completed on Recommendations 12 and 13.</p>
<p>Recommendation 22 – Fire safety:</p> <p>Complete all outstanding fire risk assessments (FRAs) in line with the fire risk</p>	<p>Critical</p>	<p>31.04.24</p>	<p>30.09.24</p>	<p>SP</p>	<p>41% (38%)</p>	<p>In Progress</p>	<p>22.1) Additional person engaged and trained to carry out fire door checks - fixed term to June 2024 and will be reviewed.</p> <p>22.2) 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>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>Management and reporting of periodic checks on fire safety equipment.</p>								<p>22.3) New Fire Risk Assessments for all medium/high rise properties commissioned by Housing.</p> <p>22.4) Housing site staff carry out daily inspections of high rise and weekly of medium rise.</p> <p>22.5) 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>22.6) All 6 new FRAs were received January 11, 2024.</p> <p>22.7) In the process of engaging a new Fire Safety Lead who will review the data.</p> <p>22.8) New Fire safety Lead appointed and joining (WDC) on Monday 4th March 2024 and will take the lead on reviewing outstanding (FRA) actions.</p> <p>22.9) The new (FSL) is working closely with the (BSL) compliance manager and technical members of the housing team and participating in various safety review meetings as well as inspecting the highrise and other buildings.</p> <p>22.10) The (FSL) is currently reviewing the FRA actions and will provide an update shortly on completed works, works in progress and works outstanding by status.</p> <p>22.11) Target date has been revised due to work that is being completed on Recommendations 12 and 13.</p> <p>22.12) Work continues with the review of FRA actions.</p>
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<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</p>	Medium	31.10.24	30.09.24	SH	27% (15%)		<p>23.1) Tersus has been appointed to carry out a new asbestos survey across all communal blocks. Once work begins, a weekly programme update will be provided by Tersus.</p> <p>23.2) Tersus asbestos surveying will start surveying the highrise buildings as detailed below.</p> <p>> 19/03/24 - Ashton Court Asbestos survey completed.</p> <p>> 20/3 - Southorn Court Asbestos survey completed.</p> <p>> 21/3 - Stamford Gardens Asbestos survey completed.</p> <p>The buildings below are now scheduled to take place on the revised dates due to the complexity of the buildings.</p> <p>> 11/04/24 - Westbrook House Asbestos survey completed.</p> <p>> 17/04 - Radcliff Gardens Asbestos survey completed.</p> <p>> 22/04 - Eden Court – 22/04/24 Asbestos survey completed.</p>

<p>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>								<p>23.3) The full asbestos surveying programme/plan is currently being developed and upon completion will be accessible to all applicable parties.</p> <p>23.4) Going forward, an annual inspection will be carried out across all communal block areas and the asbestos plan updated accordingly.</p> <p>23.5) Target date has been revised due to work that is being completed on Recommendations 12 and 13.</p> <p>23.6) 04/04/24 - The next batch of asbestos surveys (21 Blocks) has been issued to the asbestos surveying Consultant. We are awaiting survey dates prior to notifying the residents and the housing team.</p> <p>23.7) The batch of asbestos surveys itemised in (23.6) have been completed. 18/04/24 - The next batch of surveys (20 Blocks) have been issued to the asbestos surveying consultant.</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</p>	Medium	30.06.24	30.09.24	SH	49% (13%)		In Progress	<p>24.1) New Contractor is currently reviewing existing Risk Assessments</p> <p>24.2) Review of existing assessments is ongoing</p> <p>24.3) Target date has been revised due to work that is being completed on Recommendations 12 and 13.</p> <p>24.4) Risk assessments have been completed for all housing. All have been reviewed and received by WDC.</p> <p>24.5) All risk assessments have been saved onto the DMS.</p> <p>24.6) Remedial actions are being reviewed and works programme being put in place.</p>

<p>(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>								
<p>Recommendation 25 – Lift Safety:</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>	High	31.03.24	30.09.24	SH	37% (32%)		In Progress	<p>25.1) ActiveH up to date. New attribute created and populated with information from Contractor.</p> <p>25.2) We will finalise reporting and publishing of reports from ActiveH.</p> <p>25.3) 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>25.4) Building Safety Lead involvement with Corporate Insurance Officer.</p> <p>25.5) Target date has been revised due to work that is being completed on Recommendations 12 and 13.</p> <p>25.6) Remedial actions have been reviewed and are being managed for suitable completion.</p>
<p>Recommendation 1 – Building registration:</p>	Critical	31.03.24	31.03.24	SP	100% (95%)	27.03.24	Complete	<p>1.1) Seven higher-risk buildings registered with the Building Safety Regulator.</p>

<p>Any higher-risk buildings identified following completion of the wider data validation exercise should be registered with the Building Safety Regulator</p>							<p>1.2) An identified outcome of the data validation process to confirm final numbers to be registered.</p> <p>1.3) 44, Clarendon Square is being deregistered, so will be removed from the list.</p> <p>1.4) 15/03/24 - The new (FSL) has inspected the building itemised in (1.3) above with the local fire service officer. Both parties agree that this building is not a high rise, confirmed in writing and will be deregistered shortly.</p> <p>1.5) 27/03/24 - Steve Partner, Head of Neighbourhood and Assets has notified the Building Safety Regulator that 44 Clarendon Square is not classified as a high-rise building and requested it to be deregistered. All notifications to the Building Safety Regulator for high rise buildings are in the team's channel.</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</p>	High	31.03.24	30.08.24	SP	<p>35% (13%)</p>	In Progress	<p>2.1) 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>2.2) 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>2.3) Daily safety inspections undertaken by housing teams on site.</p> <p>2.4) Target date will need to be reviewed and clarified with Pennington.</p> <p>2.5) The building safety cases are in progress with the (BSL)</p> <p>2.5.1) The (BSL) and a member of the procurement team are meeting with the framework organisation and structural engineering Company on Monday 08/04/24. This meeting is to discuss updating the structural survey carried out in 2017 across all the high-rise buildings to comply with current legislation and comply with this recommendation.</p> <p>2.5.2) 19/04/24 - Update on (2.5.1) Procurement is in the process of gaining approval to appoint the structural consultant via a</p>

management system and building risk assessment.							<p>framework contract to update all the highrise building structural reports.</p> <p>2.5.3) 24/04/24 - A direct award contract from the framework contract has been signed and issued to the supplier. The desk top survey will commence on the 13/05/24 followed by an on-site survey across the highrise buildings.</p> <p>2.6) Target date has been changed to reflect workload and has been discussed with Pennington Choices.</p> <p>2.7) 24/04/24 - The (BSL) has requested a quotation from a supplier via a framework contract to update the existing highrise building drawings to comply with current legislation.</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	31.10.24	SP	10% (10%)	In Progress	<p>3.1) Linked to Recommendation 2, above and will form part of the Building Safety Cases.</p> <p>3.2) Will be reviewed after discussion with Pennington (see Recommendation2).</p> <p>3.3) Target date has been revised as this item will need to be completed once all the Recommendations related to Building Safety are completed.</p>
<p>Recommendation 4 – Mandatory occurrence reporting:</p> <p>Develop a mandatory occurrence reporting</p>	High	31.07.24	30.08.24	SP	50% (50%)	In Progress	<p>4.1) 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>4.2) Target date has been revised as this item will need to be completed once the details announced by HMG have been considered.</p>

<p>procedure that captures the principles of reporting and recording safety occurrences as intended by the Act.</p>								<p>4.3) SP has replaced FJQ as being responsible for this recommendation.</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>	High	30.03.24	31.05.24	SP	84% (63%)			<p>5.1) Lead officer to engage with Landlord Services Manager</p> <p>5.2) 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>5.3) Strategic documents for each block are being developed.</p> <p>5.4) The installation of digital information boards in each block has begun.</p> <p>5.5) Target date has been re-assessed to consider the work that still needs to be completed and may need to be assessed again.</p> <p>5.6) Individual pamphlets / booklets have been created for each of the blocks. These contain safety information and block specific details.</p> <p>5.7) Engagement strategy has been provided and will also feed into the communications plan in Recommendation 19.</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</p>	High	30.04.24	31.05.04	GL	95% (91%)		In Progress	<p>6.1) 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

<p>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"> • 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>6.2) To date we are on track with that delivery timeline.</p> <p>6.3) 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>6.4) Policy has been approved by Cabinet</p> <p>6.5) New Complaints Officer is starting on April 22, 2024</p> <p>6.6) Procedures are being developed and target date has been changed to reflect this including the start date of the new Complaints Officer.</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>31.10.24</p>	<p>SH</p>	<p>10% (10%)</p>		<p>In Progress</p>	<p>7.1) Progress on this action is also detailed as part of Recommendation 5.</p> <p>7.2) Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions.</p> <p>7.3) Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.</p> <p>7.4) Target date has been updated to consider additional recommendations and recommendations that are due closer to the end of the project.</p>

Compliance Dashboard Summary v2.3

Dashboard Summary User Notes:

*Total Assets is calculated independently, however the sum of 'On Programme', 'Off Programme' and 'Validation Required' should equal 'Total Assets'.
Change in Asset Count is based on the Management Report selected in cell C4.*

Last LIVE Data Refresh: 5/13/2024 10:08

Pick below which Management Report to compare against:

Refresh Data at anytime to see latest position.

Run Snap Shot at the end of week only.

Update "Latest Management Report".

%Change Columns display a percentage change from Current Compliance against a back-dated 'point in time' from the last Snap Shot or the Management Report which can be chosen by the drop down menu in cell C4.

Change in Asset Count	Properties				Compliance					Comments
	Total Assets	On Programme	Off Programme	Validation Required	Compliant	Non-compliant	Current Compliance	%Change / Weekly Snap-Shot	%Change from Management Report	
13 12 2023										
Change in Asset Count -8	Domestic Dwellings									
Gas (LGSR Programme) In Date	5593	4622	232	739	4622	0	100.00%	0.00%	0.00%	Data Validation exercise with PC completed. Awaiting PC report which will enable reduction of units in 'Validation Required', and inform of remaining gaps for survey.
CO Detection Installed (Y/N)	5593	4626	216	751	4529	97	97.90%	0.00%	1.43%	Data Validation exercise with PC completed. Awaiting PC report which will enable reduction of units in 'Validation Required', and inform of remaining gaps for survey.
Electric (5-Yr EICR Programme) In Date	5593	5520	69	4	5403	117	97.88%	-0.16%	0.36%	Validation Complete. Programme of works raised 03/2024 to resolve non-compliance.
Smoke Detection Installed (Y/N)	5593	5521	68	4	5300	221	96.00%	0.00%	4.94%	Validation Complete.
Change in Asset Count 0	Communal Blocks & Schemes (+Maisonettes for Asbestos)									
Gas (LGSR Programme)	268	9	259	0	6	3	66.67%	-22.22%	-33.33%	Validation Complete. *1 boiler at James Court - awaiting parts.
Electric (5-Yr EICR Programme)	268	255	12	1	172	83	67.45%	0.00%	-32.16%	Validation Complete. Programme of works raised 03/2024 to resolve non-compliance. *1 Non-Compliant = Tannery Court Block. Mobilising for full rewire in FY 2023/24
Fire Risk Assessment	268	268	0	0	252	16	94.03%	0.00%	40.90%	Validation Complete. FRA's held for all but four relevant blocks. Data Validation with PC in progress to confirm this position. Agreed with FSLead on method for recording recent Reviews of all FRA's 21/03/24
Asbestos Management	496	479	v2.4 Update - TBC	17	26	453	5.43%	2.30%	5.43%	***Yet to update - 14/03/24 Maisonettes now included. Data held on Contractor Web Portal. Data Validation exercise with PC to determine properties with a AMS obligation. New AMS's commissioned in 03/24 for all.
Water Hygiene (Legionella) Risk Assessment	268	14	253	1	14	0	100.00%	13.33%	100.00%	Data Validation exercise with PC completed. Awaiting PC report which will enable reduction of units in 'Validation Required', and inform of remaining gaps for survey. Agree with BSLead on method for recording Reviews of all LRA's.
Lifts Full Inspection	26	26	0	0	21	5	80.77%	-7.69%	-11.23%	Validation Complete:
Change in Asset Count 0	Community Centres									
Gas (LGSR Programme)	4	4	0	0	3	1	75.00%	0.00%	-25.00%	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	0	4	0.00%	0.00%	-100.00%	Validation Complete: FRA's held for all CC's. Data Validation with PC in progress to confirm this position. Agree with FSLead on method for recording recent Reviews of all FRA's.
Asbestos Management	4	4	v2.4 Update - TBC	v2.4 Update - TBC	v2.4 Update - TBC	4	0.00%	0.00%	0.00%	***Yet to update: Data held on Contractor Web Portal. Data Validation exercise with PC to determine properties with a AMS obligation. New AMS's commissioned in 03/24 for all.
Water Hygiene (Legionella) Risk Assessment	4	4	0	0	4	0	100.00%	25.00%	75.00%	Validation Complete: LRA's held for all relevant CC's. New LRA's being undertaken to renew. Data Validation with PC in progress to confirm this position. Agree with BSLead on method for recording Reviews of all LRA's.

Fire Safety: Outstanding Actions Summary

Block Archtype	Risk			Executive Summary:
	High	Medium	Low	
High Rise 18+	1	45	11	The Building Safety Lead and the Fire Safety Lead are currently reviewing a new process with the Compliance Manager and housing team of uploading the fire system driven and more user friendly to track job completion statuses for
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	This building is currently void and due to be demolished at some point in the future. Cadent, the gas supply transporter have now been instructed to cap the main gas supply pipe as the building is now un-occupied. The electrical supply and mains water to all flats will also shortly be isolated only leaving the electrical supply live to the the block as there is digital equipment on the building roof that requires this service.

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, Prosecution	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	2		Monitored and reported to Compliance Board for regular review.	1	2	

3	Board	Progress to deliver the plan is slower than anticipated	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	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		Monitored and reported to Compliance Board for regular review.	1	2	
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. 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	3		Monitored and reported to Compliance Board for regular review.	1	1	
5	Board	Incidents are not reported to management	Inadequate management response Board unable to fulfil its obligations. Reputational damage	Compliance incident reporting is in progress with Board receiving regular reports.	3	3		Incident reporting mechanisms has been 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	Compliance incident reporting is in progress with Board receiving regular reports.	3	3		Dashboard showing Compliance reporting underway. 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	A data validation exercise is recommended by Penningtons and is contained within the action plan	3	3		A data validation exercise is underway with 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	Leads and project manager have been identified and hired.	3	3		Any further gaps in resources will be identified through process mapping. Recruitment will be as needed.	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. Penningtons gave training to board members 20.11.22	1	2		Further refresher training organised as needed.	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	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	1	2		Further refresher training organised as needed.	1	2	
11	Board	Cabinet are not competent to provide the appropriate governance	Inadequate management response Board unable to fulfil its obligations. Reputational damage	Penningtons training completed on 29.11.23	1	2		Further refresher training organised as needed.	1	2	
12	Board	Lack of/poor communications between the levels, within the levels and internally/externally	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Regular and frequent reporting 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 reviewed following each Board meeting.	1	1		Regular and frequent reporting 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 reviewed following each Board meeting.	1	1	
13	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	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	3	3		Engage Pennington near to completion of project for final review.	1	1	

14	Board	Poor communication with Tenants and Leaseholders	Reputational damage	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	2	3		Communications strategy has been developed Full infographic will be on the website for transparency	1	2	
15	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 Communications plan Member and MP briefings and communications Briefing and preparation for key staff and housing teams	2	3		On going communications strategy being developed	1	2	
16	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. Heads of Service to speak to staff to provide reassurance Project team to have regular communications and reassurance Regular and frequent check-ins with key staff to assess wellbeing	2	2	
17	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	

Note to Compliance Board

Appointment of Health and Safety Lead

Under the Social Housing (Regulation) Act 2023 there is a requirement for registered providers to appoint a health and safety lead as below.

- *Every registered provider will have to appoint a health and safety lead. The role will be taken up by one of the organisation's current staff members as long as it employs more than 15.*
- *The health and safety lead will monitor whether the landlord is complying with health and safety rules and assess whether it is at risk of non-compliance. The health and safety lead will then notify the regulator of any risks and failures to comply.*
- *The role will also involve advising the regulator on how these risks and failures can be addressed.*
- *The social landlord will have to make sure its employee has enough authority and time to carry out its duties.*
- *If the organisation does not have a health and safety lead in place or cannot carry out its duties, it could receive a fine or be subject to enforcement action.*

Within the Compliance Policy currently being drafted jointly with Pennington, there is a need to identify the person appointed for this purpose.

Advice from Pennington on the role and competencies required is as follows:

The health and safety lead must:

1. *Monitor compliance with health and safety requirements.*
2. *Assess risks of failure to comply with health and safety requirements.*
3. *Notify Warwick DC Councillors of the risks assessed and any material failures to comply with health and safety requirements.*
4. *Provide advice to Councillors as to how Warwick DC should address associated risks and failures.*

Warwick DC must also ensure that the health and safety lead:

- *has sufficient authority within the organisation.*
- *can devote sufficient time to the functions of the health and safety lead,*
- *provide the health and safety lead with the resources needed to carry out those functions.*

There are no specific competencies defined within the legislation, therefore, it will be for Warwick to decide, based on the above, who should fulfil this role.

At this stage, as a name was needed for documents, I have asked Pennington to name me as the health and safety lead, but this clearly needs corporate agreement if it is to be my post, or another Senior post within the Council.

Senior Leadership Team has accepted the contents of this report. Compliance Board is asked for its endorsement.

Steve Partner

Head of Neighbourhood and Assets

29 April 2024