

Housing Scrutiny Committee Monday 27 January 2025

A meeting of the above Committee will be held in Shire Hall, Market Place, Warwick on Monday 27 January, at 6.00pm.

	Councillor Phillips (Chair)	
Councillor Barton		Councillor Dray
Councillor Boad		Councillor Gorman
Councillor Collins		Councillor Tangri
Councillor K Dickson		Councillor Yellapragada

Emergency Procedure

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

Agenda

1. Apologies & Substitutes

- (a) to receive apologies for absence from any Councillor who is unable to attend; and
- (b) to receive the name of any Councillor who is to act as a substitute, notice of which has been given to the Chief Executive, together with the name of the Councillor for whom they are acting.

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 meetings held on

- (a) 25 September 2024 **(Pages 1 to 6)**
- (b) 26 November 2024 **(Pages 7 to 13)**

4. **Work Programme**

To consider a report from Governance Services

(To follow)

5. **Compliance Plan Progress and Review of the Risk Register**

To consider a report from Housing

(Pages 1 to 31)

6. **HRA Budget**

To receive a presentation from Housing and Finance on the Housing Revenue Account (HRA), and how it is funded and operates, including a summary of the proposed Budget for 2025/26, which will be included in the Cabinet papers for February 2025 and due to be considered by the Budget Review Group on 5 February 2025.

7. **Review of Complaints regarding Housing 2023/24 Report**

To consider a report from Governance

(Pages 1 to 6)

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Asset Compliance Committee

Minutes of the meeting held on Wednesday 25 September 2024 at Shire Hall, Warwick at 6.00pm.

Present: Councillor Phillips (Chairman), Councillors Barton, Boad, K Dickson, Dray, Gorman, Hales, and Yellapragada.

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

12. **Apologies for absence**

An apology for absence was received from Councillor Falp.

13. **Declarations of Interest**

There were no declarations of interest.

14. **Minutes**

The minutes of the meetings held on 28 May 2024 and 22 July 2024 were taken as read and signed by the Chairman as a correct record.

15. **Asset Compliance Plan Progress**

The Committee considered a report from Neighbourhood and Assets. Following the independent asset review, the governance framework and action plan was underway in response to the recommendations. The report gave the Asset Compliance Committee an update on the current position and progress on the action plan.

Following the independent asset compliance review, a self-referral to the Regulator for Social Housing was made on the 9 November 2023. 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.

Meetings were being held to update the regulator on a bimonthly basis, the most recent being on 10 July 2024.

The two specialist leads, Fire Safety and Building Safety continued to provide specialist assistance based on the specific competencies required around these areas, and liaison continued with Pennington.

Pennington Choices had completed a midpoint review. This had been very positive, and the draft was attached in the documentation for review. The policies had been approved and would be presented to Cabinet in October. Officers were working to complete procedures and process charts across Assets and Housing.

A further meeting of the Compliance Board was held on 11 September 2024 and matters raised were reported at this meeting.

Appendix 1 to the report was the updated highlight report with columns to provide further context for the Committee.

With the self-referral to the Regulator completed, and the outcome now known, the Pennington midpoint review received, additional regulatory information provided and specialist resources in place, the Compliance Action Team had reviewed and updated the target dates in the action plan. This review had meant that there had been a change to the end date of the overall project.

There had been some revisions to target dates and the overall end date of the project. This was based on the Pennington midpoint. Revised target dates were as in in the last report and one further amendment had been made as below:

Recommendation number	Target Date	Revised Target Date	Reason for change
Recommendation 5	30.04.24	31.03.25	Revised target date had changed from being completed on 30.04.24 to 31.03.25 due to the Pennington midpoint review stating all physical inspections needed to be complete prior to the recommendation being complete.
Building Safety Recommendation 2	30.08.24	31.03.25	Following discussions with Letrice Thomas, Head of Knowledge at Pennington's they had selected Ashton Court high-rise building to use as the pilot to develop our first building safety case. Pennington's format of developing and delivering Building Safety Cases was also being assessed by the Regulator with another housing provider and the outcome of this process would be of benefit for sharing with WDC.
Recommendation 16	30.08.24	29.11.24	Due to the internal and external annual leave summer periods the contractor performance review template was being rolled out to all contractors. Regular contract review meeting cycles would be well established by the end of November as these performance review meetings would become a business-as-usual activity.
Building Safety Recommendation 5	31.05.24	29.11.24	Revised target date had been changed from being completed on 31.05.24 to 29.11.24 due to recommendations from Pennington in the midpoint review for improvements to current resident engagement documentation.
Building Safety Recommendation 6	19.07.24	29.11.24	Revised target date has been changed from being completed on 19.07.24 to 29.11.24 due to recommendations from Pennington in the midpoint review for changes to the policy, process map, and procedure for building specific complaints. Amendment is being made and looking to be taken to October Cabinet Meeting.

These target dates continued to be monitored and if there were a need for additional revision of dates, Compliance Board and Asset Compliance

Committee would be advised as soon as possible.

Appendix 2 to the report was a copy of the data compliance dashboard. This reporting would continue to further evolve and improve over time. Officers had received and placed in ActiveH the required data from the Contractors databases.

As reported at previous meetings, from the Housing Revenue Account, £270,000 of resources would be used for specialist consultancy support and additional technical resources covering asset compliance, fire safety and building safety. This ensured the Council had the right skills, experience and competence immediately in the organisation to help drive forward critical and high priority actions.

During 2024/25, the Council would consider the resources necessary to sustain the improvements being made to ensure compliance was maintained. This was to ensure that 'kneejerk' structure changes were not made, and proposals recommended would be thoroughly considered and sustainable.

Appendix 3 to the report was the updated risk assessment. This was reviewed by the Compliance Board when it met on 11 September and any comments were noted at this meeting.

Since the last meeting the risks had been reviewed and there were no changes made.

The Portfolio Holder for Housing and Assets, thanked the officers for their work.

In answer to questions from Members, –the Portfolio Holder for Housing and Assets, the Deputy Chief Executive, the Head of Housing, Health, and Communities, the Neighbourhood and Assets Project Manager, the Building Safety Lead, and the Fire Safety Lead advised Members that:

- Pennington had completed a midpoint review which was positive;
- there were eight recommendations to be completed by 30 September 2024 in the Action Plan. Six of these recommendations, namely 7, 8, 28, 20, 23, and 24 needed further investigation;
- officers would be discussing these with the Compliance Manager week commencing 30 September 2024;
- if it were necessary for any of the recommendations to be pushed back to a later date, the Portfolio Holder for Housing and Assets would report back to the Committee week commencing 30 September 2024, together with the reasons why and the updated time frame;
- there had been eight new properties added to the Housing Portfolio;
- the image of an arrow pointing sideways on the compliance section to the report indicated the status remained the same;
- the Council would be sending electrical works orders out six months prior to when they were due. This would allow more time to gain access to the property and complete remedial works;
- there had been a procedural change, to be more robust, around gaining access to properties for gas and electric checks;

- there was a need for residents to understand the urgency and importance of allowing access to gas and electrical contractors;
- there were existing KPIs for both the Energy Performance Certificate (EPC) rating and the number of properties that had had an EPC rating assessment;
- EPC ratings would be added to the ActiveH dashboard;
- the number of properties that had undergone an EPC assessment would be added to the ActiveH dashboard;
- arrangements would be made for a representative from Pennington's to attend Committee early in the new year to present report findings; and
- the HQN report listed 105 actions. The report was much wider than Pennington's report, focusing on four consumer standards.

Following publication of the regulatory decision on Housing, it was considered appropriate to revise the remit of the Compliance Board and this Committee. These provided greater overview of the Housing Service more generally and greater focus for Members in oversight of this vital service for the Community.

In answer to questions from Members, Head of Governance & Monitoring Officer advised that:

- the size of Committees were set each year;
- it would be appropriate for this Committee to give consideration to appointing a Vice Chair;
- if the Committee were minded, the Independent Remuneration Panel could be asked to consider if an allowance for the Chairman of the Committee was appropriate;
- it would be appropriate to create a work program for this Committee;
- the terms of reference for the Committee made it clear that this Committee would have overall responsibility for the Housing Revenue Account (HRA) but officers would need to look at scheduling this scrutiny as part of the work planning process;
- there were quarterly meetings of the Chairman of this Committee with both the Overview and Scrutiny Committee and Audit and Standards Committee;
- it was appropriate for further training to be arranged for the Committee, to include training provided by a representative from HQN;
- prior to submission to Council the tracked changes be removed from the proposed Terms of Reference; and
- the last sentence of the Terms of Reference would be revised to ensure clarity.

Recommended to Council that

- (1) the revised remit of this Committee as set out at Appendix A to the minutes, be agreed; and
- (2) the Head of Governance & Monitoring Officer be asked to consult the Independent Remuneration Panel on a Special Responsibility Allowance for the Chair of the Committee.

Resolved that

- (1) the progress made as set out in the report, be noted;
- (2) the revised remit of the Compliance Board, set out at Appendix 6 to the report, be endorsed; and
- (3) subject to the agreement of Council, on the revise remit of the Committee, officers develop a work programme for the Committee, including training and scrutiny of the HRA budget, in partnership with the Chair of the Committee and the Chair of Overview & Scrutiny Committee, for this Committee to consider at its next meeting.

(The meeting ended at 6.35pm)

CHAIRMAN
27 January 2025

**Proposed Terms of reference Housing Scrutiny Committee
(adopted by Council?)**

The Committee will meet every other month.

Their purpose will be to review and challenge the progress in respect to ensuring compliance for safety under the Social Housing (Regulation) Act and overall view on the operation and delivery of the Housing Investment Plan and the HRA.

They provide assurance on the delivery of this to Cabinet (as the responsible body) on behalf of the Council.

The reports will be subject to pre-meeting questions process.

The Committee will be politically proportionate to the Council.

The Leader of the Cabinet will permit the Chair of this meeting to represent the views of the Group in line with the rights provided to the Chair of the Overview & Scrutiny Committee.

The Leader and Portfolio Holder for Housing & Assets will be required to attend each meeting, to act as an observer, and send a deputy from the Cabinet if they cannot attend.

Housing Scrutiny Committee

Minutes of the meeting held on Tuesday 26 November 2024 at Shire Hall, Warwick at 6.00pm.

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

Also Present: Councillor Davison – Portfolio Holder for Strategic Leadership, Councillor Melrose – Portfolio Holder for Transformation.

1. **Apologies for absence**

An apology for absence was received from Councillor Phillips (Chair), Councillor Yellapragda, and Councillor Adkins - Portfolio Holder for Housing.

2. **Appointment of Chairman**

Resolved that Councillor Boad be appointed as Chairman for the meeting, in Councillor Phillips absence.

3. **Declarations of Interest**

There were no declarations of interest.

4. **Work Programme**

The Committee considered a report from the Head of Governance and Monitoring Officer which provided a proposed method of working for the Housing Scrutiny Committee and sought confirmation of the approach for officers to produce a work programme for the Committee to consider at its next meeting.

The five main roles of scrutiny in local government were: holding to account, performance management, policy review, policy development and external scrutiny.

The Committee needed to be mindful of the role of scrutiny in local Government and that the Committee was created by Council, in October 2024, in response to the concerns identified by the Council regarding compliance with the requirements of the Social Housing Regulator. The terms of remit were set broadly to enable the Committee maximum oversight of the Housing Function and to demonstrate to the regulator the Council's response to improving its service standards for its housing tenants.

An objective for the Committee was to regularly receive and scrutinise a broad area of work, including updates on the agreed Consumer Standards action plan and provide assurance about the delivery of this. It was envisaged that the Committee would review policies and strategies before they were considered by Cabinet (similarly to the asbestos, water testing, and fire safety reports submitted to the Asset Compliance Committee).

This would provide more time for officers to consider, reflect, and update these ahead of Cabinet considering the final report.

The Constitution identified that scrutiny would consider issues that had due significance with reference to the following criteria:

- the number of residents impacted and the significance of the impact;
- the amount of money involved; and
- whether it related to a strategic priority of the Council or a key project.

In addition, the Constitution also said Scrutiny Committees should only consider items where there was a tangible reason to do so. This should broadly fit into one of the following criteria:

- where there were concerns about the basis for a recommendation. For example, the data that had led to the recommendation was deficient, or new data or information required had been provided too late for a written question and answer to be circulated before the meeting, or if Members were aware of contradictory evidence; and
- where there was an alternative policy, development or direction which needed to be explored.

Therefore, with the approach outlined in paragraph 1.4 in the report, it was envisaged that the key reports which fell within these criteria would be seen at an earlier stage of development, ahead of being submitted to Cabinet. Reports which fell outside the remit in paragraphs 1.5 and 1.6 in the report should follow previously agreed policies or strategies that the Committee would have provided assurance on.

Neither of the above prevented the Committee from reviewing the impact of Cabinet decisions after they had been implemented, to ensure that they had had the expected outcomes and were benefiting the Council and its tenants.

An area of concern for Councillors was having sufficient time for in depth scrutiny of finance, specifically within Housing. Therefore, it was important the Committee allowed sufficient time to understand the HRA budget, how it was funded, how it worked, and also provide assurance around its operation.

The budget work, in paragraph 1.5 in the report did not detract from the work of the Budget Review Group, which would still review the HRA Budget prior to consideration by Cabinet. To support the Budget Review Group, Councillors were aware of the proposal to Council, on 27 November 2024, that the Chairman of this Committee was appointed to the Budget Review Group. This would mean there would be three members of the Committee on the Budget Review Group. A report to Cabinet in the new year, 2025, would review the Budget Review Group Membership to ensure this Committee was formally represented along with the Audit & Standards Committee and the Overview & Scrutiny Committee.

It was also important for the Committee to understand the HRA Business Plan and how this operated for the Council. This would help the Committee with fundamental understanding of service delivery of the housing function to Council tenants.

At the training provided by HQN, the Committee were challenged to reflect on the work programme and consider the following questions:

- Are you getting compliance (and data) right?
- Are you delivering an effective repairs and improvement service?
- How has the Council responded to satisfaction feedback?
- How is the council learning from and acting on complaints?
- How well does the Council maintain estates?
- Do tenants take pride in where they live?
- How well does the Council (as a landlord) tackle anti-social behaviour and hate crime?
- Does the Council "let well" & sustain tenancies?

It was recommended to Committee that they agree a theme for each meeting and list questions they wanted to look at and report on, based around one or two of the areas listed above. Some of these areas were covered in the Action Plan but the approach above allowed the Committee to look at an area in more depth and provided greater assurance on the work being undertaken.

The proposed Terms of Reference for the Housing Scrutiny Committee were as follows:

- the Committee will meet every other month;
- their purpose will be to review and challenge the progress in respect to ensuring compliance for safety under the Social Housing (Regulation) Act and overall view on the operation and delivery of the Housing Investment Plan and the HRA;
- they provide assurance on the delivery of this to Cabinet (as the responsible body) on behalf of the Council;
- the reports will be subject to the pre-meeting questions process;
- the Committee will be politically proportionate to the Council;
- the Leader of the Cabinet will permit the Chair of this Committee to represent the views of the Group in line with the rights provided to the Chair of the Overview & Scrutiny Committee; and
- the Leader and Portfolio Holder for Housing & Assets will be required to attend each meeting, to act as an observer, and send a deputy from the Cabinet if they cannot attend.

Resolved that

- (1) the remit of the Committee as set out at Appendix 1 to the report, be noted;

- (2) the approach to its work as set out in the report, be agreed, and officers are asked to bring forward a programme of work on this basis;
- (3) a report setting out an overall view of the Housing Revenue Account (HRA), and how it is funded and operates, should be brought to the next meeting;
- (4) a presentation on the current HRA Business Plan (including the Housing Investment Plan) including its purpose should be brought to its next meeting; and
- (5) at all future meetings, the Committee should receive an update on the Consumer Standards Action Plan.

5. **Consumer Standards Improvement Plan**

The report provided the Housing Scrutiny Committee with an update on the position, and progress made since the Asset Compliance Committee meeting on 25 September 2024. The report also set out how the asset review would transition to be part of the more comprehensive Consumer Standards Improvement plan and how this new plan would be managed, monitored and reported on, to provide assurance that the Council would become fully compliant with the Regulator for Social Housing (RSH) Consumer Standards.

Following the independent asset compliance review, a self-referral to the Regulator for Social Housing was made on the 9 November 2023. The Regulator had determined not to record a Breach of the Standard at that stage but to require regular reporting on progress in meeting the Action Plan.

Responsive engagement with the Regulator about the asset review included reviewing documents and information provided by the Council with follow up meetings. A further self-referral was made to the Regulator on 19 July 2024. The Regulator published a judgement for the Council to confirm a grading of C3 citing serious failings in the delivery of the outcomes of the consumer standards and that significant improvement was needed.

The new regulatory landscape was in place, it provided a stronger and more active regulation of providers of social housing. It was based on co-regulation involving tenants reporting failings, social housing providers self-referring, and the RSH identifying concerns through returns submissions and complaints. The regulatory approach was also being referred to as 'cross-regulation' since there was not only the RSH monitoring compliance with regulations, but also the Housing Ombudsman Service, the Building Safety Regulator, and the Local Government & Social Care Ombudsman. All were operating in a more cohesive way to regulate social housing providers.

Regulation was delivered through a regulatory framework that consisted of a set of four consumer standards:

- Safety and Quality Standard – outcomes about the safety and quality of tenants’ homes
- Transparency, Influence and Accountability Standard – outcomes about how landlords provided information, listened to their tenants, and acted on their views.
- Neighbourhood and Community Standard – outcomes about how landlords collaborated with other stakeholders and internally within the council to help ensure tenants live in safe neighbourhoods.
- Tenancy Standard – outcomes about how landlords allocate and let homes and manage tenancies.

The framework also consisted of a set of Tenant Satisfaction Measures (TSM’s) reported annually to the RSH based on a tenant satisfaction survey and prescribed management key performance indicators. RSH held social housing providers to account against the standards and TSM’s. They had widespread powers which ranged from an engagement approach through to entering social housing premises and carrying out emergency work and administering fines. The RSH provided judgements based on self-referrals or following schedule inspections of providers. Their judgements ranged from C1 delivering the standards through to C4 very serious failings and fundamental changes required.

The Councils C3 judgement was specifically in relation to the Safety and Quality standard and the Transparency, Influence and Accountability Standard. The RSH decided to provide responsive engagement with the Council rather than issue enforcement.

To provide assurance that the Council would address both the identified failings, deliver on the recommendations from the asset review, and ensure that the Council met all the outcomes of the consumer standards, an enhanced governance arrangement was approved. Key improvement documents were produced in the form of an improvement strategy and plan.

The strategy, in appendix 1 to the report, set out the direction, framework and control measures that would guide the Councils efforts to improve its regulatory rating. For effective change to be delivered organisations needed to understand what the cause of issue was, any lessons to be learnt, and provide a measured strategic response. The strategy set out the organisational learning in response to the Pennington’s and Housing Quality Network (HQN) audit and appraisals and the regulatory judgement.

The improvement plan, in appendix 2 to the report, was based on findings from the independent audit and appraisals, and details provided by the RSH in their regulatory judgement. It was comprehensive, far-reaching, and included actions impacting on most of the Council’s service areas. The plan contained specific and timebound targets which addressed the failings identified by the regulator and the asset review as a priority, as well as broader compliance with all the consumer

standards required outcomes.

The improvement plan was a major project and would be delivered through a dedicated project team and the new governance structure was designed to provide assurance. Detailed progress and assurance would be reported and presented to the regulator at the monthly meetings. It would also be presented to the Consumer standards board monthly which had an additional independent representative from HQN who would be providing training on the consumer standards for the Committee, the Board, Senior Leadership Team and Cabinet during November 2024.

Progress against the actions would be tracked again using Monday.com and it was proposed that the Housing Consumer Standards Board and Housing Scrutiny Committee would receive the following documents at their meetings:

- a) Consumer Standards compliance plan progress report.
- b) A Consumer Standards highlight report combining the asset review actions remaining and the Consumer Standards improvement plan actions.
- c) A Consumer Standards excel extract from Monday.com as for (b) above.
- d) Consumer Standards improvement plan risk register combining the building safety risks with those identified for the improvement plan.

The RSH would receive the same documents as the Board and Committee, in addition to any specific documentation they requested for each meeting.

The first meeting was held on 18 October 2024 and was positive, constructive, and informative.

They reviewed the draft strategy and improvement plan and commented that the council was 'in the right place' and had made good progress since the judgement. They confirmed it was the Council's journey so the target dates and capacity to deliver the actions rested with the Council and governance structure to oversee, although they would check and challenge progress.

The RSH wanted to see progress at pace, however, they wanted to see solid evidence of compliance and sustainable improvements above all, as well as how the changes were driving up the Key Performance Indicators.

Resourcing for the overall consumer standards project were under review. Managers across Housing and Assets had identified the resources required to effectively deliver the programme of improvements and to sustain them as business as usual. The resources had been recorded at two levels, short term and long-term requirements. The Head of Housing, Health, and Communities had reviewed the resource requirement and linked them to the actions on the improvement plan. Work had been ongoing to ensure that the HRA remained viable given the costs associated with both staffing and other

costs to deliver the improvement plan. Financial modelling was continuing to identify the required resources.

The Council was also responding strategically to identified structural and operational improvement requirements and had recruited an Interim Assets Manager who would work with the Head of Housing, Health, and Communities to consider separating work for Housing Revenue Account Assets from the General Fund assets and produce an optimum organisation structure for a new and improved cohesive Housing service.

The interim Asset Manager would also oversee the HRA asset service and support the delivery of the consumer standards improvement plan. Following publication of the regulatory decision on Housing, the remit of the Compliance Board and this Committee had been revised. The report set out how it was proposed that the transition of moving the asset review compliance requirement into the broader Housing Consumer Standards improvement plan take place.

In response to questions from Members, the Head of Housing, Health, and Communities explained that:

- a tremendous amount of work would be needed but there was motivation amongst the WDC staff to deliver this work. In recognition of the task ahead, additional resources may be needed to fulfil this work. There was a plan for additional resources which the budget for the HRA would enable;
- extra resources in this instance concerned extra people as opposed to extra equipment;
- a range of skills and posts were required to fulfil the requirements for additional resources. There could be a requirement for using an agency when recruiting for skilled posts;
- there were enough people with a housing qualification working for WDC; and
- the option to recruit apprentices for the non-specialist housing roles was not suitable since skilled employees were required immediately to allow the plan to be delivered within the timeline. There was an expectation to deliver the plan competently and at pace by both WDC and the housing regulator, therefore, recruitment needed to be focused on hiring employees with the necessary existing skills.

Resolved that the progress made since the Housing judgement, be noted.

(The meeting ended at 6.59pm)

CHAIRMAN
27 January 2025

Title: Consumer Standards Improvement Plan
 Lead Officer: Lisa.Barker@warwickdc.gov.uk
 Paul.Smith@warwickdc.gov.uk
 Portfolio Holder: Councillor Helen Adkins, Cabinet Member for Housing
 Wards of the District directly affected: all

Approvals required	Date	Name
Portfolio Holder	16.01.2025	Helen Adkins
Head of Housing, Health and Communities	15.01.2025	Lisa Barker
Finance	16.01.2025	Andrew Rollins
Legal Services		N/A
Chief Executive	15.01.2025	Chris Elliott
Director of Climate Change		N.A
Deputy CEO	16.01.2025	Darren Knight
Section 151 Officer	16.01.2025	Andrew Rollins
Monitoring Officer	16.01.2025	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

This report provides Housing Scrutiny Committee with an update on the current position and progress made against the Consumer Standards Improvement Plan since the Housing Scrutiny Committee meeting on 26 November 2024.

Recommendation(s)

- (1) That the Committee notes the progress made since the last meeting.
- (2) That the Committee notes the changes to delivery dates of the actions listed in the table.

1 Consumer Standards and Compliance Action Plan Update

- 1.1 The Council is progressing well against the high-level milestones set out in the Consumer Standards Improvement Strategy.
 - a) Established the Housing Consumer Board and Housing Scrutiny Committee
 - b) Started the process to integrate the HRA asset management team into Housing
 - c) Started to scope out a new Operating Model and have held engagement sessions with Tenants and staff to consider what good service looks like and how it could be delivered.
 - d) Progressed approval for additional resources for the improvement project
- 1.2 The Consumer Standards Compliance plan is progressing well. Of the 108 action items in the plan a total of 58 are currently underway or completed. KPIs are also being monitored for remedial actions and how complaints are being handled by the Council.
- 1.3 The highlight report **Appendix 1** provides further context to the Committee on the progress of the action plan. This has updates for each action as well as a RAG standing.
- 1.4 The Consumer Standards Excel output report from Monday.com **Appendix 2** provides the current standing of each item including the target dates (start, completion, and revised) for each action.
- 1.5 The Big 6 for Asset Compliance are still being monitored through the Compliance Dashboard **Appendix 3**.
- 1.6 Managing follow up actions are being followed via spreadsheets and additional monitoring is being developed **Appendix 4**
- 1.7 Complaints are being monitored **Appendix 5**
- 1.8 There have been some revisions to current target dates. These changes have not required a change to the overall completion date of the project. The current amendments are listed below:

Action	Target Due Date	Revised Target Date	Reason for change
Complete all outstanding remedial work in relation to known HHSRS CAT 1 risks	29.11.2024	31.01.2025	No access has been an issue with certain properties. Where work has been completed, tenants are being called directly to verify completion and satisfaction. Where access is needed to inspect, no access policy will be enforced.
Review and update the DMC Policy	31.10.2024	31.01.2025	The Policy has been reviewed internally and awaiting 3 rd party validation.
Enhance estate services procedure and inspection regimes to ensure action is taken and recorded on issues even if it is not the Housing services responsibility to maintain.	31.12.2024	20.01.2025	Prior to deployment there was the need for some additional work that required a few more weeks. This involved additional testing of the system and feedback from key users.
Finalise draft Repairs and Maintenance policy	22.01.2025	03.02.2025	Additional changes need to be made to the draft policy prior to going to Managers review and feedback prior to being sent for consultation and approval.

These target dates continue to be monitored and if there is a need for additional revision of dates, Consumer Standards and Compliance Board and Housing Scrutiny Committee will be advised as soon as possible

2 Feedback from the Regulator of Social Housing (RSH) meetings

- 2.1 There have been three meetings with RSH, 16 October, 18 November, and the latest one held 13 December 2024. All three meetings have been positive, constructive and informative.
- 2.2 For the December meeting they received
- a) an update on the Improvement strategy and plan
 - b) Decent Homes standards/Progress with the Stock condition Survey
 - c) Review of the compliance KPI's and
 - d) Complaints performance

They commented that the Council was still making good progress on the Strategy and improvement plan and the ongoing development of monitoring remedial actions from building safety inspections since the judgement. They will continue to check and challenge progress.

3 Financial Services

- 3.1 Staffing resourcing for the delivery of the overall consumer standards project has been approved. Recruitment is currently underway to fill the resources that had been identified, prioritising the urgent requirements.

4 Risk Assessments

- 4.1 **Appendix 6** is the Consumer Standards Improvement Plan risk register. This has been reviewed and comments are included Column W entitled, Notes.
- 4.2 Since the last meeting there have been no changes to the risk register.

Background papers:

Appendix 1 – Consumer Standards and Compliance improvement plan highlight report

Appendix 2 – Consumer Standards and Compliance improvement plan tracker (Monday.com)

Appendix 3 – Compliance dashboard

Appendix 4 – Follow up actions

Appendix 5 - Complaints

Appendix 6 – Consumer Standards and Compliance improvement plan risk register

Highlight Report No. 01**10th of January 2025****Period Covered: 12 November 2024 to 9 January 2025****Consumer Standards Project Executive summary:**

1. Of the 108 individual recommendations, 18 are completed and 40 are currently underway.
2. The project is currently tracking with a timescale of two years. We are using Monday.com as a project management tool and as the best way to produce data from the project regarding RAG reporting, percentage completed, and actual completion dates. A RAG report has been included in the documentation that has been sent to the Board.
3. Consumer Standard Training has been provided by HQN to SLT, Committee, and Cabinet. This training was completed by 25th of November 2024.
4. The risk register has been, reviewed, and notes added. There are NO new risks. The risk register now contains the combined the risk register from the Pennington Compliance project. There are NO new risks for that aspect of the project either.
5. The Consumer Standards Project Team are meeting weekly to discuss all actions and look back at matters arising from Consumer Standards and Compliance Board and to plan documents needed for the next meeting of the Board and Committee.

The next meeting of the Consumer Standards and Compliance Board will be 12th of February 2025. These meetings have been set to coincide with the bi-monthly Housing Scrutiny Committee and WDC's monthly meetings with the Regulator for Social Housing.

Consumer Standards and Compliance Roadmap – Quarterly Recommendations
 Programme: The current **estimated** date to achieve **full compliance with the Action Plan**
is
18 December 2026

Quarterly Updates	Notes:	RAG Standing
Q3 2024 (October to December)		
Review and update the DMC Policy	Policy has been reviewed by the Council and awaiting feedback from third party.	45%
Complete all outstanding remedial work in relation to known HHSRS CAT 1 risks	There are a small number of the remedial actions that are outstanding due to access issues. Most of these are post inspection items. There are four (4) that require inspection / access to properties and the Council has not yet been able to gain access to these.	78%
Enhance estate services procedure and inspection regimes to ensure action is taken and recorded on issues even if it is not the Housing services responsibility to maintain	Changes have been made to the inspection template and feedback has been received from operational users on the proposal. The new process has been deployed as a test and awaiting feedback from this test. The new process is expected to be deployed to the Team by 20 January 2025.	67%
Q4 2024 (January to March)		
Finalise the draft joint Tenancy Strategy with neighbouring Warwickshire councils	Legal comments have been received, and the report has been revised. Draft Cabinet report awaiting approval from Head of Service. Strategy and report to be included in Cabinet for 6 February 2025.	67%
Finalise draft Repairs and Maintenance policy	Draft policy has been created and provided to third party for feedback. Third party provided feedback and changes are being incorporated. Next step is to have internal review by DMT.	40%
Review all repair measure reported and validate	A review of all contractual KPIs is underway. Work is also being completed to identify existing report requirement or if new requirements are needed.	25%

Produce plan to ensure all properties have an in-date EPC	Scope of work has been identified; a forward plan has been scoped out and a draft plan has been created. Awaiting feedback on the draft. Once feedback has been received, a final plan will be developed and presented to DMT.	26%
The lettable standard needs to be published, staff briefed on its content for consistency and evidence recorded that the lettable standard is being achieved	Teams have been briefed on the lettable standard and work is being to ensure it is included with all sign-ups and when a letting takes place, the lettable standard is agreed to.	34%
Review and cleanse live repairs data to identify the actual repairs backlog of outstanding jobs over the 30-day target	A review has taken place and there is a function to identify backlogs. The next step will be to cleanse the backlog. The cleanse of the backlog should be completed by the week ending 17.01.2025.	51%
Meet with Contractors to discuss Action plan and approach to improvements and changes to complaints	Approach has been discussed with all support officers. Currently attaining a list of all contractors and this will be used to arrange a meeting to discuss the Action Plan with them.	56%
Produce a process map for the end-to-end process – DMC	An initial process map has been created in Visio. This will be finalised once the reviewed Policy has received sign off by Head of Service.	45%
Complete all actions by end of January 2025	These actions are based on non-compliance in published self-assessment. The actions have been completed – awaiting sign off from Housing Scrutiny Committee and once approved will be ready to resubmit.	67%
Produce a new self-assessment to be published on the website by end of January 2025	The new self-assessment has been created. Information will be reviewed and then published on the website.	56%
Set targets and monitor the completion of tenancy update visits	Foundations for reporting and monitoring of the framework have been set.	11%
Develop a robust Action Plan with clear target timescales to complete the backlog of repairs asap		

Develop a Knowledge Information Management (KIM) Strategy for how data will be, collected, stored, reported on, and used to shape services	Research into Ombudsman requirement and a draft framework have been completed. Outline and scope for strategy produced. Working with Consultant to produce a draft strategy.	25%
Continued provision of actions against the Pennington's report	These items have been over from the Compliance Project. There are 8 recommendations that have been brought over. Several actions involve remedial actions, and these are being reviewed monthly by RSH as well. The percentage completed has been calculated based on the actual completion of each item in the Asset Compliance project.	71%
For High-rise – individual information sheets/screens - Engagement Strategies being developed from surveys currently being undertaken	Each building now has a screen to provide information, and these are updated regularly by the Media Team. Individual information sheets have been produced and are in the process of being updated. Once update is complete Allocation will distribute.	50%
Development of information for all properties with communal areas (particularly when contract changes)		
Reviewed Tenancy Agreement	The current agreement is under review to verify the changes that may need to be made.	9%
Complete all remedial and improvement work in relation to known Non-Decent Homes	The list of remedial actions has been reviewed and updated accordingly. A base report has been built and is within the Asset Management Database (ActiveH). This report is dynamic and provides filters to narrow down searches. If specification needs updating changes will be applied as required.	67%
Review ASB policies and ensure consistency and clarity and update the website. Implement clear procedures which are trained out	A draft policy has been approved internally and awaiting feedback from ASB Specialist. A new procedural document has been created, and staff have been provided training by ASB Specialist, Janice Green.	50%

Review the customer journey and pathways and develop a proposed operating model	Two sessions have been held with managers and four with staff. Event with up to 100 tenants supported by Campbell Tickell and ARK at the end of November. Feedback to staff due before Christmas. Now awaiting proposed Operating Model.	75%
Assets and Housing to redesign the end-to-end process for letting a void property and make Value for Money savings in time and costs	Updates made to the Allocations segment of the process in the management system. Milestones relating to customer validation, viewings and sign-ups are now detailed and reportable. Officers are now able to see this key information for the allocations offers they own in a single report, allowing for easier oversight of caseload and incentivisation of improved performance. Internal workshops held facilitated by ARK. Soft market testing of prospective contractors undertaken to inform the process.	19%
Update the 30-year business plan to ensure the DHS is achieved for 100% of properties and maintained and other priorities are fully funded	Overview of stock condition has been provided to Head of Service. This provides a baseline project on volume of attributes that are considered Very Poor, Poor, Satisfactory, or Good Condition. This projection is a basis for future programmes. Currently rerunning cost projections and establishing the data led 12-month decent homes programme.	22%
Update the planned programme ensure sufficient data to model, programme and cost out the work		
Housing / Asset staff to receive briefings on the new Housing Ombudsman Complaint handling code by managers	A verification of who needs to complete training has been completed. Next step is to meet with Ombudsman to discuss requirements and training courses available / required.	17%
Review the performance reporting and monitoring system and make improvements		
Produce a procedure for DMC		
Produce a suite of KPI's for DMC		

Q1 2025 (April to June)		
Pennington's to audit on completion of action plan and sign off		
Complete HRA asset management strategy		
Finalise draft Aids and Adaptations policy, consult and obtain approval	Draft policy is being worked upon. Will then follow full governance route for approval.	6%
Review approach to managing aids and adaptations, in particular the contractual arrangements, underspends and take action to improve service delivery		
Produce an EDI (including vulnerability) policy for Health, Housing & Communities services		
Produce a new suite of service standards in line with guidance and references in the Consumer Standards. The Resident Involvement Group (RIG) to help shape the standards. New standards to be approved and launched with staff and residents	A review of the requirements against the standards has been completed and a framework is being produced by consultant for the strategy.	15%
Relevant asset/housing team members to complete training (complaints)	Training on complaints was offered through November and December 2024. Awaiting information from HR to have completion rate.	20%
Set up and embed a 'specialist team' to handle and investigate complaints to	Agreement that Stage One complaints are to be logged in ActiveH in addition to the corporate framework. This process, along with a series of reports to-be-developed, will allow relevant officers to maintain a consistent	11%

ensure consistency and provide some independence from the delivery teams	approach to handling and to focus workload and priorities in line with the handling code requirements.	
Brief staff on what can be promoted relating to work on social, environmental, or economic wellbeing		
Undertake a review of the Housing officers' duties and responsibilities and make recommendations		
Finalise policy (Hate Crime), consult residents and other stakeholders and approve final version Implement clear procedures which are trained out		
Promotion of available services and support to tenants involved or witnessing hate crimes		
Finalise policy (Domestic Abuse), consult residents and other stakeholders and approve final version		
Q2 2025 (July to September)		
Set up a process to review lessons learnt from complaints ensure the necessary changes are made to the delivery of the service or policy and procedure and involve tenants in that learning process	Confirmation that a survey completion survey can be triggered automatically from ActiveH. A questionnaire for all Stage 1 Complaints has been created based on the Tenant Satisfaction Measures. This will be sent for feedback to all Housing Stage 1 complaints one week after the complaint is closed	20%

Validate and complete 100% SCS	SCS have been completed to 75% of stock. Validation and completion of remaining 25% will be completed and broken into subitems.	20%
Review all elements of homes and communal areas to check they are being monitored for risks and mitigate such risks identified		
Complete tenant consultation and produce final version for approval (repairs and maintenance policy)		
Improve emergency repairs performance		
Improve routine and other categories of repairs performance	Review of existing contract has taken place, and a meeting has taken place to discuss existing performance.	67%
Collect data on customer contact in relation to all stages of the repair cycle	A review of the current CRM process has taken place. This has enabled the identification of business-critical practices. The identification of these practice is leading to the creation of activity templates.	14%
Finalise draft Planned Maintenance policy		
Produce an Action plan on EDI developments in the service to include training		
Review collection of EDI data and information and produce an action plan to collect, store, report on. Set out how it will be used to measure fairness, respect and meeting diverse needs	A first step of a review of the way existing data is collected is underway. This will be used as a basis of setting the other actions	17%
Ensure widespread understanding (by staff and tenants) of why data is being collected and what it will be used for		

Finalise Policy (Neighbourhood Management), consult residents and approve final version. Implement clear procedures which are trained out		
Produce quarterly reports on EDI data held and how effectively the key service areas are meeting the diverse needs		
Develop a formal pathway with agencies		
Produce a monitoring report on the impacts of the Allocations policy by relevant protected characteristics		
Promote mutual exchanges to tenants		
Consult and sign off the new strategy (tenancy strategy)		
Introduce an audit programme. Visits targeted upon a set of priorities to include		
Review the performance reporting and monitoring system and make improvements		
Finalise the Tenancy Fraud Policy, consult and sign off		
Q3 2025 (October to December)		
Fully implement Aids and Adaptations policy		

Review promotion and communication of HEART service		
Finalise draft of Vulnerability Strategy - consult and sign off		
Ensure there is a comprehensive approach to the collection of data (every visit is an opportunity) and Develop campaigns using all forms of communication media to collect data		
Review existing information on the web, update as required and as information and data is developed and enhance upload onto website		
Complete a mapping exercise to identify shared spaces including spaces shared with tenants of other landlords to be able to work effectively with other landlords to promote safety		
Develop process for the mapping exercise		
Implement policy and required procedures and guidance and brief/train staff on their roles in relation to Domestic Abuse		
Provide improved information on the Council website in respect of domestic abuse		

(DA) with specific reference to council tenants		
Introduce a robust approach to tackling this issue, particularly when visiting homes during the life of a tenancy and especially where a tenant has applied for the Right to Buy		
Review backlog and resource improved performance in this area		
Produce a detailed Planned Maintenance Programme, monitored through Engagement Channels		
Q4 2025 (January to March)		
Complete tenant consultation and produce final version for approval (Planned Maintenance Policy)		
Provide a tailored training session for Housing and Asset staff on EDI		
Improve the website page and make it easier to report ASB online		
Undertake review of ASB processes in ActiveH and how they are linking with other modules in the system		
Achieve consistency at 98% (improved emergency repairs performance)		

Achieve consistency at 90% (improve routine and other repairs performance)		
Q1 2026 (April to June)		
Establish a clear plan for the collection, analysis, and use of household data	A review of the current way of collecting data is underway and will be analysed to create a draft plan for review and approval.	11%
Configure data storage facilities in Active H to ensure capture, storage, and reporting of data for both internal requirements and submitting data to the Housing Regulator		
Introduce an appointment system for repairs	This is part of the repairs re-procurement process. A review of the existing contract has taken place and will be used as part of the new contract specification.	11%
Q2 2026 (July to September)		
Design and configure processes, workflows, and tasking to ensure data is updated and continually validated and can effectively assist in modelling and programming future work requirements		
Q3 2026 (October to December)		
To deliver the action plan contained in the new engagement strategy	Action plan has been created and is being worked towards.	20%
Priority to be given to expanding the number of	Groups, events, and activities have been taking place to engage with Tenants and will continue.	20%

engaged tenants and monitoring that they are representative of the council's tenant population		
Increase the promotion to the wider body of tenants of the different ways of being involved and for differing periods of time. Also to evidence the benefits (outcomes) of resident engagement	This is an ongoing task and has seen Tenants participating in Boards and Involvement groups through the Council.	20%
Put arrangements in place to widen the range of involved activities, continuing to introduce practical activities similar to the estate walkabouts	This is an ongoing task and is part of the overall action plan.	20%
Complete all repairs and assets policies	Several Assets policies have been approved through Board, Scrutiny and Cabinet (the big6) these will need to be published. The percentage on this item will shift as the action will be broken down for all relevant policies and what stage they are currently at. This will be revised for February meeting.	20%

COMPLETED ITEMS	COMPLETION DATE	RAG	PROOF
Approve the Project environment and identify the Project resources, structure, plans and processes	November 4, 2024		
Comment on draft report and receive final report from HQN	November 4, 2024		
Develop a Risk Register for the Action Plan	November 4, 2024		
Brief senior officers, member groups and members	November 4, 2024		
Chief Exec to brief managers in Housing, Health & Communities & Assets	November 4, 2024		
Complete a Consumer Standards compliance action Plan. HQN to support	November 4, 2024		
Set up a structured and controlled document depository	November 4, 2024		
Finalise the current outstanding and overdue complaints as highlighted by HQN	November 4, 2024		
Publish the 23/24 submitted TSM's on the website	November 4, 2024		
Produce an up-to-date self-assessment form and publish on the web. Consistent with the self-assessment findings, also, complete and submit to the Housing Ombudsman the Complaint Handling Code Annual Submissions form	November 4, 2024		
Review complaint information on the website ensure Policy and processes are clear	November 11, 2024		
Review outstanding jobs and enhance monitoring process to reduce and improve the financial completion process	November 29, 2024		
Ensure the tenancy update visit proforma is comprehensive and customer focused, and used by all	November 29, 2024		
Appoint service leads for DA	December 3, 2024		
Identify and put in place the required resources to manage and deliver the action plan	December 6, 2024		
Publish the names and roles of senior staff on the website	December 6, 2024		Website was updated
Comprehensively review the published self-assessment in particular the non-compliant provisions	January 10, 2025		Review was undertaken
Complete an action plan based on review of non-compliant provisions in the published self-assessment	January 10, 2025		Action plan was created based on the review of the published self-assessment

RAG Colour Key:

Stage	Colour
Not Started	
Working on It	Yellow
Need Help	Red
Completed	Green

Consumer Standards SMART Goals

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COMPLETED ITEMS

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Approve the Project environment and identify the Project resources, structure, plans and processes.	2024-09-03	2024-10-04		2024-11-04	Achieved	100%
Comment on draft report and receive final report from HQN	2024-06-21	2024-07-15		2024-11-04	Achieved	100%
Develop a Risk Register for the Action Plan	2024-08-08	2024-08-28		2024-11-04	Achieved	100%
Brief senior officers, member groups and members	2024-06-21	2024-07-25		2024-11-04	Achieved	100%
Chief Exec to brief managers in Housing, Health & Communities & Assets	2024-06-21	2024-07-10		2024-11-04	Achieved	100%
Complete a Consumer Standards compliance action Plan. HQN to support	2024-07-01	2024-07-22		2024-11-04	Achieved	100%
Set up a structured and controlled document depository	2024-07-22	2024-09-27		2024-11-04	Achieved	100%
Finalise the current outstanding and overdue complaints as highlighted by HQN	2024-07-22	2024-09-30		2024-11-04	Achieved	100%
Publish the 23/24 submitted TSM's on the website.	2024-10-01	2024-10-31		2024-11-04	Achieved	100%
Produce an up-to-date self-assessment form and publish on the web. Consistent with the self-assessment findings, also complete and submit to the Housing Ombudsman the Complaint Handling Code Annual Submissions form	2024-06-10	2024-06-28		2024-11-04	Achieved	100%
Review complaint information on the website ensure Policy and processes are clear.	2024-07-22	2024-12-02		2024-11-11	Achieved	100%
Review outstanding jobs and enhance monitoring process to reduce and improve the financial completion process	2024-09-02	2024-10-31	2024-11-29	2024-11-29	Achieved	100%
Ensure the tenancy update visit proforma is comprehensive and customer focused, and used by all	2024-07-22	2024-11-29		2024-11-29	Achieved	100%
Appoint service leads for DA	2024-07-22	2025-01-22		2024-11-03	Achieved	100%
Identify and put in place the required resources to manage and deliver the action plan	2024-08-05	2024-11-29	2024-12-04	2024-12-06	Achieved	100%
Publish the names and roles of senior staff on the website	2024-10-14	2024-12-02	2024-12-12	2024-12-06	Achieved	100%
Comprehensively review the published self-assessment in particular the non-compliant provisions.	2024-07-22	2025-02-03		2025-01-10	Achieved	100%
Complete an action plan based on review of the non-compliant provisions in the published self-assessment.	2024-07-22	2025-02-03		2025-01-10	Achieved	100%

October to December 2024 (Q3 2024) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Complete all outstanding remedial work in relation to known HHSRS CAT 1 risks	2024-07-22	2024-11-29	2025-01-31		Working on it	78%
Review and update the DMC Policy	2024-10-14	2024-10-31	2025-01-31		Working on it	45%
Enhance estate services procedure and inspection regimes to ensure action is taken and recorded on issues even if it is not the Housing services responsibility to maintain	2024-07-22	2024-12-31	2025-01-20		Working on it	67%

January to March 2025 (Q4 2024) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Finalise the draft joint Tenancy Strategy with neighbouring Warwickshire councils	2024-07-22	2025-01-06			Working on it	67%
Finalise draft Repairs and Maintenance policy	2024-06-03	2025-01-22	2025-02-03		Working on it	40%
Review all repair measures reported and validate	2024-12-02	2025-01-22			Working on it	25%
Produce plan to ensure all properties have an in-date EPC	2024-12-02	2025-01-22			Working on it	26%
The lettable standard needs to be published, staff briefed on its content for consistency and evidence recorded that the lettable standard is being achieved.	2024-12-02	2025-01-22			Working on it	34%
Review and cleanse live repairs data to identify the actual repairs backlog of outstanding jobs over the 30 day target.	2024-06-28	2025-01-31			Working on it	51%
Meet with Contractors to discuss Action plan and approach to improvements and changes to complaints.	2024-12-02	2025-01-31			Working on it	56%
Produce a process map for the end-to-end process - DMC	2024-10-31	2025-01-31			Working on it	45%
Complete all actions by end of January 2025.	2024-07-22	2025-02-03			Working on it	67%
Produce a new self-assessment to be published on the website by end of January 2025	2025-05-01	2025-01-31			Working on it	56%
Set targets and monitor the completion of tenancy update visits	2024-12-02	2025-02-03			Working on it	11%
Develop a robust Action Plan with clear target timescales to complete the backlog of repairs asap	2024-12-02	2025-02-28			Not Started	0%
Develop a Knowledge Information Management (KIM) Strategy for how data will be, collected, stored, reported on and used to share services.	2024-09-02	2025-03-14			Working on it	25%
Continued provision of actions against the Pennington's report	2023-11-01	2025-03-31			Working on it	71%
For High-rise – individual information sheets/screens -Engagement Strategies being developed from surveys currently being undertaken	2024-04-01	2025-03-31			Working on it	50%
Development of information for all properties with communal areas (particularly when contract changes)	2024-04-01	2025-03-31			Not Started	0%
Reviewed Tenancy Agreement	2024-04-01	2025-03-31			Working on it	9%
Assets and Housing to redesign the end-to-end process for letting a void property and make Value for Money savings in time and costs.	2024-09-09	2025-03-31			Working on it	19%
Update the 30-year business plan to ensure the DHS is achieved for 100% of properties and maintained and other priorities are fully funded	2024-12-02	2025-03-31			Working on it	22%
Housing / Asset staff to receive briefings on the new Housing Ombudsman Complaint handling code by managers	2024-12-02	2025-03-31			Working on it	17%
Review the performance reporting and monitoring system and make improvements	2025-01-06	2025-03-31			Not Started	0%
Produce a procedure for DMC	2025-02-03	2025-03-31			Not Started	0%
Update the planned programme ensure sufficient data to model, programme and cost out the work	2024-12-02	2025-03-31			Not Started	0%
Review the customer journey and pathways and develop a proposed operating model.	2024-09-05	2025-03-31			Working on it	75%
Review ASB policies and ensure consistency and clarity and update the website. Implement clear procedures which are trained out.	2024-08-05	2025-03-31			Working on it	50%
Produce a suite of KPI's for DMC	2025-02-03	2025-03-31			Not Started	0%
Complete all remedial and improvement work in relation to known Non-Decent Homes	2024-07-22	2025-03-31			Working on it	67%
Set up a process to review lessons learnt from complaints ensure the necessary changes are made to the delivery of the service or policy and procedure and involve tenants in that learning process.	2024-11-04	2025-03-31			Working on it	20%

April to June 2025 (Q1 2025) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Pennington's to audit on completion of action plan and sign off	2025-03-31	2025-04-30			Not Started	0%
Complete HRA asset management strategy	2025-01-06	2025-06-30			Not Started	0%
Finalise draft Aids and Adaptations policy, consult and obtain approval	2024-12-02	2025-04-30			Working on it	6%
Review approach to managing aids and adaptations, in particular the contractual arrangements, underspends and take action to improve service delivery	2024-10-01	2025-06-23			Not Started	0%
Produce an EDI (including vulnerability) policy for Health, Housing & Communities services.	2024-12-02	2025-06-30			Not Started	0%
Produce a new suite of service standards in line with guidance and references in the Consumer Standards. The Resident Involvement Group (RIG) to help shape the standards. New standards to be approved and launched with staff and Relevant asset/housing team members to complete training (complaints).	2024-09-02	2025-04-30			Working on it	15%
	2024-12-02	2025-06-30			Working on it	20%
Set up and embed a 'specialist team' to handle and investigate complaints to ensure consistency and provide some independence from the delivery teams	2024-09-02	2025-06-30			Working on it	11%
Brief staff on what can be promoted relating to work on social, environmental or economic wellbeing	2025-01-06	2025-06-30			Not Started	0%

Undertake a review of the Housing officers' duties and responsibilities and make recommendations	2024-12-02	2025-04-30		Not Started	0%
Finalise policy (Hate Crime), consult residents and other stakeholders and approve final version Implement clear procedures which are trained out	2024-11-29	2025-06-30		Not Started	0%
Promotion of available services and support to tenants involved or witnessing hate crimes	2025-01-06	2025-04-30		Not Started	0%
Finalise policy (Domestic Abuse), consult residents and other stakeholders and approve final version	2024-09-09	2025-06-30		Not Started	0%

July to September 2025 (Q2 2025) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Validate and complete 100% SCS.	2023-06-22	2025-08-29			Working on it	20%
Review all elements of homes and communal areas to check they are being monitored for risks and mitigate such risks identified	2024-12-02	2025-07-22			Not Started	0%
Complete tenant consultation and produce final version for approval (repairs and maintenance policy)	2025-01-23	2025-08-07			Not Started	0%
Improve emergency repairs performance	2024-12-02	2025-07-22			Not Started	0%
Improve routine and other categories of repairs performance.	2024-12-02	2025-07-22			Working on it	67%
Collect data on customer contact in relation to all stages of the repair cycle	2024-12-02	2025-08-29			Working on it	14%
Finalise draft Planned Maintenance policy	2025-02-03	2025-09-30			Not Started	0%
Produce an Action plan on EDI developments in the service to include training	2025-05-01	2025-07-31			Not Started	0%
Review collection of EDI data and information and produce an action plan to collect, store, report on. Set out how it will be used to measure fairness. resoeect and meeting diverse needs	2024-12-02	2025-09-30			Working on it	17%
Ensure widespread understanding (by staff and tenants) of why data is being collected and what it will be used for	2025-05-12	2025-07-31			Not Started	0%
Finalise Policy (Neighbourhood Management), consult residents and approve final version. Implement clear procedures which are trained out.	2024-12-02	2025-07-31			Not Started	0%
Produce quarterly reports on EDI data held and how effectively the key service areas are meeting the diverse needs	2025-04-21	2025-07-31			Not Started	0%
Develop a formal pathway with agencies	2024-12-02	2025-07-22			Not Started	0%
Produce a monitoring report on the impacts of the Allocations policy by relevant protected characteristics	2025-04-21	2025-07-04			Not Started	0%
Promote mutual exchanges to tenants.	2025-01-06	2025-07-22			Not Started	0%
Consult and sign off the new strategy (tenancy strategy)	2025-01-06	2025-07-31			Not Started	0%
Introduce an audit programme. Visits targeted upon a set of priorities to include	2025-03-31	2025-07-22			Not Started	0%
Finalise the Tenancy Fraud Policy, consult and sign off.	2025-01-06	2025-09-30			Not Started	0%
Implementation of new operating model (based on review of customer journey)	2025-04-07	2025-09-30			Not Started	0%

October to December 2025 (Q3 2025) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Fully implement Aids and Adaptations policy	2025-05-05	2025-12-19			Not Started	0%
Review promotion and communication of HEART service	2025-05-05	2025-12-19			Not Started	0%
Finalise draft of Vulnerability Strategy - consult and sign off	2025-07-01	2025-10-31			Not Started	0%
Ensure there is a comprehensive approach to the collection of data (every visit is an opportunity) and Develop campaigns using all forms of communication media to collect data	2025-04-14	2025-10-31			Not Started	0%
Review existing information on the web, update as required and as information and data is developed and enhance upload onto website	2025-06-09	2025-10-31			Not Started	0%
Complete a mapping exercise to identify shared spaces including spaces shared with tenants of other landlords to be able to work effectively with other landlords to promote safety.	2025-01-20	2025-10-31			Not Started	0%
Implement policy and required procedures and guidance and brief/train staff on their roles in relation to Domestic Abuse	2025-07-01	2025-10-31			Not Started	0%
Provide improved information on the Council website in respect of domestic abuse (DA) with specific reference to council tenants.	2025-07-01	2025-10-31			Not Started	0%
Introduce a robust approach to tackling this issue (tenancy fraud), particularly when visiting homes during the life of a tenancy and especially where a tenant has applied for the Right to Buy	2025-03-31	2025-11-28			Not Started	0%
Review backlog and resource improved performance in this area	2025-09-01	2025-12-19			Not Started	0%
Produce a detailed Planned Maintenance Programme, monitored through Engagement Channels	2025-09-01	2025-12-19			Not Started	0%

January to March 2026 (Q4 2025) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Complete tenant consultation and produce final version for approval (Planned Maintenance Policy)	2025-10-06	2025-03-31			Not Started	0%
Provide a tailored training session for Housing and Asset staff on EDI	2025-09-01	2025-03-31			Not Started	0%
Improve the website page and make it easier to report ASB online	2025-04-01	2025-03-31			Not Started	0%
Undertake review of ASB processes in ActiveH and how they are linking with other modules in the system	2025-10-06	2025-03-31			Not Started	0%
Achieve consistency at 98% (improved emergency repairs performance)	2025-07-23	2025-03-31			Not Started	0%
Achieve consistency at 90% (improve routine and other repairs performance)	2025-07-23	2025-03-31			Not Started	0%

April to June 2026 (Q1 2026) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Configure data storage facilities in Active H to ensure capture, storage and reporting of data for both internal requirements and submitting data to the Housing Regulator	2025-03-24	2026-06-19			Not Started	0%
Introduce an appointment system for repairs.	2024-08-05	2026-04-01			Working on it	11%
Establish a clear plan for the collection, analysis and use of household data	2024-09-02	2026-06-26			Working on it	11%

July to September 2026 (Q2 2026) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
Design and configure processes, workflows and tasking to ensure data is updated and continually validated and can effectively assist in modelling and programming future work requirements.	2025-05-19	2026-07-22			Not Started	0%

October to December 2026 (Q3 2026) Goals

Name	Start Date	Target Due Date	Revised Due Date	Actual Completion Date	Final	Progress
To deliver the action plan contained in the new engagement strategy	2023-04-03	2026-11-30			Working on it	20%
Priority to be given to expanding the number of engaged tenants and monitoring that they are representative of the council's tenant population.	2023-04-03	2026-12-18			Working on it	20%
Increase the promotion to the wider body of tenants of the different ways of being involved and for differing periods of time. Also to evidence the benefits (outcomes) of resident engagement	2023-04-03	2026-12-18			Working on it	20%
Put arrangements in place to widen the range of involved activities, continuing to introduce practical activities similar to the estate walkabouts.	2023-04-03	2026-12-18			Working on it	20%
Complete all repairs and assets policies	2024-06-03	2026-11-30			Working on it	20%

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.
 %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'.

Last LIVE Data Refresh: 13/01/2025 11:22

Refresh Data

Snap Shot

Management Report

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".

08/11/2024

Properties

Compliance

Comments

Total Assets	On Programme	Off Programme	Validation Required	Compliant	Non-compliant	Current Compliance	%Change / Weekly Snap-Shot	%Change from Management Report
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Change in Asset Count ▲ 32

Domestic Dwellings

Gas (LGSR Programme) In Date	5662	4641	737	284	4641	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
CO Detection Installed (Y/N)	5662	4614	748	300	4602	12	99.74%	↓ 0.00%	↓ 0.00%	Reviewing list of non-compliant with Contractor for existing evidence to confirm compliant position, (or otherwise) and where non-compliant provide works orders to install. Complete by 31/03/25
Electric (5-Yr EICR Programme) In Date	5662	5554	79	29	5475	79	98.58%	↑ 0.27%	↑ 0.18%	Programme for outstanding EICR's raised 03/2024 to resolve non-compliance. Expect to be caught up, (allowing for 'no access' issues) by end of October. Thereafter programmes will be sent six months in advance of due by date.
Smoke Detection Installed (Y/N)	5662	5514	120	28	5350	164	97.03%	↑ 0.03%	↑ 0.07%	Reviewing list of non-compliant with Contractor for existing evidence to confirm compliant position, (or otherwise) and where non-compliant provide works orders to install. Complete by 31/03/25

Change in Asset Count → 0

Communal Blocks & Schemes

Gas (LGSR Programme)	270	8	262	0	8	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
Electric (5-Yr EICR Programme)	270	254	16	0	253	1	99.61%	↑ 1.97%	↑ 1.96%	1 Non-Compliant = James Court - Refurb
Fire Risk Assessment	270	270	0	0	250	20	92.59%	↓ -3.33%	↓ -3.33%	All FRA's ordered to March 2025 - Awaiting completion & return.
Asbestos Management	270	200	56	14	197	3	98.50%	→ 0.00%	→ 0.00%	Programme for obtaining outstanding/refreshed Asbestos Management/Reinspection surveys raised 04/2024. Current completion date estimated by Contractor to be May 2025
Water Hygiene (Legionella) Risk Assessment	270	14	252	4	14	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
Lifts Full Inspection	25	23	2	0	23	0	100.00%	→ 0.00%	→ 0.00%	Business as usual. Christine Ledger Square. (decommissioned from use). Yeomanry Close in Refurbishment.

Change in Asset Count → 0

Community Centres

Gas (LGSR Programme)	4	4	0	0	4	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
Electric (5-Yr EICR Programme)	4	4	0	0	4	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
Fire Risk Assessment	4	4	0	0	4	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
Asbestos Management	4	4	0	0	4	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.
Water Hygiene (Legionella) Risk Assessment	4	4	0	0	4	0	100.00%	→ 0.00%	→ 0.00%	Business as usual.

FRA Follow Up Actions

Block	Risk								Total Outstanding	Total Outstanding Excluding 'No Timescale'
	High		Medium		Low		No timescale			
	Complete	Outstanding	Complete	Outstanding	Complete	Outstanding	Complete	Outstanding		
Sheltered	39	0	69	1	10	0	11	0	1	1
Low	558	101	1500	586	142	156	560	79	922	843
Medium	36	0	133	16	22	1	23	0	17	17
High	14	0	81	1	20	0	17	0	1	1
	647	101	1783	604	194	157	611	79	941	862

HISTORICAL SNAPSHOTS ↓↓↓↓↓↓↓↓

7/17/2024 Risk

Block	High		Medium		Low		No timescale		Total Outstanding	Total Outstanding Excluding 'No Timescale'
	Complete	Outstanding	Complete	Outstanding	Complete	Outstanding	Complete	Outstanding		
Sheltered	20	19	16	53	4	6	6	5	83	78
Low	213	446	117	1969	4	294	224	415	3124	2709
Medium	18	18	33	116	9	14	12	11	159	148
High	14	0	60	22	17	3	11	6	31	25
	265	483	226	2160	34	317	253	437	3397	2960

HHSRS CAT 1 Follow Up Actions

Group (All)

Count of HH_AssetID	Column Labels						Grand Total
	Inspect/Assess Required	Works Ordered	Post Inspection Required	Post Inpection booked no access	Visited - Aids and Adaptations Referral	Complete	
Row Labels							
2023							
Aug							
CAT 1					1	2	3
Sep							
CAT 1						2	2
Oct							
CAT 1		2	1	1		6	10
Nov							
CAT 1	1			1		2	4
2024							
Jan							
CAT 1						10	10
Feb							
CAT 1	3					5	8
Apr							
CAT 1		3	1	2		7	13
Jun							
CAT 1		1	2				3
Jul							
CAT 1			1		1		1
Grand Total	4	6	5	4	1	34	54

Damp and Mould Follow Up Actions

Count of Current Status HazardBand	Current Status Complete	Inspect/Assess Required	Post Inspection Required	Works Ordered	Grand Total	
CAT 1	10		2	4	3	19
CAT 2	11		2	14	12	39
Unknown					1	1
Grand Total	21		4	18	16	59
Group	(All)					

Count of HH_AssetID Row Labels	Column Labels Complete	Inspect/Assess Required	Post Inspection Required	Works Ordered	Grand Total	
2023						
Sep						
CAT 2	7			6	5	18
Unknown					1	1
Oct						
CAT 1	2			2		4
CAT 2	2	1		2	4	9
Nov						
CAT 1	1	1				2
CAT 2	1			5	1	7
2024						
Jan						
CAT 1	2					2
CAT 2		1		1		2
Feb						
CAT 1	2					2
CAT 2	1				1	2
Apr						
CAT 1	2	1		2	2	7
Jun						
CAT 1	1				1	2
CAT 2					1	1
Grand Total	21		4	18	16	59

Water Hygiene (Legionella) Management - Risk Assessment Actions									
Frequency	One off								
Count of Actions by Priority and Completion	Risk		High		Low		Medium		Grand Total
	Very High								
HRA Asset	Yes	No	Yes	No	Yes	No	Yes	No	
Block (1-26) James Court, Weston Close, Warwick, CV34 4PD		2	1	22	2	5		4	36
Block (1-32) Yeomanry Close, Warwick, CV34 4UT			4	6	3		3	3	19
Block (1-40) Tannery Court, Bertie Road, Kenilworth, CV8 1QY	2	2	26	10	14		7	1	62
Block (1-41), Acorn Court, Stockton Grove, Leamington Spa, CV32 7NP		4		19		3		8	34
Block (14-67) Christine Ledger Square, Leamington Spa, CV31 3BA		1		12		3		6	22
Block (1-47A) Chandos Court, Chandos Street, Leamington Spa, CV32 4YU	3	9	17	14	5	1	7	9	65
Block (1-54) Radcliffe Gardens, Brunswick Street, Leamington Spa, CV31 2DY			1	7	2	8		4	22
Block (1-6) Dell House, New Brook Street, Leamington Spa, CV32 5AR			1	10		4		8	23
Block (1-89) Eden Court, Mason Avenue, Leamington Spa, CV32 7PG	1			8	1	3	2	1	16
Block (2-92) Southern Court, Mason Avenue, Leamington Spa, CV32 7PU				4		3		2	9
Block (29-74) Stamford Gardens, Rugby Road, Leamington Spa, CV32 6DD			1	10	5	2		4	22
Block (30-82) Sayer Court, Tachbrook Road, Leamington Spa, CV31 3AL			3		2	14	1	12	32
Block(1-64) Westbrook House, New Brook Street, Leamington Spa, CV32 5AS				8		4		4	16
Block(2-92) Ashton Court, Newland Road, Leamington Spa, CV32 7PX				4				1	5
Grand Total	6	18	54	134	34	50	20	67	383

Asbestos Follow Up Actions

HRA Asset	Survey Date	Description	Position	Rec. Action	Timescale For Completion	Order Raised	Order Number	Completed
BLOCK, (36-52), CROWN WAY, Leamington Spa, CV32 7SE	10/05/2024	Textured coating to plasterboard ceiling	Ceiling	C - Encapsulate	November 2024	06.11.24	698328	03.12.24
COMMUNITY CENTRE, SALTISFORD GARDENS, WARWICK, CV34 5RL	30/05/2024	Cement soffit	Low level roof	C - Encapsulate				
BLOCK, (1-64) WESTBROOK HOUSE, NEW BROOK STREET, Leamington Spa, CV32 5AS	03/07/2024	Vent covers	To wall of lift motor room	C - Encapsulate		06.11.24	698329	03.12.24
BLOCK, (1-9) WICKHAM COURT, The Holt, Leamington Spa, CV32 7AN	08/10/2024	Insulation Board	Incinerator door	C - Encapsulate	April 2025	06.11.24	698330	03.12.24
BLOCK (1-18), 44 CLARENDON SQUARE, Leamington Spa, CV32 5QZ	08/10/2024	Insulation Board	Boxing above store 17	C - Encapsulate	April 2025			
BLOCK (1-18), 44 CLARENDON SQUARE, Leamington Spa, CV32 5QZ	08/10/2024	Insulation Board	Garage ceiling	C - Encapsulate	April 2025			
BLOCK (1-18), 44 CLARENDON SQUARE, Leamington Spa, CV32 5QZ	08/10/2024	Insulation Board	Garage ceiling	C - Encapsulate	April 2025			

Warwick District Council - Consumer Standards Improvement Plan Risk Register

Context: This Risk Register is concerned with the delivery of the Consumer Standards Improvement plan produced in response to the Housing Regulators requirement that all Housing Providers comply with the published Consumer Standards.

REF	DATE RAISED OR RR Date Raised	RISK OWNER	RISK TITLE	RISK DESCRIPTION	CONFIDENTIAL	RISK EXPOSURE	RAW RISK RATING			RISK CONTROL MEASURES	EFFECTIVENESS OF CONTROL MEASURES	RISK CONTROL ACTION/NEED(S)	CURRENT RISK RATING			PROGRESS/COMMENTS	NEGATIVE OR OPPORTUNITY RISK	RISK SOURCE	REVIEW	RISK RESPONSE	RISK STATUS	NOTES
							LIKELIHOOD	IMPACT	OVERALL RISK RATING				LIKELIHOOD	IMPACT	OVERALL RISK RATING							
1	29/08/2024	Board	Action plan not comprehensive enough.	Action plan is not comprehensive enough to ensure full compliance with all the standards.	No	Reputational damage, Non compliance with the Regulations Impact in respect of tenants/customer service	3	4	12	Support by HQN to identify areas for improvement. Senior managers have reviewed the plan and provided amendments and updates. Governance structure will provide challenge and sign off. Ongoing monitoring of any changes or amendments to the Consumer Standards	Partially Effective	Paul Smith	2	3	6	HQN to provide further assurance for both the plan and the Risk register. Officers to review on a quarterly basis	Negative	Legislative	Monthly	Avoid	Open	06.01.2025: no change to risk.
2	29/08/2024	Board	Action plan not delivered	Failure to deliver the overall Consumer Standards Improvement plan	No	Reputational damage, Non compliance with the Regulations Impact in respect of tenants/customer service Risk that RSH determines WDC to be non-compliant with consumer standards	3	5	15	A new governance structure is in place to oversee delivery. An Improvement strategy, project Initiation Document and Risk Register have been developed	Partially Effective	Lisa Barker	2	3	6	Plan contains target dates Additional resources are being evaluated to ensure the improvement actions will be delivered	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk. Though some targets dates have changed, no change to overall delivery date of project.
3	29/08/2024	Board	Self referral elements not actioned.	Failure to implement actions to satisfy the RSH following self-referral	No	Reputational damage, Non compliance with the Regulations Impact in respect of tenants/customer service Risk that RSH determines WDC to be non-compliant with consumer standards	3	5	15	A new governance structure is in place to oversee delivery. An Improvement strategy, project Initiation Document and Risk Register have been developed	Partially Effective	Lisa Barker	2	3	6	Plan contains target dates Additional resources are being evaluated to ensure the improvement actions will be delivered	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk. Though some targets dates have changed, no change to overall delivery date of project.
4	29/08/2024	Board	Safety elements not actioned	Failure to demonstrate effective compliance against the safety elements of the consumer standards	No	Reputational damage, Non compliance with the Regulations Impact in respect of tenants/customer service Risk that RSH determines WDC to be non-compliant with consumer standards	3	5	15	A new governance structure is in place to oversee delivery. An Improvement strategy, project Initiation Document and Risk Register have been developed	Partially Effective	Lisa Barker	2	3	6	Plan contains target dates Additional resources are being evaluated to ensure the improvement actions will be delivered	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk. Though some targets dates have changed, no change to overall delivery date of project.
5	29/08/2024	Board	Not complying with the Housing Ombudsman Complaint handling code	Failure to comply with requirements around complaints (including the expectations of the Ombudsman)	No	Reputational damage, Non compliance with the Regulations Impact in respect of tenants/customer service	2	4	8	A new governance structure is in place to oversee delivery. An Improvement strategy, project Initiation Document and Risk Register have been developed Self assessment completed in June 2024 improvements to processes identified currently being implemented.	Partially Effective	Lisa Barker	1	2	2	Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
6	29/08/2024	Board	Delivery of Action Plan too slow.	Progress to deliver the plan is slower than anticipated	No	Reputational damage, Non compliance with the Regulations Impact in respect of tenants/customer service	3	4	12	A new governance structure is to be put in place to oversee delivery. An Improvement strategy, project Initiation Document and Risk Register have been developed	Full Effective	Lisa Barker	1	2	2	Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
7	29/08/2024	Board	Action Plan target dates not covering priorities	Improvement is not appropriately targeted to the highest priority first.	No	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution impact in respect of tenants/customer service	3	5	15	HQN's report has prioritised its findings and these are reflected in the timescales for the action plan An Improvement strategy, project Initiation Document and Risk Register have been developed	Full Effective	Paul Smith	1	2	2	Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
8	29/08/2024	Board	Communication of non compliance deficient	Deficiencies in service or non compliant standards are not reported to management	No	Inadequate management response Board unable to fulfil its obligations. Reputational damage Impact in respect of tenants/customer service	3	4	12	An Improvement strategy, project Initiation Document and Risk Register have been developed	Partially Effective	Jen Morrison	2	4	8	service deficiency reporting mechanisms to be established and reported to the Board.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
9	29/08/2024	Board	Progress and impact not correctly monitored	Unknown/conflicting performance or information against any of the compliance areas	No	Inadequate management response Board unable to fulfil its obligations. Reputational damage Impact in respect of tenants/customer service	2	4	8	An Improvement strategy, project Initiation Document and Risk Register have been developed.	Full Effective	Jen Morrison	1	2	2	Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
10	29/08/2024	Board	Poor Data collection and reporting of progress of Action Plan	Data and information is incorrect and cannot be relied upon	No	Inadequate management response. Board unable to fulfil its obligations. Reputational damage	3	4	12	An Improvement strategy, project Initiation Document and Risk Register have been developed.	Partially Effective	Jen Morrison	3	3	9	Data collection, storing and retrieving effectively runs through the Consumer Standards requirements and is an identified priority area in the Action Plan. Assurance controls will need to be introduced to confirm compliance of a number of the standards especially reporting outcomes to the Board.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
11	29/08/2024	Board	Insufficient resources to deliver the Actions.	Operational capacity and resources insufficient to deliver the action plan and enable the Board to effectively function and deliver the outcomes	Yes	Inadequate management response. Board unable to fulfil its obligations. Reputational damage	4	4	16	Resources are being evaluated and discussions held. Final resource requirements will require the final signed of action plan and the priority of the actions to be confirmed to start to obtain and deploy resources.	Partially Effective	Darren Knight	3	4	12	Resources will be efficiently acquired, appropriately deployed and effectiveness monitored within the complete project environment for delivering the Action Plan	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk. Recruitment is underway.
12	29/08/2024	Board	Effective governance at board level	The Board are not competent to provide effective leadership.	Yes	Ineffective monitoring, controls or decision making. Board unable to fulfil its obligations. Reputational damage impact in respect of tenants/customer service	2	4	8	The existing Board arrangements and similar personnel will be engaged to oversee the delivery of the action plan. An external independent sector specialist will be on the board.	Partially Effective	Darren Knight	2	2	4	Review and self assessment of board arrangements will take place.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.

13	29/08/2024	Board	Officer Competence to deliver the Action Plan	Senior officers and those responsible for compliance are not trained or competent.	No	Inadequate management response. Board unable to fulfil its obligations. Reputational damage	2	4	8	Senior officers have received training, and are experienced in delivering against plans and ensuring compliance with all aspects of services.	Partially Effective	Lisa Barker	2	2	4	Project and delivery competences will be addressed. Ongoing organisational and training needs assessment and delivery of ongoing training and support.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk. HQN training has been provided and ongoing needs will be assessed.
14	29/08/2024	Board	Effective governance at Committee level	Committee are not competent to provide the appropriate governance	Yes	Inadequate support and decision making. Board unable to fulfil its obligations. Reputational damage Impact in respect of tenants/customer service	2	4	8	Training being provided by HQN to the Committee. Committee members have the experience and competent levels	Partially Effective	Darren Knight	2	2	4	Effective governance will be reviewed by the Councils Monitoring officer	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
15	29/08/2024	Board	Poor communication through project and governance levels	Lack of/poor communications between the levels, within the levels and internally/externally	No	Reputational damage. Non compliance with Housing Regulations	3	4	12	An improvement strategy, project Initiation Document and Risk Register have been developed.	Partially Effective	Darren Knight	2	2	4	Communication plan to be developed as part of the project environment Regular and frequent reporting through the governance structure to be set up Standing item on managers meeting agendas Team meetings, briefings and review sessions All relevant information shared on the Intranet, Teams Channels and SharePoint	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
16	29/08/2024	Board	Poor communication with Tenants	Poor communication with Tenants and Leaseholders	No	Reputational damage Non compliance with Housing Regulations	3	4	12	An improvement strategy, project Initiation Document and Risk Register have been developed.	Partially Effective	Paul Smith	2	3	6	Communications plan to be developed for Tenant and leaseholder communications Updates provided to T&L frequently Regular information to T&L via the website and newsletters	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
17	29/08/2024	Board	Management of Resources	Key staff leaving or being absent for a period of time	No	Reputational damage Non compliance with Housing Regulations	3	4	12	Processes are in place to bring in agency, temporary staff or additional consultancy support as necessary, whilst recruitment is undertaken.	Partially Effective	Lisa Barker	3	2	6	Additional resourcing requirements to be put in place. Project team to have regular communications with project leads Regular and frequent check-ins with key staff to assess wellbeing Deputies and buddying system to be put in place	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
1C	03/11/2023	Board	Action plan not comprehensive enough.	Compliance action plan is not accurate	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	1	1	1	Penningtons are highly qualified with a strong reputation in this field. They will be involved throughout the project.	Fully Effective		1	1	1	Consideration to be given to engage an external auditor, independent from Pennington, near to completion of project. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
2C	03/11/2023	Board	Action plan not delivered	Failure to deliver the overall Compliance Action Plan	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	1	2	2	New plan, so there are no existing controls. The plan contains milestones and target dates. A Board reports directly and on a monthly basis to the Asset Compliance Audit & Scrutiny Committee Additional resources are being recruited	Fully Effective		1	2	2	Monitored and reported to Compliance Board for regular review. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
3C	03/11/2023	Board	Delivery of Action Plan too slow.	Progress to deliver the plan is slower than anticipated	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	1	5	3	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	Fully Effective		1	1	1	Monitored and reported to Compliance Board for regular review. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk. There has been a change to delivery dates and overall delivery. These have been communicated via Governance structures.
4C	03/11/2023	Board	No priority to action plan	Improvement is not appropriately targeted to the highest priority first.	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	1	3	3	Through the Pennington Report, the 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	Fully Effective		1	1	1	Monitored and reported to Compliance Board for regular review. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
5C	03/11/2023	Board	Poor communication through project and governance levels	Incidents are not reported to management	No	Reputational damage. Inadequate management response Board unable to fulfil its obligations.	3	3	9	New plan and therefore there are no existing controls. Incident reporting mechanisms to be established and reported to the Board.	Fully Effective		1	3	3	Incident reporting mechanisms has been established and reported to the Board. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
6C	03/11/2023	Board	Inaccurate Data - not reliable	Unknown performance against all of the compliance areas	No	Reputational damage. Inadequate management response Board unable to fulfil its obligations.	3	3	9	Needs visibility of performance and progress - a dashboard. The dashboard needs to be visible to appropriate officers and board members	Fully Effective		1	1	1	Dashboard showing Compliance reporting underway. The dashboard needs to be visible to appropriate officers and board members. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
7C	03/11/2023	Board	Inaccurate Data - not reliable	Current data is incorrect and cannot be relied upon when it comes to the Big 6.	No	Reputational damage. Inadequate management response Board unable to fulfil its obligations.	3	3	9	A data validation exercise is recommended by Penningtons and is contained within the action plan. Will provide a baseline of current data held.	Fully Effective		1	1	1	A data validation exercise is underway with Penningtons and is contained within the action plan. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.

8C	03/11/2023	Board	Management of Resources	Operational capacity insufficient to enable the Board to effectively function and deliver the action plan	No	Reputational damage. Inadequate management response Board unable to fulfil its obligations.	3	3	9	Leads and project manager have been identified and hired.	Partially Effective		2	2	4	Any further gaps in resources will be identified through process mapping. Recruitment will be as needed.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
9C	03/11/2023	Board	Effective governance at board level	The Board is not competent to provide required leadership.	No	Adverse impact on the Council	1	2	2	An external independent sector specialist has been invited to sit on the board and has accepted. Training will also be provided by Pennington Choices for Board members.	Fully Effective		1	1	1	Further refresher training organised as needed. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
10C	03/11/2023	Board	Officer Competence to deliver the Action Plan	Senior officers and those responsible for compliance or other health and safety work are not trained or competent.	No	Reputational damage. Inadequate management response Board unable to fulfil its obligations.	1	2	2	Training to be provided by Pennington Choices for Officers.	Fully Effective		1	2	2	Further refresher training organised as needed. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
11C	03/11/2023	Board	Effective governance at Cabinet level	Cabinet are not competent to provide the appropriate governance	No	Reputational damage. Inadequate management response Board unable to fulfil its obligations.	1	2	2	Training to be provided by Pennington Choices for Cabinet members.	Fully Effective		1	2	2	Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
12C	03/11/2023	Board	Poor communication through project and governance levels	Lack of/poor communications between the levels, within the levels and internally/externally	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	1	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.	Fully Effective		1	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. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
13C	03/11/2023	Board	Poor risk assessment	The risks associated with the Penningtons report and actions plan are not captured, the captured risks are not complete.	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	3	3	9	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	Fully Effective		1	1	1	Had a midpoint review and there was acknowledgement from Pennington that good progress has been made. Will still engage Pennington near to completion of project for final review. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
14C	03/11/2023	Board	Poor communication with Tenants	Poor communication with Tenants and Leaseholders	No	Reputational damage.	2	3	6	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	Fully Effective		1	2	2	Communications strategy has been developed. Full infographic will be on the website for transparency. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
15C	03/11/2023	Board	Poor communication.	Reputational Damage or loss of confidence including community concerns	No	Reputational damage	2	3	6	Reputational damage. Overwhelming numbers of enquiries. Significant press interest. Known tenants of concern introduce additional noise into the system	Fully Effective		1	2	2	On going communications strategy being developed. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
16C	03/11/2023	Board	Insufficient resources to deliver the Actions.	Key staff leaving or being absent for a period of time	No	Reputational damage or potential prosecution. Significant harm to tenants / leaseholders and buildings.	3	3	9	Ability to bring in agency or additional staff as necessary although delays still occur. Employee Assistance programme	Partially Effective		2	2	4	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. Continue to monitor.	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.
17C	03/11/2023	Board	Legal penalties	Increased risk of no win no fee claims	No	Reputational damage and high costs.	4	4	16	Increased costs in damages, legal fees, surveyors and administrators to handle claims. Reputational damage.	Partially Effective		3	3	9	Within the tenant and leaseholder communication plan, develop approaches to guide tenants to contact the Council if they have concerns with their property. Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	06.01.2025: no change to risk.

Stage One [TSM Definitions Only]	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of Stage One complaints received per month	2	3	3	14	11	23	17	20	14
(Number of Stage One complaints received Per 1000 Homes)	0.36	0.54	0.54	2.50	1.96	4.11	3.04	3.57	2.50
Of complaints received in the month, how many remain outstanding?	0	0	0	0	0	0	0	8	12
Of complaints received in the month, how many have been fully responded to?	2	3	3	14	11	23	17	12	2
Of the complaints responded to, how many were within Housing Ombudsman's CHC timescale?	0	0	2	6	7	9	11	9	2
Percentage of Stage One complaints responded to within Housing Ombudsman's CHC timescale	0%	0%	67%	46%	64%	39%	65%	75%	100%
Stage Two [TSM Definitions Only]	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of Stage Two complaints received per month	0	3	0	2	2	1	4	3	3
(Number of Stage Two complaints received Per 1000 Homes)	0.00	0.54	0.00	0.36	0.36	0.18	0.72	0.54	0.54
Of complaints received, how many remain outstanding?	--	0	--	0	0	1	2	1	3
Of complaints received, how many have been fully responded to?	--	3	--	2	2	0	2	2	0
Of complaints responded to, how many were within Housing Ombudsman's CHC timescale?	--	0	--	1	0	--	1	1	--
Percentage of Stage Two complaints responded to within Housing Ombudsman's CHC timescale	--	0%	--	50%	0%	--	50%	50%	--

Title: Review of Complaints Regarding Housing 2023/24
Lead Officer: Graham Leach, Head of Governance & Monitoring Officer
Portfolio Holder: Councillor Adkins
Wards of the District directly affected: All

Approvals required	Date	Name
Portfolio Holder	17/1/2025	Councillor Adkins Councillor Davison
Finance		
Legal Services		
Chief Executive		Chris Elliott
Strategic Director & Deputy Chief Executive	16/1/25	Darren Knight
Head of Service(s)	17/1/2025	Lisa Barker Graham Leach
Section 151 Officer	15/01/25	Andrew Rollins
Monitoring Officer	17/1/2025	Graham Leach
Leadership Co-ordination Group		N/A
Final decision by this Committee or rec to another Cttee / Council?	Yes	
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

The report outlines the details of complaints made regarding the housing service in the financial year 2023/24 and learning from these, as required by the Housing Ombudsman.

Recommendation(s)

- (1) That the Committee notes and comments on the report and learning from complaints in 2023/24.
 - (2) That the Committee notes it will receive a report setting out the 24/25 review of housing complaints in Quarter one of 2025/26
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1 Reasons for the Recommendation

- 1.1 The Housing Ombudsman has an adopted and enforceable Complaint Handling Code. This Council is required to make an annual submission on how it considers it is complying with the Code.
- 1.2 The submission made by Warwick District Council in June, and as part of that Submission the Council intended to complete its review of complaints in 2023/24 later in the year. As the Committee will be aware since that time the Council has received the independent report from HQN highlighting a number of areas for improvement for the Council, including complaint handling.
- 1.3 The Housing Ombudsman contacted the Council in December to remind it that it was needed to produce the following:
 - Provide its annual complaints performance and service improvement report for 2023/24;
 - Provide a response from the governing body to the annual complaints performance and service improvement report for 2023/24;
 - Publish the annual complaints performance and service improvement report along with the governing body's response to the report on the landlord's website
- 1.4 The complaints performance and service improvement report must include the following:
 - the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements.
 - a qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept;
 - any findings of non-compliance with this Code by the Ombudsman;
 - the service improvements made as a result of the learning from complaints;
 - any annual report about the landlord's performance from the Ombudsman; and
 - any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord
- 1.5 As Councillors are aware as part of the independent assessment of the Council Housing Service by HQN a number of action points were identified in respect of complaint handling with specific actions of which are reported to this Committee

as part of the regular update on the Consumer standards action plan (set out elsewhere on the agenda for this meeting). In summary the actions to be completed, which are all in progress are:

- Housing / Asset staff to receive briefings on the new Housing Ombudsman Complaint handling code by managers.
- Relevant asset/housing team members to complete training (complaints)
- Set up and embed a 'specialist team' to handle and investigate complaints to Agreement that Stage One complaints are to be logged in ActiveH in addition to the corporate framework.
- Set up a process to review lessons learnt from complaints ensure the necessary changes are made to the delivery of the service or policy and procedure and involve tenants in that learning process

1.6 In addition to these the following actions have been completed in November 2024:

- Finalise the current outstanding and overdue complaints as highlighted by HQN
- Produce an up-to-date self-assessment form and publish on the web. Consistent with the self-assessment findings, also, complete and submit to the Housing Ombudsman the Complaint Handling Code Annual Submissions form
- Review complaint information on the website ensure Policy and processes are clear

1.7 With this context in mind there has been significant work being undertaken by the Policy, performance and Complaints Manager in partnership with Customer Engagement and Business Support Manager and Customer Service team Leader (within Housing Services) to design and deliver an improved complaints handling for Housing Tenants.

1.8 The Councils complaints policy was updated in February 2024 to align more closely with the Housing Ombudsman and Local Government & Social Care Ombudsman complaint handling codes including making changes to the timescales which the Council should respond to complaints, 10 working days at Stage 1 and 20 working days at Stage 2. Process changes followed, to ensure a more focussed approach to administration of complaints and provide further transparency, through weekly reporting of outstanding complaints to all managers.

1.9 With this in mind the numbers below set out both 2023/24 and 2024/25 for comparison to show the changes in reporting.

	Stage 1 complaints	Stage 1 on time	Stage 2 Complaints	Stage 2 on time
2023/24	29	24%	4	25%
2024/25	136 logged - 14 are still open	42%	16	12.5%

- 1.10 Officers have reviewed this data with a view to adding further detail about outcomes of complaints for example number of complaints upheld or not. However this has shown a lack of accuracy with the recording of this information which exists in complaint reports. Housing Services and the Policy, Performance and Complaints Manager will begin work to ensure that outcomes are logged, backdated to April 2024 and include more granularity in respect of the number of aspects considered within each complaint.
- 1.11 Councillors will be mindful that the HQN report identified the Council was not recording sufficient number of cases which led to a deficit in understanding of wider issues and ensuring good robust procedures. With this in mind the Council began logging historic Service Requests in December 2024 to look at trends, 148 service requests have been logged so far (backdated to October 2023) 46 of these (31%) are Housing related and the following categories, allocated from the list of categories used by the LGSCO have been applied:
- 1 - Council house improvement
 - 1 - Council house rent
 - 29 - Council house repairs
 - 1 - Homelessness
 - 10 - Managing council tenancies
 - 3 - Other ([1]Communal cleaning, [2]infringement of privacy and [3]hostel operations)
- 1.12 This has helped to provide a greater understanding of both demand and challenges across the Council as well as potential impact if these were all logged as complaints.
- 1.13 There were 12 Ombudsman cases over 2023 and all of 2024 recorded across the time period which covered a number of issues however the primary concern identified was both the response time to the Ombudsman and the complainants. No performance report was issued by the Housing Ombudsman about the Council for this although the Council is expecting one to be issued for 2024/25 for the reasons of not responding on time to Ombudsman enquiries for the first half of 2024/2025 but this has now significantly changed due to revised procedures in place.
- 1.14 In response to this concern, which was also reflected in the response time for complaints overall, is the primary focus for the teams involved. This has seen more dedicated officers in housing for investigating complaints and the Policy Performance and Complaints Manager taking responsibility for all stage 2 complaints investigation.
- 1.15 There has also been a concern over monitoring the implementation of any complaint remedy and learning points from complaints. Therefore, The Policy, Performance & Complaints manager has created a Complaint Recommendation list in SharePoint Online. This acts as a way to capture the outcomes of complaints including; remedies, learning points, recommendations and orders from complaint reports at Stage 1 and Stage 2 of the WDC Complaints Process and complaint reports from the LGSCO and HOS. The list captures the detail of the complaint outcomes and assigns these to the relevant Head of Service, the officer responsible for completing the item and a date by which the item should

be completed.

- 1.16 Communication received by the complaints mailbox that is not immediately identifiable as a complaint will be logged as Service Requests in the first instance, a brief description of the service request as well as requester details will be captured and the request will be categorised. This will ensure that the complaints team can cross reference the Service Request information and escalate any follow up requests for the same matter through the complaints process.
- 1.17 The work undertaken will lead to a more detailed review of complaints received in 2024/25 which will be reported to this Committee (on Housing) and Overview & Scrutiny Committee (whole Council) in the first quarter of the 2025/26 financial year.

2 Alternative Options

- 2.1 There are no alternative options available based on the required deadline for reporting to the Housing Ombudsman.

3 Legal Implications

The only legal implication from this report is the need for reporting to the Committee and publishing the assurance around this to meet requirements from the Housing Ombudsman.

4 Financial Implications

- 4.1 There are no direct financial implications of this report. However where complaints are upheld there will normally be a financial remedy for the complainant which will have budgetary impact. The Committee will note for example the significant number of complaints that relate to repairs and they will be aware through the Action Plan of steps being taken to mitigate this both now and into the future. There is also investment within the service to further mitigate this.
- 4.2 There were complaints against the Council to the Ombudsman in the 23/24 period where financial remedies were awarded due to Council failings. However, the final decisions on these were not until the 24/25 financial year and will be detailed in the report to members on that year, including the actions taken to mitigate this further.

5 Corporate Strategy

- 5.1 Warwick District Council has adopted a Corporate Strategy which sets three strategic aims for the organisation. This report contributes to the Delivering valued, sustainable services in respect of understanding demand and seeing the revisions to processes to provide improved governance.

6 Environmental/Climate Change Implications

- 6.1 There are no direct implications in relation to the Council's policies and Climate Emergency Action Plan.

7 Analysis of the effects on Equality

- 7.1 There are no direct implications in respect of equality from this report.

8 Data Protection

- 8.1 There are no data protection implications of the proposal.

9 Health and Wellbeing

9.1 There are no health and wellbeing implications of the proposal.

10 Risk Assessment

10.1 The significant risk from this report are around the non reporting of this information and the Housing Ombudsman then finding against the Council as a result.

Background papers: None

Supporting documents: None