

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 TO RR	RISK OWNER	RISK TITLE	RISK DESCRIPTION	CONFIDENTIAL	RISK EXPOSURE	RAW RISK RATING			RISK CONTROL MEASURES	EFFECTIVENESS OF CONTROL MEASURES	RISK CONTROL ACTION(E)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	25.04.2025	Deputy CEO	Further regulatory action from RSH	If the Council does not maintain pace, grip, and delivery of the consumer standards action plan, then the Regulator may use its further powers to undertake additional regulatory action against the Council.	No	The Regulator for Social Housing has the ability to impose enforcement powers, these can include: •Performance improvement plan •Enforcement notice •Emergency remedial action •Financial penalty - now unlimited not (yet) imposed •Management tender or transfer •Appointment of advisor	5	5	25	<ul style="list-style-type: none"> •Project Management approach with dedicated support and tool (e.g. Monday.com). •Internal Governance arrangements, including Housing Scrutiny Committee, Consumer Standards Board, Cabinet, SLT, and external check and challenge from sector specialists. •Interim resourcing plan, with E1M staffing growth. •Improvement Strategy •Independent progress reviews by HQN & Pennington Choices. •Senior Officer Sponsorship •Regular regulatory engagement and information sharing •Comprehensive risk register 	Partially Effective	HOH, Landlord Services Manager, Interim Asset Manager, Business Development & Change Manager	3	5	15	<ul style="list-style-type: none"> •Draft target operating model and new housing structure currently going through HR and Finance review then there will be a gateway review at the end of June 2025. •Sector support in place from the LGA for our Scrutiny Committee to strengthen its effectiveness •Continuing recruitment of interim resourcing plan with the majority of the resourcing plan recruited to. •Bennington Choices are completing the end point review of the Compliance action plan. •Draft Assurance Framework and new KPI report under development and going to Cabinet in July for approval. •Impact of the Responsive Repairs re-procurement has been flagged with the RSH. •Effectiveness of Housing Scrutiny gaining momentum •Asset expert from Bromford Flagship Housing has joined the compliance board who has a background in decent homes, stock condition and HRA asset management strategy. 	Negative	Legislative	30.01.2026	Reduce	Open	Following April's Regulatory meeting concerns raised by the AD about other regulatory options available. This residual risk score has increased from 12 to 15. WDC have issued a position statement of clarifications to the RSH for their review and consideration. Residual risk score has increased following this meeting and updates given to Cabinet, SLT, Housing Scrutiny Committee and Compliance Board.
2	21.05.2025	Deputy CEO	Inadequate assurance and governance	If the Council does not have adequate internal assurance, governance, scrutiny, and reporting arrangements, then there is a risk that service standards and regulatory requirements may not be met. The Council may put tenant safety at risk.	No	The Regulator for Social Housing has the ability to impose enforcement powers. Tenant safety may be put at risk if issues such as big 6 asset compliance issues are not effectively managed	4	5	20	<ul style="list-style-type: none"> •Now have a compliance dashboard which tracks progress against the big 6. •New assurance framework and KPI/PI reporting going to Cabinet for approval. •TSM methodology has been strengthened via work with HouseMark, which gives a more robust data sample of the customer base. •Internal governance Board with independent sector specialists. •Dedicated Housing Scrutiny Committee. •Specialist internal audit support from Morgan Lambert starting from 25/26. •Internal governance Board with independent sector specialists. •Now have a compliance dashboard which tracks progress against the big 6. •New assurance framework and KPI/PI reporting going to Cabinet for approval. TSM methodology has been strengthened via work with HouseMark, which gives a more robust data sample of the customer base •Internal governance Board with independent sector specialists. •Dedicated Housing Scrutiny Committee and specialist internal audit support from Morgan Lambert starting from 25/26. •Internal governance Board with independent sector specialists. 	Partially Effective	HOH, Business Development & Change Manager & Compliance Manager	3	4	12	<ul style="list-style-type: none"> •Governance arrangements are established and running but need to mature and further develop their effectiveness. •Draft Assurance Framework developed and new KPI report under development - this has been based on HouseMark data tools and going to Cabinet in July. •Sector support in place from the LGA for our Scrutiny Committee to strengthen its effectiveness. •Compliance dashboard has been established and seen many refinements since its creation. •Need to bridge the time gap between the timing of meetings various internal review groups and the dates when papers are published to avoid time lags. •Asset specialist from Bromford Flagship Housing has joined the compliance board. •Independent reviews planned to help provide assurance on progress. 	Negative	Legislative	30.01.2026	Reduce	Open	The effectiveness of the Housing Scrutiny Committee continues to develop and is progressing well. Will need to review the impact of the new assurance framework and KPI/PI reporting template. The impact of these changes should reduce the residual risk score. The new assurance framework going for approval in July will provide a more regulator formal and informal role for Cabinet to seek assurance over progress.
3	21.05.2025	Head of Housing	Inadequate departmental structure	The CT review highlighted issues within the existing structure and provided the case for change - If the Council does not have an effective operating model, structure, capability, and capacity, then it will not be able to sustain and embed the improvements made and increase the likelihood of further regulatory actions.	No	If there is not an effective operating model and structure for the service, then issues will arise are: •Roor service to tenants and leaseholders. •Regulatory improvements will not be sustained. •Roor use of HRA resources. •Motivation and morale issues with the housing service.	4	5	20	<ul style="list-style-type: none"> •Interim resourcing plan was developed in 2024 / 2025 which increased staffing resources by E1M. •Recruitment plan is well under way with the majority of roles recruited too. •Draft operating model developed with support from Campbell Tickell has been completed •Draft Housing structure presented to CEO and Deputy CEO which is going through HR and Financial review. Where permanent roles cannot be recruited to then the Council will use agency resources until permanent solutions can be found. This is reviewed at the weekly VAR/ERF meeting to ensure pace of decision making 	Fully Effective	HOH	3	4	12	<ul style="list-style-type: none"> •CEO & Deputy CEO briefed and consulted. •Draft structure and operating model is now going through HR review with new JD/PS have been outsourced to enable grading and costing. •When a finance review for affordability and remodel the HRA business plan. •Gateway review summer 2025 to plan and agree next steps. •Phase 2 to start from September 2025. 	Opportunity	Capacity	30.01.2026	Reduce	Open	21.05.25 - It is critical that the new Housing structure is comprehensive, linked to an operating model, and thoroughly consulted on to ensure decisions made are robust, well thought through, and sustains regulatory compliance while also improving services to tenants and leaseholders. Principle HRA Accountant has gone on maternity leave for 12 months (end of May), maternity cover principle HRA accountant has been appointed but will need time to get up to speed. Once structure costed and financial viability of structure understood and agreed then the risk score could be reduced.
4	21.05.2025	Head of Housing	Inability to recruit to key roles	If the Council cannot recruit to key roles, then this will create challenges in the delivery and sustainability of the Consumer Standards Action plan (a lot of social landlords are after the same skills at the same time) and the regulator could undertake enforcement action	No	The Regulator for Social Housing has the ability to impose enforcement powers, these can include: •Performance improvement plan •Enforcement notice •Emergency remedial action •Financial penalty - now unlimited not (yet) imposed •Management tender or transfer •Appointment of advisor	3	4	12	<ul style="list-style-type: none"> •If we are not able to recruit to permanent key roles, then permission is given to go to agency as the next step. •The Council will consider market adjustments where needed. •Interim Asset Manager, interim Building Safety Lead, and permanent Fire Safety Lead have been appointed. The majority of the interim resourcing plan appointments are now recruited, which has provided a significant increase in the permanent establishment. 	Partially Effective	HOH & HR BP	3	4	12	<ul style="list-style-type: none"> The Council has gone to agency for stock condition surveyors and Building Safety Lead. These roles have not been able to be filled permanently due to lack of suitable candidates. 	Negative	Skills	30.01.2026	Reduce	Open	21.05.2025 - There is a particular challenge in recruiting professional disciplines within the Asset Management environment. There have been some recent challenges with the level of support from the Council's agency supply chain which have been raised with HR to follow up on. RSH has also been advised regard areas of recruitment challenge. Consideration will also need to be given around retaining expertise as other social landlords are looking for the same staff
5	21.05.2025	Deputy CEO	Sufficient Management Capacity within the Housing Service	If there is not sufficient strategic and operational management within Housing, then there is an increased risk of not being able to maintain momentum, progress, and focus to deliver and maintain regulatory improvements, which could lead to further regulatory action.	No	The Regulator for Social Housing has the ability to impose enforcement powers, these can include: •Performance improvement plan •Enforcement notice •Emergency remedial action •Financial penalty - now unlimited not (yet) imposed •Management tender or transfer •Appointment of advisor	4	5	20	<ul style="list-style-type: none"> •During 24 / 25, all SLT portfolios were realigned to enable private sector housing, community development, housing development, and JV/ MHL responsibilities to come out of Housing to enable greater focus on the core Housing service. •Interim Asset Manager appointed to undertake review of the Asset Management function to split out HRA and GF functions. •Additional project management capacity has been increased. •25 / 26, the Lifeline service has been moved out Housing for initial 12 months to further enable greater management focus on the core Housing service. •From May 2025, Deputy CEO has relinquished several areas of responsibility to enable more management support to the Housing Service and its improvement programme. 	Fully Effective	Deputy CEO	2	5	10	<ul style="list-style-type: none"> Lifeline Service moved from 26.05.2025 the only task remaining is to appoint a new chair to MHL limited which should be concluded in early June and will release Head of Housing from this responsibility. This leaves Housing within only HRA. Temporary Accommodation and homelessness services to oversee. The only part left is the split out of GF asset management left to complete. This service is now greatly refocused compared to 2024. 	Negative	Capacity	30.01.2026	Accept	Open	21.05.2025 - This will leave the core Housing Service with the following responsibilities: homelessness, temporary accommodation, HRA landlord services and asset management.
6	21.05.2025	Deputy CEO	Competing priorities	Within Housing, the Council has four core housing priorities: maintain services (day to day), deliver at pace the Consumer Standards action plan, ensure the robust and effective re-procurement of the Repairs and Maintenance contract by April 26, and design and deliver a new operating model and structure. If the Council, does not effectively manage, support, and resource these competing priorities effectively, then this will create risks to tenants, financial impacts on the HRA, staff morale, and regulatory compliance.	No	<ul style="list-style-type: none"> •The Regulator for Social Housing has the ability to impose enforcement powers. •If the re-procurement does not compete on time and/or not effectively mobilised then his will cause legal, service delivery and financial issues. •If the competing priorities are not managed in a balanced way then this will cause stress and pressure on the housing service staff, which could increase turnover 	4	5	15	<ul style="list-style-type: none"> •Interim resource plan with E1M of growth. Proactive and regular engagement with RSH. •Commissioned ARK property to support the reprocurement of the Repairs and Maintenance contract. •Campbell Tickell have supported the Operating Model design. •There is a draft structure which will be ready for consultation in the coming months and we have reduced the size of the Housing portfolio. Support has been commissioned from HQN and Pennington Choices. 	Partially Effective	HOH	3	5	15	<ul style="list-style-type: none"> The procurement of the Repairs and Maintenance contract is on track. HRA accountant has gone on maternity leave and new HRA accountant started May 25. Work soon to commence (June) on a further review of the HRA business plan. 	Negative	Capacity	30.01.2026	Reduce	Open	
7	21.05.2025	Head of Housing	Non-compliance with the Big 6	If there is not sufficient strategic oversight and operational management with Housing to ensure compliance with the "big 6" (lifts, asbestos, fire, legionella, electrical, gas and heating), then there is an increased risk of not being deemed non-compliant with regulatory expectations and putting customer safety at risk.	No	<ul style="list-style-type: none"> •Tenant safety is put at risk •The Regulator for Social Housing can impose enforcement powers. 	4	5	20	<ul style="list-style-type: none"> •An action plan was developed with Pennington Choices to address the Big 6. •Bennington have been a critical friend to WDC, they have provided an interim report on the compliance of these actions and a final report will be provided at the end of the project. •Now have a compliance dashboard which tracks progress against the big 6. •These are also reported through all levels of governance. •Compliance reporting is going through further development with more data moving into Active H. •Additional data/compliance resources have also been recently recruited. •Bennington Choices undertook a mid point review in 2024 •Bennington Choices currently undertook a further review and provided recommendations reported to Board and HSC. An end point review will be scheduled. 	Partially Effective	Interim Asset Manager	2	5	12	<ul style="list-style-type: none"> Progress against the new action plan is going well. Final report from Pennington Choices will be scheduled, and it is anticipated this should demonstrate solid progress and provide independent assurance. The strengthening of the compliance should demonstrate continued progress with compliance reporting. Compliance team are now trialling MS Power BI 	Negative	Legislative	30.01.2026	Reduce	Open	Pennington Choices presented the latest report to Housing Scrutiny in July 2025. This was shared with RSH as well. We are expecting to have Pennington Choices review the Compliance Action Plan in Q1 2026 to sign off on completion.

9	29.08.2024	Head of Governance	Compliance with the Housing Ombudsman Complaint handling code	If the Council is not compliant with the Housing Ombudsman complaint handling code, then that could mean further regulatory sanction for non-compliance.	No	If we are not compliant with regulatory and ombudsman expectation for complaint management, then this could put tenant and leaseholders safety at risk as we would not be adequately investigating areas of concern. We would be at risk of further regulatory action and maladministration	5	4	20	<ul style="list-style-type: none"> •We have complaints policy that is compliant with the Housing Ombudsman code. •We have established new complaints reporting to the Consumer Standards Compliance Board and Housing Scrutiny Committee. •We have employed three (3) permanent staff in Housing to provide additional resources and focus on Stage 1 complaints. •New complaints reporting has been established. •Stage 2 complaints go through independent internal review. •Complaints reporting goes through internal governance arrangements for review. 	Partially Effective	Business Support Manager & Policy and Complaints Manager	3	5	15	All complaint handling times for Stage 2 needs to be improved. Need to confirm a process for lessons learnt from the outcome of resolved complaints.	Negative	Legislative	Monthly	Reduce	Open	21.05.2025: Risk completely reviewed and updated appropriately. Once learning from complaints is consistently demonstrated and the number of complaints received hits the sector benchmark then the score will be reduced to a level of acceptance in terms of risk response. May's Ombudsman Spotlight report highlighted a key element which relates to the Council's re-procurement of the repairs and maintenance contract - Richard Blakeway, Housing Ombudsman, said: "Success is not solely about legal compliance; it requires a comprehensive modernisation of housing maintenance". Spotlight report on repairs and maintenance - repairing trust 22.09.25 - Due to concern over timing to respond to Stage 2 complaints, residual risk has been raised. Policy and Complaints Manager is working at speed on a Business Case to deliver resources for this.
11	29.08.2024	Deputy CEO	Housing Scrutiny Committee effectiveness	If the Council Housing Scrutiny Committee is not effective in providing appropriate check and challenge, then officers are not being held to account and member understanding of performance will not be fully informed.	No	If the Committee is not effective, then members and Cabinet will not have assurance that performance is not as it should be, which could create serious failures or regulatory action.	5	4	20	<ul style="list-style-type: none"> •Chair of Committee is a former portfolio holder for housing. •Senior Officer support for Committee (Deputy CEO) has a social housing background. •Committee services officer has a social housing background. •Committee has had Asset Compliance training from Pennington's and Consumer Standards training from HQN. •All new committee members have training on consumer standards from HQN. •Cabinet Member for Housing and Leader of the Council attend each meeting with the Deputy Leader deputising where needed. •Sector support in place from the LGA for our Scrutiny Committee to strengthen its effectiveness. 	Partially Effective	Deputy CEO	3	4	12	<ul style="list-style-type: none"> •The Committee has only recently been established (November 24) and will take time to build up its confidence, understanding, and effectiveness as the majority of Committee members are new to social housing regulation. •The LGA have been contacted about opportunities for sector support to assist the Committee in its development and we have followed up with them to progress this. •Committee have fed-back that improvements to addressing time lag between report dates and meetings need to be improved. •Committee have fed-back that how some information is being presented also needs to be improved e.g. KPI/PI reporting 	Negative	Skills	30.01.2026	Reduce	Open	
13	05.02.2025	Chief Executive	Local Government Reorganisation	Central Government plans for LGR by the end of parliament, this will require senior management focus as the district councils will be abolished and the HRAs across Warwickshire will likely be merged into one Housing department into one unitary Council or split between two unitary Councils. The risks at present therefore mainly focus on delivery of service through the impact on officer morale, potential for officers to look at roles away from the Council and inability to recruit to roles.	No	Could involve taking away management capacity and focus to consider government expectations to deliver at pace.	3	4	12	<ul style="list-style-type: none"> •Receiving regular corporate briefings and monitoring situation. •Business as usual for the time being. •Council reviewed options awaiting feedback on preferred option •Strong continued message from Chief Executive, Senior officer and Councillors that it remains business as usual and commitment to support all staff, including active promotion of roles at WDC. 	Partially Effective	CEO and Deputy CEO	3	4	12	Continue to monitor	Negative	Political	Monthly	Reduce	Open	17.04.2025: No change to risk. Updated to contain additional information and reviewed. 21.05.2025: No change to risk. 19.12.2025: Two Unitary Councils proposed in November. No change to risk. 09.01.2026: Expecting feedback from Central Government in early 2026. No change to risk.

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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	Fully Effective	Paul Smith	1	2	2	HQN has provided further assurance for both the plan and the Risk register. Officers to review on a quarterly basis	Negative	Legislative	Quarterly	Avoid	Open	21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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. Additional reporting documentation put in place and fundamental quarterly reviews of action delivery dates.	Partially Effective	Lisa Barker	2	5	10	Plan contains target dates. Additional resources are being evaluated to ensure the improvement actions will be delivered. Project review has taken place to address root causes. There has been progress with resourcing. Will continue to provide an in-depth review every 6 months.	Negative	Legislative	Monthly	Reduce	Open	17.04.2025: Even with the mitigations in place, the impact of this risk would still be high. However, due to the mitigations, the likelihood would be unlikely. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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. Growing understanding of requirements expected by RSH to give assurance WDC are meeting the standards. Additional reporting documentation put in place. Addressing observations from RSH. Increased check and challenge by governance framework.	Partially Effective	Lisa Barker	2	5	10	Plan contains target dates. Additional resources are being evaluated to ensure the improvement actions will be delivered. Continued work to ensure we are fully compliant. There has been progress with resourcing. Reporting documentation will continue to improve with greater assurance of data.	Negative	Legislative	Monthly	Reduce	Open	17.04.2025: Even with the mitigations in place, the impact of this risk would still be high. However, due to the mitigations, the likelihood would be unlikely. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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. Additional reporting documentation has been put in place and fundamental quarterly reviews of action delivery dates. Additional resourcing being addressed and will continue to be monitored.	Full Effective	Lisa Barker	3	4	12	Continue to monitor and ensure the mitigations are sufficient.	Negative	Legislative	Monthly	Reduce	Open	17.04.2025: Even with the mitigations in place, the impact of this risk would still be high. However, due to the mitigations, the likelihood would be unlikely. Resource plan is being addressed and will continue to monitor the risk. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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. Monthly reporting to Board and RSH with bi-monthly reporting to Scrutiny. KPIs are also being reported and will highlight any deficiencies in services. KPIs have been extended for the 2025 / 2026 area plans to cover all the compliance areas. Additional reporting documentation has been put in place to ensure information is given to members.	Partially Effective	Jen Morrison	2	4	8	Service deficiency reporting mechanisms have been established and reported to all levels of Governance. The reporting continues to improve through learnings.	Negative	Legislative	Monthly	Reduce	Open	17.04.2025: No change to risk but update to mitigation controls. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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. Check and challenge in place at various levels. Monday.com being used as one source of truth	Full Effective	Jen Morrison	1	2	2	Continue to monitor	Negative	Legislative	Monthly	Reduce	Open	17.04.2025: Slight update to risk control measures, but no change to risk rating. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill its obligations. Reputational damage	4	4	16	Resources are being evaluated and discussions held. Final resource requirements will require the final signed off 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	17.04.2025: No change to risk. Recruitment is underway. If additional resources are required they will be put forward for approval. Continue to monitor. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill its obligations. Reputational damage Impact in respect of tenants/customer service	2	4	8	The existing Board arrangements and similar personnel have been engaged to oversee the delivery of the action plan. An external independent sector specialist is on the board. RSH is monitoring effectiveness of the Board.	Partially Effective	Darren Knight	2	2	4	Review and self assessment of board arrangements will take place.	Negative	Legislative	Monthly	Reduce	Open	17.04.2025: There has been an increase in the check and challenge from the Board. Continue to monitor. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.

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 fulfill 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. RSH will be monitoring the officers via Board and Committee. New resources will be well briefed on requirements and made aware. Any training needed, will be provided.	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	17.04.2025: Slight update to risk control measures, but no change to risk rating. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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. Additional reporting documentation has been put in place and fundemental quarterly reviews of action delivery dates.	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	17.04.2025: Slight update to risk control measures, but no change to risk rating. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	17.04.2025: No change to risk. Continue to monitor. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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. There is a commitment to utilise all resources to meet the action plan.	Partially Effective	Lisa Barker	3	2	6	Additional resourcing requirements currently being recruited. 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	17.04.2025: No change to risk. Continue to monitor. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
18	05/02/2025	Board	ICT Support	Insufficient support from ICT on particular items that have dependencies across the action plan	Yes	Delay to project and non-compliance of Consumer Standards	3	4	12	Outline of requirements and requested confirmation of resource availability from ICT.	Partially Effective	Lisa Barker	3	3	9	Risk to project timeline has been raised to Head of Customer and Digital Services.	Negative	Capacity	Monthly	Reduce	Open	17.04.2025: No change to risk. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.

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 fulfill 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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	Closed	24.02.2025: This risk was closed at the beginning of February due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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 fulfill 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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	Closed	24.02.2025: This risk was closed at the beginning of February due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
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	23.04.2025: This risk was closed during the review in April due to the Board becoming the Consumer Standards and Compliance Board, risk is being managed there. 21.05.2025 - Closed upon review of risk register and being considered and addressed through updated risk register.
14	04.07.2025	Paul Smith	ActiveH takeover by Aareon	ActiveH have communicated to state they have introduced a short term freeze on new requests for change and upgrades related to the ActiveH product from the 2nd of July 2025. If this impacts the Consumer Standards Action Plan, then this will impact our ability to meet programme timescales.	No	The Council would be unable to complete either direct talks or enabling tasks to meet its Regulatory Action Plan.	4	5	20	Deputy CEO has urgently written to the CEO of ActiveH at Aareon.	Not That Effective	Deputy CEO	4	5	20		Negative	Contractor	Weekly	Reduce	Closed	Need to inform our SH. Meetings have been held with contractor and they have provided assurance. This is no longer a risk.

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

Response	Description
Reduce the risk.	This option chooses definite action now to change the probability and/or impact of the risk. The term mitigate is relevant when discussing reduction
Accept the risk.	The Accept option means that WDC 'takes a chance' that the risk will occur, with its full impact if it did
Transfer the risk to a third party.	Transfer the risk is an option that aims to pass part of the responsibility to a third party. Insurance is the classic form of transfer.
Avoid the risk.	Avoid a threat is about making the uncertain situation certain by removing the risk. This can be achieved by removing the cause of a threat.
Prepare a contingent plan.	This option involves preparing contingent plans now, but not taking action now. Accept but make a plan for what we will do if situation changes
Share the risk.	Share is different to transfer as it seeks for multiple partners to share the risk on a pain /gain basis.
Enhance the risk.	Making the opportunity more likely to occur.
Exploit the risk.	Exploit an opportunity to gain positive impacts from the risk.