

Asset Compliance Committee Wednesday 20 December 2023

A meeting of the above Committee will be held in Shire Hall, Market Place, Warwick on Wednesday 20 December 2023, at 6.00pm.

Councillor A Barton
Councillor A Boad
Councillor K Dickson
Councillor K Dray
Councillor J Falp

Councillor K Gorman
Councillor R Hales
Councillor K Hunt
Councillor P Phillips
Green Vacancy

Emergency Procedure

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

Agenda

1. **Appointment of Chairman**

To appoint the Chairman of the Committee for the remainder of the municipal year 2023/24.

2. **Apologies for Absence**

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

3. **Declarations of Interest**

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

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

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

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

4. **Asset Compliance Update**

To consider a report from Housing & Assets.

(Pages 1 to 4)
(Appendices 1 to 5)

Published Tuesday 12 December 2023

General Enquiries: Please contact Warwick District Council, Riverside House, Milverton Hill, Royal Leamington Spa, Warwickshire, CV32 5HZ.

Telephone: 01926 456114

E-Mail: committee@warwickdc.gov.uk

For enquiries about specific reports, please contact the officers named in the reports.

You can e-mail the members of the Committee at

assetcompliance@warwickdc.gov.uk

Details of all the Council's committees, councillors and agenda papers are available via our website on the [Committees page](#)

We endeavour to make all of our agendas and reports fully accessible. Please see our [accessibility statement](#) for details.

**The agenda is available in large print on request,
prior to the meeting, by telephoning (01926)
456114**

Title: Asset Compliance Plan Progress

Lead Officer: Steve Partner, Head of Neighbourhood & Assets

Portfolio Holder: Councillor Paul Wightman, Cabinet Member for Housing
Wards of the District directly affected: all29

Approvals required	Date	Name
Portfolio Holder	13.12.23	Paul Wightman
Finance	13.12.23	Andrew Rollins
Legal Services		N/A
Chief Executive	13.12.23	Chris Elliott
Director of Climate Change		N.A
Deputy CEO	13.12.23	Darren Knight
Section 151 Officer	13.12.23	Andrew Rollins
Monitoring Officer	13.12.23	Graham Leach
Leadership Co-ordination Group		N/A
Final decision by this Committee or rec to another Cttee / Council?	No	
Contrary to Policy / Budget framework?	No	
Does this report contain exempt info/Confidential? If so, which paragraph(s)?	No	
Does this report relate to a key decision (referred to in the Cabinet Forward Plan)?	No	
Accessibility Checked?	Yes	

Summary

Following the independent asset review, the governance framework and action plan have commenced in response to the recommendations. This report gives the asset compliance committee an update on the current position and progress to made since the 11 October 2023.

Recommendation(s)

- (1) That the committee notes the progress made.
 - (2) That the committee makes recommendations on what information and assurance data they would prefer to see and review to help support them in their role
-

1 Introduction

- 1.1 Following the independent asset compliance review, a self-referral to the Regulator for Social Housing was made on the 9 November. On the 27 November, Officers met with representatives from the Regulator for Social Housing.
- 1.2 The regulator followed up on the 29 November 2023 with information request, which needed to be submitted by the 8 December 2023. We expect a further update from the Regulator in the New Year.
- 1.3 On the 13 December 2023, the Council's newly formed Asset Compliance Board met to review and assess progress. The board also included a tenant representative and the CEO from the Association of Stock Retained Authorities.
- 1.4 The Compliance Board have also requested that a consultant from Penningtons joins the monthly meetings from 2024.
- 1.5 The Council has recently appointed technical specialists covering Fire Safety and Building Safety, as well as securing Pennington to support the programme over the next twelve months.

2 Highlight Report & Action Plan

- 2.1 Appendix **1** is the highlight report presented to the Compliance Board and appendix **2** is the action plan.
- 2.2 With the self-referral to the regulator completed, additional regulatory information provided and specialist resources in place, the next action early 2024 will be for the compliance project team to review:
 - The target dates in the action plan.
 - Set out estimated start dates for the recommendations that have not commenced.
 - Further break down recommendations into more detailed tasks and milestones (this was an area also highlighted by overview & scrutiny)

3 Regulatory Information

- 3.1 Appendix **3** is a copy of the information sent to the regulator on the 8 December.
- 3.2 Appendix **4** is a copy of the data compliance dashboard. This reporting will further evolve and improve over time. In relation to the compliance % areas that show 0%. This is due to the fact the information is held by the contractor's database and not the Council's housing management system, ActiveH. There is a recommendation to address this within the action plan.
- 3.3 The compliance board have requested the dashboard is amended and moving forward includes target dates for when the compliance performance will be achieved to help further monitor progress.

4 Financial Services

- 4.1 From the Housing Revenue Account, £270,000 of resources will be used for specialist consultancy support and additional technical resources covering asset compliance, fire safety and building safety. This ensures that we have the right skills, experience and competence immediately in the organisation to help drive forward critical and high priority actions.
- 4.2 In 2024, we will be considering what resources will be needed to sustain the improvements that are being made to ensure compliance is maintained. This is to ensure that 'kneejerk' structure changes are not made, and proposals recommended will be thoroughly considered and sustainable.

5 Risk Assessment

- 5.1 **Appendix 5** is the current risk assessment, which was presented to the Compliance Board. Several recommendations from the Board have been made to strengthen this document including arranging ongoing training to ensure that employees and Members, including any new appointments are kept up to date with current regulations and best practice, as well ensuring that there is permanent capacity for when the reliance on shorter term Fire and Building Safety expertise is reduced later in 2024. It was also recommended that the risk register records the financial risk to the Council in building and maintaining the compliance framework.

6 Summary

- 6.1 As the compliance improvement programme starts to gather momentum reporting will continue to evolve and improve.

Background papers:

None.

Supporting documents:

Appendix 1: Highlight report.

Appendix 2: Action Plan.

Appendix 3: Regulatory information submission.

Appendix 4: Data compliance dashboard.

Appendix 5: Risk Assessment.

Highlight Report No. 1 for Compliance Board 13th December 2023

Period Covered: 26 October to 8 December 2023

Executive summary:

1. Of the 32 individual recommendations, 4 are complete on time, 22 are underway with estimated percentage completion shown below, and 6 are yet to start (and were not expected to have started at this stage).
2. Specialist Leads for Fire Safety and Building safety have been appointed and started work and specifically with Fire safety have already proved invaluable with their technical and regulatory expertise to review and update existing Fire Risk Assessments and to enable us to report to the regulator.
3. Training undertaken for SLT and Cabinet and Asset Compliance Committee will receive similar training before 22nd December.
4. Pennington have produced a draft proposal for data validation and comments will be given to them by 13 December.
5. The Regulator of Social Housing requested additional information by 8 December.
6. A Compliance Action Team has been established and has met twice and meetings are scheduled each month to look back at matters arising from Compliance Board and to plan documents needed for the next meeting of the Board.

Compliance Roadmap – Cross Cutting RecommendationsProgramme: The current **estimated** date to achieve **full compliance with the Action Plan** is **31 October 2024**

Key Deliverables	Priority	Target Date	Lead Officer	Progress	Status	Notes
Recommendation 1 – Governance and assurance structure:	Critical	09.11.23	GL	100%	Complete	
Recommendation 2 – Compliance awareness session:	High	22.12.23	DK	90%	On track	Course completed for SLT & Cabinet on the 29.11.2023 . Course booked for the Asset Compliance Committee – 21 December 2023
Recommendation 3 – Compliance and building safety strategy: Develop a standalone compliance and building safety strategy that: sets out your objectives, addresses the recommendations within this report and outlines how they will be achieved. Ensure that you are clear on:	High	20.06.24	SP	10%	On track	Pennington Consultants quoted to assist and advise in policy development. Fire Safety policy (including strategy) developed, through consultation and ready for sign-off. Both Fire Safety lead and Building Safety lead are tasked with developing a building safety strategy

Appendix 1

<p>Legal and regulatory obligations, now and in the future</p> <p>Your overall objectives for property compliance, building safety and resident safety.</p> <p>What actions need to be delivered to achieve these objectives.</p> <p>How you will demonstrate that these actions are deliverable.</p>						
<p>Recommendation 4 – Fire Safety Group:</p> <p>Broaden the scope of the existing Fire Safety Group to have full oversight of all legal fire and building safety requirements.</p> <p>Develop a term of reference for the group that ensures achieving the requirements of fire and building safety legislation and guidance is included as a standard agenda item.</p>	High	09.11.23	LB	100%	Complete	<p>Terms of Reference Drafted.</p> <p>Draft TOR circulated for comment.</p> <p>Discussed and agreed TOR at Fire Safety Group 19/10/23.</p> <p>Needs to go in the Teams channel for recommendation 4 – SP to check with LB</p>
<p>Recommendation 5 – Data Validation:</p> <p>Undertake a data validation exercise that is coordinated across all compliance areas to gain assurance around all property assets, compliance programmes and records:</p> <p>Download the full asset list from your parent management system into a data validation workbook.</p> <p>Confirm which properties will or will not be subject to each compliance programme. All properties should be defaulted to require an inspection until it can be evidenced otherwise.</p>	Critical	30.06.24	SH	10%	On Track	<p>This action is underway with a clearer view on relevant data sets.</p> <p>Meeting 29/11/23 - Established as a weekly meeting. Agreed methods for tracking actions, progress and timeline for delivery.</p> <p>Initial 'catch all' query presented and discussed. Agreed a sufficient foundation for quantifying properties and associated areas of Compliance. This is now the temporary base, (ahead of formalised published reports) for reporting current position with opportunity for further development to cross validate with other possible data points, (supported by actions in other recommendations)</p> <p>Looking into viability of Database Functions to simplify the query for reporting and exploring report output options.</p> <p>All the above is available for review in detail on dedicated TEAMS channel for this recommendation.</p> <p>Pennington to provide criteria for data validation to achieve compliance received 30/11. Internal project meeting on 6/12 to review and comment ready for response required by 13/12</p> <p>First project initiation meeting proposed for 05/01/24 with Pennington.</p>

Appendix 1

<p>Record evidence-based reasons for properties not required on each programme.</p> <p>Validate a sample of compliance records to ensure they are valid and in date.</p> <p>Quantify compliance gaps to develop a plan to resolve them.</p> <p>Validation should include categorising buildings (11+ and 18m+) and the smoke and carbon monoxide alarm programmes.</p> <p>Follow the above exercise with regular, documented validation to ensure asset and compliance data remains up to date.</p>						
<p>Recommendation 6 – Active H configuration:</p> <p>Configure Active H to record the correct compliance programme data and provide appropriate reporting outputs.</p>	High	30.06.24	SH	0%	Not Started	<p>17/10 Meeting held to commence discussions on the specification of primary data search mechanism(s)</p> <p>Recommendation 5 dependant.</p>
<p>Recommendation 7 – Managing follow-up actions:</p> <p>Implement a process for tracking all actions deriving from each of your compliance programmes. You should consider and agree: the platform for recording actions, where the process can be automated, allocation, quality checks, evidence of completion and reporting.</p>	High	31.10.24	SH	10%	On Track	<p>Existing FRA actions now all in centralised spreadsheet. Ability to prioritise in relation to property, severity, department etc. Completed actions to be updated in spreadsheet, with completion date added. Comments to be added to outstanding actions.</p> <p>Work already undertaken with ICT on development of the Contractor Web Portal over the last 12 months which supports this Recommendation. The work done to-date is currently in TEST pending Acceptance Testing.</p>
<p>Recommendation 8 – Changes to asset and programme lists:</p> <p>Formalise and document the process for adding, removing or making changes to properties on Active H, including who has authority to do so.</p>	Medium	31.03.24	SH	0%	Not Started	<p>Not started as dependent on <u>progress</u> with Recommendation 5 and medium priority. Target date to start 01/02/2024</p>

Appendix 1

<p>Ensure there is a clear audit trail of uploading and setting attributes against each property and quality assurance checks to ensure each property is on the correct compliance programme.</p>						
<p>Recommendation 9 – Operational lead for fire safety:</p> <p>Appoint an operational lead for fire safety to have oversight of all fire safety related programmes and performance (fire risk assessment programme and actions, Fire Safety (England) Regulations obligations, fire equipment servicing, and so on).</p>	Critical	31.12.23	SP	100%	Complete	Charles Hahn appointed as Operational Lead for Fire Safety – started 27.11.23
<p>Recommendation 10 – Operational lead for building safety:</p> <p>Appoint an operational lead for building safety to support the strategic lead (Head of Neighbourhood and Assets) and take overall operational responsibility for day-to-day management of building safety risks in higher-risk buildings, and communications with residents of those buildings.</p> <p>Operational duties can be delegated; however the operational lead should have full oversight of all activities through a clear assurance and 'lines of defence' framework</p>	Critical	30.11.23	SP	100%	Complete	Richard Barratt appointed Building Safety Lead – appointed 30.11.23 and started 07.12.23.
<p>Recommendation 11 – Compliance reporting:</p> <p>Develop a standalone weekly compliance report that covers the big six compliance areas and addresses the items raised in the report (Section 3.5).</p> <p>This new report should also be used to provide monthly and quarterly summaries to the management and Leadership Team. Reporting should include follow-up actions: total number of actions, actions by</p>	High	31.01.24	SH	25%	On Track	Progress on this action is also detailed as part of Recommendation 5. Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions. Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.

Appendix 1

<p>risk/priority, actions completed in time and overdue, and supporting narrative to provide a status summary.</p> <p>Data should be driven from Active H and performance presented in an easy to read format. Use our compliance scorecard examples as a benchmark for current best practice.</p>						
<p>Recommendation 12 – Policies</p> <p>The Leadership Team and technical team members should attend a facilitated session to agree policy principles (obligations, inspection programmes, follow-up works, contractor competencies, KPIs, and so on).</p> <p>The output of this session will be used to draft seven separate policy documents which should be approved through your updated governance framework, subject to version control and reviewed every two years (or sooner, if there is a change in legislation, regulation or other approved guidance).</p>	High	31/01/24	SP	5%	On Track	Facilitated session to be held in January 2024, lead by the specialist Fire and Building Safety leads. Session planning has commenced.
<p>Recommendation 13 – Process maps & procedures:</p> <p>Once the policies have been approved, develop standalone procedure documents and process maps to support each of your policies.</p> <p>Your procedure documents should clearly outline how each of your service areas are delivered operationally.</p> <p>The process maps should visibly demonstrate the end-to-end process and areas of responsibility for all parties involved.</p>	High	31.09.24	SP	0%	Not Started	Pennington Consultants quoted for consultancy

Appendix 1

<p>Recommendation 14 – Competence & Training matrix:</p> <p>Develop a training matrix to specify the training, competence and qualification requirements for all employees responsible for oversight and delivery of compliance and building safety programmes.</p> <p>This will identify gaps and ensure training and competence is kept up to date.</p> <p>Any gaps should be addressed by undertaking appropriate qualifications within appropriate timeframes.</p>	High	31.03.24	FJQ	5%	In progress	<p>Work with Assess Net has identified already owned existing software which is being adapted (6/12/23) by RiskEx to meet needs. Meeting with HR on 6/12/23 to scope project and assistance required.</p> <p>Awaiting national Guidance on development of competence matrix. Not due until Spring 2024. May need a review of completion date.</p>
<p>Recommendation 15 – Compliance and building safety refresher training:</p> <p>The Compliance Team should undertake refresher training that covers all compliance areas to refresh their knowledge and ensure they remain up to date with the latest legislation and obligations.</p>	Medium	30.6.24	SH	0%	Not Started	
<p>Recommendation 16 – Contract management:</p> <p>Ensure your regular contractor performance meetings include standard agendas, record minutes and monitor key performance indicators. Also incorporate checks of accreditations, insurances, competency, and any changes to staff, and ensure evidence is provided.</p> <p>Undertake regular, documented contractor competency checks (at least annually).</p> <p>Migrate data and records from contractors' systems to Active H to re-establish full control, ownership and accountability of all compliance programme data to ensure programmes are driven by WDC.</p>	Medium	31.03.24	SH	0%	Not Started	<p>Will develop with Fire and Building Safety Leads to develop a framework for contractor performance meetings with standardised document format. Expected to be on target</p>

Appendix 1

<p>Recommendation 17 – Internal audit:</p> <p>Ensure that your internal audit regime reviews all seven compliance areas at least once every two years, and as a minimum, establishes whether WDC is compliant with its legal and regulatory obligations.</p> <p>Ensure that your internal auditor has the required levels of competence and knowledge of legal, regulatory and best practice compliance obligations to provide a meaningful assurance report with appropriate assurance ratings.</p>	<p>Medium</p>	<p>30.01.24</p>	<p>AR</p>	<p>30%</p>	<p>Part 1 Response</p> <p>The need for specific themed compliance audits (covering both Corporate and HRA properties) had already been identified and the strategic plan, which had been approved by the (then) Chair of the Audit and Standards Committee in April 2023, includes audits against 6 of the 7 identified areas (Fire Safety Compliance (2023/24), Asbestos Management and Legionella Management (both 24/25), Lifts and Lifting Equipment, and Gas and Electrical Safety (both 25/26)). The one area that does not have a specific audit is building safety – we have an audit of Fire Safety and Prevention Contracts included in this year as well, but in the (draft) brief, there is specific reference to the fact that Pennington’s are doing work in the area of Building Safety Cases, so these were omitted from the scope of the audit, with assurance to be placed on their work.</p> <p>The planned audits set out above will again be included in the strategic plan for 2024/25 onwards (assuming that no revisions are agreed as part of the discussions with individual service areas), with the new plan being reported to Audit and Standards in March (date TBC).</p> <p>The scope of the audits will be agreed at the start of each audit, with assurance being taken from any extra work undertaken by external bodies on these seven areas (see part 2), with any actions identified by them being followed up to ensure that non-compliance with legislation is being addressed.</p> <p>(Nb - It should be noted that we were not asked for our plans as part of the review, just copies of specific reports undertaken within the last two years and, as with the current Fire Safety and Prevention Contracts audit, there may have been other reports that touched on areas of compliance.)</p> <p>Target Date – 1 April (for Strategic Plan to be approved by A&S). Dates for specific compliance audits contained within response. Audit plan is in draft stage currently.</p> <p>Part 2 Response</p> <p>Specific support will be commissioned (Audit with steer by assets), with the required level of specialist technical expertise and knowledge of legal regulatory and best practice compliance obligations to provide the necessary assurance across all 7 compliance areas. This will form part of the evidence base from which Internal Audit can complete their specific themed compliance</p>
---	---------------	-----------------	-----------	------------	---

Appendix 1

						audits (as addressed in part 1) and be reflected within the assurance reports from which assurance ratings are provided. Target Date – December (to start tender process for work)
<p>Recommendation 18 – External audit:</p> <p>Implement 100 per cent desktop checks of compliance records to provide assurance that certification has been completed correctly (for example, nine-point check of gas safety records) and follow-up works are actioned within an appropriate timeframe.</p> <p>Implement a third-party technical auditing regime across all compliance areas to undertake sample checks of contractors’ field work and desktop reviews of compliance records. The auditor(s) should be competent and appropriately accredited.</p>	High	31.05.24	SP	10%	In progress	Work with Fire and Building Safety Leads to develop processes and to develop third party auditing
<p>Recommendation 19 – resident communications:</p> <p>Develop and implement a formal resident communications campaign to share key messages around resident health and safety across all areas of property compliance and building safety.</p> <p>This should include consideration of the legal fire and building safety requirements under the Fire Safety (England) Regulations 2022 and Building Safety Act 2022.</p> <p>Also consider how you intend to inform harder to reach groups, such as those without internet access, where English is not their first language, or those with disabilities and impairments.</p>	Medium	30.06.24	NC	20%	In Progress	<p>A survey has been developed which will be issued to all housing tenants end December/early January.</p> <p>The results of this will be used to inform the Strategy.</p> <p>The results will also be used as a basis for identifying hard to reach groups and how to consistently reach them.</p> <p>Regular comms with tenants starting with their newsletter issued in December, which will feature an article about the audit and the action plan.</p>
<p>Recommendation 20 – Gas and heating safety:</p>	High	30.06.24	SH	5%	In Progress	Meeting on 10/10 to review existing no access process, existing policy and procedure.

Appendix 1

<p>Implement checks to ensure tenants are receiving LGSRs within 28 days of the service.</p> <p>Display LGSRs in communal areas of buildings served by a communal boiler.</p> <p>Ensure you can demonstrate compliance with the Smoke and Carbon Monoxide (Amendment) Regulations 2022</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>End-to-end access process.</p> <p>Managing remedial actions.</p> <p>New tenant checks to ensure they arrange turn on and test visits.</p> <p>Checks on properties that are not currently connected to the gas mains networks.</p> <p>Compliance with Dangerous Substances and Explosive Atmosphere Regulations 2002 through risk assessments (where necessary).</p>						<p>2009 policy and procedure identified, walk through of existing HPM (ActiveH Case Processing) for Gas Safety No Access.</p> <p>Meeting on 14/11 identify required updates to Process Mapping, follow up meeting to be arranged January 2024</p>
<p>Recommendation 21 – Electrical safety:</p> <p>Establish a catch-up programme to address the non-compliant properties that do not have a valid test certificate dated within the last five years.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>End-to-end access process. Managing remedial actions.</p>	High	31.10.24	SH	10%	In Progress	<p>232 properties have now been identified (05/12) as recorded not having an in-date certificate in the housing database, (ActiveH). We are establishing with the Contractor whether data exists and are already completed before raising planned programme of works to rectify.</p> <p>In addition, we have 109 (05/12) missing EICR's from new builds according to ActiveH – Lead Officer to liaise with Housing Development and whether they can provide or obtain from the Developer.</p> <p>Attribute updated in ActiveH to accommodate new data, (assisting with Recommendation 5, 6, 11 and General Recommendation 7).</p>

Appendix 1

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

Appendix 1

<p>Recommendation 23 – Asbestos Management:</p> <p>Undertake all outstanding reinspection surveys on your communal blocks to ensure asbestos containing materials are being monitored and managed appropriately. Ensure this is followed by a regular, risk-based reinspection programme, with the frequency determined in agreement with the competent person.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>Establish Appointed Person and Deputy Appointed Person roles (ensuring they are appropriately qualified).</p> <p>Develop a fit for purpose asbestos management plan.</p> <p>Use of priority assessment scores and material assessment scores to determine the risk of an asbestos item.</p>	Medium	31.10.24	SH	0%	Not Started	
<p>Recommendation 24 – Water Hygiene:</p> <p>Undertake all outstanding legionella risk assessments.</p> <p>Ensure written schemes of control are documented to provide guidance on how to manage and monitor the risks identified within the legionella risk assessments.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p>	Medium	30.06.24	SH	5%	In Progress	New Contractor is currently reviewing existing Risk Assessments

Appendix 1

<p>Establish Responsible Person and Deputy Responsible Person roles (ensuring they are appropriately qualified).</p> <p>Managing water hygiene in domestic properties – adopting a practical and proportionate approach.</p> <p>Managing water hygiene void properties (considering the void standard, removing high risk installations, system flushing, replacing shower heads, etc.)</p>						
<p>Recommendation 25 – Lift Safety:</p> <p>Review all thorough examination remedial actions and ensure they are completed.</p> <p>Ensure the following items are addressed as part of policy, procedure and process map development:</p> <p>Establish a formal process for notifying the compliance team of new domestic lifts installations.</p> <p>Managing remedial action</p>	High	31.03.24	SH	60%	In Progress	<p>ActiveH up to date. New attribute created and populated with information from Contractor.</p> <p>We will finalise reporting and publishing of reports from ActiveH. We will be meeting with Contractor to discuss how we 'push' works to them, how its completed and data returned to ActiveH with automation. Building Safety Lead involvement with Corporate Insurance Officer</p>
Building Safety Action Plan						
<p>Recommendation 1 – Building registration:</p> <p>Any higher-risk buildings identified following completion of the wider data validation exercise should be registered with the Building Safety Regulator</p>	Critical	31.03.24	SP	95%	In Progress	<p>Seven higher-risk buildings registered with the Building Safety Regulator.</p> <p>An identified outcome of the data validation process to confirm final numbers to be registered.</p>
<p>Recommendation 2 – Building safety cases and reports:</p> <p>Establish and implement an appropriate infrastructure around property and building safety compliance, which includes, an effective assurance framework, defining roles and responsibilities and implementing and</p>	High	31.03.24	SP	10%	In Progress	<p>Pennington commissioned to prepare draft building safety cases based on information being supplied and taking in to account latest guidance from the Building safety Regulator.</p> <p>Draft safety case for Eden Court to be completed by Pennington by 15 December 2023 and used as a gap analysis for data.</p>

Appendix 1

<p>documenting supporting policies and procedures.</p> <p>This will allow the safety case and safety case report development project to resume and will include documenting a safety management system and building risk assessment.</p>						Daily safety inspections undertaken by housing teams on site.
<p>Recommendation 3 – Golden thread:</p> <p>Document the approach and commitment to delivering golden thread principles for all higher-risk buildings.</p> <p>This should include what information will be held, what systems will be used, how one version of the truth will be maintained, and how digital information will be accessed, managed and shared to support ongoing reviews of the safety case.</p>	High	31.03.24	SP	10%	In Progress	Linked to Recommendation 2, above and will form part of the Building Safety Cases.
<p>Recommendation 4 – Mandatory occurrence reporting:</p> <p>Develop a mandatory occurrence reporting procedure that captures the principles of reporting and recording safety occurrences as intended by the Act.</p>	High	31.07.24	FJQ	50%		Existing owned software has been adjusted to incorporate the mandatory reporting as far as is presently specified. More details to be announced by HMG in 2024
<p>Recommendation 5 – Residents’ engagement strategies:</p> <p>Develop building specific residents’ engagement strategies for your higher-risk buildings that include, tenancy management arrangements, allocations, how residents will be involved in decision-making around building safety risks and how they can access safety information.</p>	High	March 2024	SP	10%		Lead officer to engage with Landlord Services Manager
<p>Recommendation 6 – Complaints procedure:</p> <p>Either develop a separate complaints procedure or ensure the existing generic</p>	High	March 2024	GL	25%	On Track	<p>There is an agreed timetable for adoption of a new complaints policy and procedure which is as follows:</p> <ul style="list-style-type: none"> • Draft Policy to working Group 1 December 2023 • Draft Policy & Timetable to Chief Exec & Leader 5 Dec 2023 • Publish in draft as part of SLT agenda 11 December.

Appendix 1

<p>procedure is updated to ensure that WDC can satisfy itself that building safety issues have been resolved (for example, taking action to minimise the possibility of recurrence, ensuring there is no impact on the risk profile of the building or updating the building risk assessment and safety case).</p>				<p>10%</p>		<ul style="list-style-type: none"> • SLT Consider 14 December • Share in Draft with Branch Chair of Unison 11 December for comments. • Update Cabinet Forward Plan with new date 19/12/2023 • Draft Cabinet reports sent to Chief Exec/Deputy & Head of Service, Programme Director for Climate Change, Finance, Legal Services & Procurement (when considered appropriate), Section 151 Officer, Monitoring Officer 04/01/2024. • Draft Cabinet approved by Chief Exec/Deputy & Head of Service, Programme Director for Climate Change, Finance, Legal Services & Procurement (when considered appropriate), Section 151 Officer, Monitoring Officer 9/1/2024. • Revisions and Final Draft for 11 January 2024 • Publish SLT Agenda 15 Jan 2024 • Chief Exec / Section 151 Officer / Monitoring Officer / Programme Director for Climate Change to meet to discuss reports and advise author of any changes; and PH to provide comments by this time. 16/01/2024 • SLT agree final policy 18 Jan 2024 • The draft report to be sent to Committee Services by 10am. Committee Services produce & send draft agenda to Chief Exec, Monitoring Officer, Programme Director for Climate Change & Cabinet & Group Leaders 18/01/2024. • Chief Exec/Monitoring Officer/Programme Director for Climate Change/Cabinet briefing followed by an LCG meeting to approve reports and feedback to author. 22/01/2024 • Final Report to Committee Services by 10:00am 25/01/2024 • Despatch of Agenda 29/01/2024 • Date of Overview & Scrutiny Committee 06/02/2024 • Date of Cabinet meeting 08/02/2024 <p>To date we are on track with that delivery timeline.</p> <p>A new officer is being appointed for taking responsibility for complaints across the Council which the post is due to be advertised this week.</p>
<p>Recommendation 7 – Measuring performance:</p> <p>Develop performance measures and assurance reporting, in line with the above, to</p>	<p>Medium</p>	<p>30.04.24</p>	<p>SH</p>	<p>10%</p>	<p>In Progress</p>	<p>Progress on this action is also detailed as part of Recommendation 5. Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions. Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.</p>

Appendix 1

enable effective oversight to ensure building safety obligations are being achieved.						
--	--	--	--	--	--	--

Warwick District Council – Compliance Roadmap Action Plan:

Action Plan Leads	
Cabinet:	Cllr Paul Wightman, Cabinet Member for Housing
Executive Team:	Chris Elliott, CEO & Darren Knight, Deputy CEO
Strategy Lead:	Steve Partner, Head of Neighbourhood and Assets

External assurance:	Letrice Thomas, Pennington Choices
----------------------------	------------------------------------

Priority*		Status Key			
Critical:	Immediate				
High:	Within three months	Off target	Initiated	Completed	Not commenced
Medium:	Within six months				

Initials:	Name:	Job Title:
CE	Chris Elliot	Chief Executive
DK	Darren Knight	Deputy Chief Executive
SP	Steve Partner	Head of Neighbourhood and Assets
LB	Lisa Barker	Head of Housing Health and Communities
FJQ	Francis Quinn	Health and Safety and Premises Manager
SH	Simon Hodges	Compliance Manager
AR	Andrew Rollins	Head of Finance
GR	Graham Leach	Head of Governance and Monitoring Officer
RB	Richard Barr	Audit and Risk Manager
TD	Tracy Dolphin	Head of People and Communications
CR	Caroline Russell	Landlord Services Manager
PS	Paul Smith	Business Development and Change Manger
DL	Dominic Linton	Business Development and Change Officer
AM	Andy Moran	Principal Building Surveyor (Fire Safety and Climate Change)
AMo	Anna Monkton	Business Support Manager
NC	Nicki Curwood	Marketing and Communications Manager
RR	Rebecca Reading	Strategic Procurement and Creditors Manager

Appendix 2

KW	Karen Weatherburn	Learning and Development Officer						
Report ref no.	Recommendation	Progress	Resources	Lead Officer	Support Officers	Priority	Target comp date	Status
3.2	<p>Recommendation 1 – Governance and assurance structure:</p> <p>Establish an appropriate governance and assurance structure to provide effective oversight of compliance and building safety and clarify responsibilities, accountabilities, and formal approval processes.</p>	<ul style="list-style-type: none"> • Draft governance and assurance structure created and checked with Pennington. • Terms of reference drafted. • Governance structure and ToR approved. • Recruitment underway to appoint a scrutiny committee support officer. • Specialist Cllr scrutiny training planned for December 2023 to support their role in the Governance framework. • First meeting of the Compliance Board planned for December. • External compliance training being arranged for Audit & Scrutiny members before Christmas. • CEO of Association of Retained Council Housing agreed to join compliance board. • Tenant representative confirmed. 	<ul style="list-style-type: none"> • Administrative support for diary management and meeting minutes and papers. • Additional scrutiny support officer to be funded. • External training for Cllr scrutiny members - £975.00 • Pennington Consultants 	DK	GL LB	Critical	09.11.23	

Appendix 2

3.2	<p>Recommendation 2 – Compliance awareness session:</p> <p>The Leadership Team and appropriate scrutiny panel / committee should undertake a compliance awareness session to fully understand the latest legal and regulatory obligations placed upon them, the common pitfalls to pay attention to and how to provide more effective oversight, scrutiny and challenge of compliance performance.</p>	<ul style="list-style-type: none"> External trainer has submitted training course proposal. Senior Officer and Cabinet delegates identified. Course outline approved. Purchase order raised. Course booked for SLT Cabinet on the 29.11.2023 - completed. Course planned before Christmas for the Asset Compliance Committee booked for the 21.12.2023 	<ul style="list-style-type: none"> Pennington Consultants 	DK	SP GL	High	22.12.23	
3.2	<p>Recommendation 3 – Compliance and building safety strategy:</p> <p>Develop a standalone compliance and building safety strategy that: sets out your objectives, addresses the recommendations within this report and outlines how they will be achieved. Ensure that you are clear on:</p>	<ul style="list-style-type: none"> Pennington Consultants quoted to assist and advise in policy development. Fire Safety policy / strategy out for consultation. 	<ul style="list-style-type: none"> Pennington Consultants 	SP	LB FQ SH CR	High	30/06/24	

Appendix 2

	<ul style="list-style-type: none"> • Legal and regulatory obligations, now and in the future • Your overall objectives for property compliance, building safety and resident safety. • What actions need to be delivered to achieve these objectives. • How you will demonstrate that these actions are deliverable. 							
3.2	<p>Recommendation 4 – Fire Safety Group:</p> <ul style="list-style-type: none"> • Broaden the scope of the existing Fire Safety Group to have full oversight of all legal fire and building safety requirements. • Develop a term of reference for the group that ensures achieving the requirements of fire and building safety legislation and guidance is included as a standard agenda item. 	<ul style="list-style-type: none"> • Terms of Reference Drafted. • Draft TOR circulated for comment. • Discussed and agreed TOR at Fire Safety Group 19/10/23. 		LB	FJQ	High	09.11.23	
3.3				SH	PS	Critical	30.06.24	

Appendix 2

	<p>Recommendation 5 – Data Validation:</p> <p>Undertake a data validation exercise that is coordinated across all compliance areas to gain assurance around all property assets, compliance programmes and records:</p> <ol style="list-style-type: none"> 1. Download the full asset list from your parent management system into a data validation workbook. 2. Confirm which properties will or will not be subject to each compliance programme. All properties should be defaulted to require an inspection until it can be evidenced otherwise. 3. Record evidence-based reasons for properties not required on each programme. 4. Validate a sample of compliance records to ensure they are valid and in date. 	<ul style="list-style-type: none"> • 17/10 Meeting held with PS, DL and wider team to commence discussions on the specification of primary data search mechanism(s). • Full Asset List already available and v1.0 of a ‘Validation workbook’ has been created. • Order raised with Pennington Choices 	<ul style="list-style-type: none"> • Pennington Consultants 		DL			
--	---	--	--	--	----	--	--	--

Appendix 2

	<p>5. Quantify compliance gaps to develop a plan to resolve them.</p> <p>6. Validation should include categorising buildings (11+ and 18m+) and the smoke and carbon monoxide alarm programmes.</p> <p>7. Follow the above exercise with regular, documented validation to ensure asset and compliance data remains up to date.</p>							
3.3	<p>Recommendation 6 – Active H configuration:</p> <p>Configure Active H to record the correct compliance programme data and provide appropriate reporting outputs.</p>	<ul style="list-style-type: none"> 17/10 Meeting held with PS, DL and wider team to commence discussions on the specification of primary data search mechanism(s). 		SH	PS DL	High	30.06.24	
3.3	<p>Recommendation 7 – Managing follow-up actions:</p> <p>Implement a process for tracking all actions deriving from each of your compliance programmes. You should consider and</p>	<ul style="list-style-type: none"> Existing FRA actions now all in centralised spreadsheet. Ability to prioritise in relation to property, severity, department etc. Completed actions to be updated in spreadsheet, with completion date added. 		SH	AM	High	31.10.24	

Appendix 2

	<p>agree: the platform for recording actions, where the process can be automated, allocation, quality checks, evidence of completion and reporting.</p>	<p>Comments to be added to outstanding actions.</p> <ul style="list-style-type: none"> • Work already undertaken with ICT on development of the Contractor Web Portal over the last 12 months which supports this Recommendation. The work done to-date is currently in TEST pending Acceptance Testing. 						
3.3	<p>Recommendation 8 – Changes to asset and programme lists:</p> <p>Formalise and document the process for adding, removing or making changes to properties on Active H, including who has authority to do so.</p> <p>Ensure there is a clear audit trail of uploading and setting attributes against each property and quality assurance checks to ensure each property is on the</p>			SH	AM PS	Medium	31.03.24	

Appendix 2

	correct compliance programme.							
3.4	<p>Recommendation 9 – Operational lead for fire safety:</p> <p>Appoint an operational lead for fire safety to have oversight of all fire safety related programmes and performance (fire risk assessment programme and actions, Fire Safety (England) Regulations obligations, fire equipment servicing, and so on).</p>	<ul style="list-style-type: none"> • Meeting with S151 regarding funding for additional resources • Market testing for suitable candidates • JD / Person specification being developed. • Initial screening interviews held. 	Will require additional budgetary provision and highlighted with S151 officer	SP	TD FQ	Critical	31/12/23	
3.4	<p>Recommendation 10 – Operational lead for building safety:</p> <p>Appoint an operational lead for building safety to support the strategic lead (Head of Neighbourhood and Assets) and take overall operational responsibility for day-to-day management of building safety risks in higher-risk buildings, and</p>	<ul style="list-style-type: none"> • Meeting with S151 regarding funding for additional resources • JD / Person specification being developed. • Market testing for suitable candidates • Initial screening interviews held 	Will require additional budgetary provision and highlighted with S151 officer	SP	TD FQ	Critical	30/11/23	

Appendix 2

	<p>communications with residents of those buildings.</p> <p>Operational duties can be delegated, however the operational lead should have full oversight of all activities through a clear assurance and 'lines of defence' framework</p>							
3.5	<p>Recommendation 11 – Compliance reporting:</p> <p>Develop a standalone weekly compliance report that covers the big six compliance areas and addresses the items raised in the report (Section 3.5).</p> <p>This new report should also be used to provide monthly and quarterly summaries to the management and Leadership Team. Reporting should include follow-up actions: total number of actions, actions by risk/priority, actions completed in time and overdue, and supporting narrative to provide a status summary.</p> <p>Data should be driven from Active H and performance</p>	<ul style="list-style-type: none"> • PS has been tasked with leading on establishing a live reporting environment e.g., get to a using Power BI • Gas safety daily reporting completed. Work commenced on reporting for Lift safety and fire safety. • SH 08/11 - Variations of this exist already and co-dependant work has already started as part of Recommendation 3.3.x 		SH	AM PS DL	High	31.10.24	Major work will be done in three months – the live/instant reporting will take longer.

Appendix 2

	presented in an easy to read format. Use our compliance scorecard examples as a benchmark for current best practice.							
3.6	<p>Recommendation 12 – Policies:</p> <p>The Leadership Team and technical team members should attend a facilitated session to agree policy principles (obligations, inspection programmes, follow-up works, contractor competencies, KPIs, and so on).</p> <p>The output of this session will be used to draft seven separate policy documents which should be approved through your updated governance framework, subject to version control and reviewed every two years (or sooner, if there is a change in legislation, regulation or other approved guidance).</p>			SP	LB CR SH PS	High	31/01/24	
3.6	<p>Recommendation 13 – Process maps & procedures:</p>		<ul style="list-style-type: none"> Pennington Consultants quoted for assistance 	SP	SH AM CR	Medium	30/09/24	

Appendix 2

	<p>Once the policies have been approved, develop standalone procedure documents and process maps to support each of your policies.</p> <p>Your procedure documents should clearly outline how each of your service areas are delivered operationally.</p> <p>The process maps should visibly demonstrate the end-to-end process and areas of responsibility for all parties involved.</p>							
<p>3.7</p>	<p>Recommendation 14 – Competence & Training matrix:</p> <p>Develop a training matrix to specify the training, competence and qualification requirements for all employees responsible for oversight and delivery of compliance and building safety programmes.</p> <p>This will identify gaps and ensure training and competence is kept up to date.</p>			<p>SP</p>	<p>KW FJQ TD</p>	<p>High</p>	<p>31/03/24</p>	

Appendix 2

	Any gaps should be addressed by undertaking appropriate qualifications within appropriate timeframes.							
3.7	<p>Recommendation 15 – Compliance and building safety refresher training:</p> <p>The Compliance Team should undertake refresher training that covers all compliance areas to refresh their knowledge and ensure they remain up to date with the latest legislation and obligations.</p>			SH	KW	Medium	30.06.24	
3.8	<p>Recommendation 16 – Contract management:</p> <p>1. Ensure your regular contractor performance meetings include standard agendas, record minutes and monitor key performance indicators. Also incorporate checks of accreditations, insurances, competency, and any</p>	<ul style="list-style-type: none"> Meeting booked with AM and Compliance Team Leader (wk. commencing 13/11) to examine existing meeting format/agendas, etc and establish standard templates for Contract Management recommendations going forward. 		SH	AM	Medium	31.03.24	

Appendix 2

	<p>changes to staff, and ensure evidence is provided.</p> <ol style="list-style-type: none"> 2. Undertake regular, documented contractor competency checks (at least annually). 3. Migrate data and records from contractors' systems to Active H to re-establish full control, ownership and accountability of all compliance programme data to ensure programmes are driven by WDC. 							
<p>3.9</p>	<p>Recommendation 17 – Internal audit:</p> <ol style="list-style-type: none"> 1. Ensure that your internal audit regime reviews all seven compliance areas at least once every two years, and as a minimum, establishes whether WDC is compliant with its legal and regulatory obligations. 2. Ensure that your internal auditor has the required levels of competence and knowledge of legal, 			<p>AR</p>	<p>RB</p>	<p>Medium</p>	<p>30.01.24</p>	

Appendix 2

	regulatory and best practice compliance obligations to provide a meaningful assurance report with appropriate assurance ratings.							
3.9	<p>Recommendation 18 – External audit:</p> <ul style="list-style-type: none"> Implement 100 per cent desktop checks of compliance records to provide assurance that certification has been completed correctly (for example, nine-point check of gas safety records) and follow-up works are actioned within an appropriate timeframe. Implement a third-party technical auditing regime across all compliance areas to undertake sample checks of contractors’ field work and desktop reviews of compliance records. The auditor(s) should be competent and appropriately accredited. 			SP	RB RR SH	High	31/05/24	

Appendix 2

3.10	<p>Recommendation 19 – resident communications:</p> <p>Develop and implement a formal resident communications campaign to share key messages around resident health and safety across all areas of property compliance and building safety.</p> <p>This should include consideration of the legal fire and building safety requirements under the Fire Safety (England) Regulations 2022 and Building Safety Act 2022.</p> <p>Also consider how you intend to inform harder to reach groups, such as those without internet access, where English is not their first language, or those with disabilities and impairments.</p>	<ul style="list-style-type: none"> • Initial activities to date: <ul style="list-style-type: none"> ○ New webpage for further information and FAQs ○ Tenant Building Safety Survey for end of November 2023 ○ Tenant newsletter December 2023 • Campaign scoping underway. 		NC	LB SH AM CR	Medium	30.06.24	
4.1	<p>Recommendation 20 – Gas and heating safety:</p>	<ul style="list-style-type: none"> • SH 08/11 - Meeting on 10/10 to review existing HPM 		SH	CR PS/DL	High	30.06.24	

Appendix 2

	<ol style="list-style-type: none"> 1. Implement checks to ensure tenants are receiving LGSRs within 28 days of the service. 2. Display LGSRs in communal areas of buildings served by a communal boiler. 3. Ensure you can demonstrate compliance with the Smoke and Carbon Monoxide (Amendment) Regulations 2022 4. Ensure the following items are addressed as part of policy, procedure and process map development: <ul style="list-style-type: none"> • End-to-end access process. • Managing remedial actions. • New tenant checks to ensure they arrange turn on and test visits. • Checks on properties that are not currently connected to the gas mains networks. 	<p>process, existing policy and procedure.</p> <ul style="list-style-type: none"> • 2009 policy and procedure identified, walk through of existing HPM (ActiveH Case Processing) for Gas Safety No Access. • Further meeting scheduled for 14/11 to identify required updates to Process Mapping 						
--	--	--	--	--	--	--	--	--

Appendix 2

	<ul style="list-style-type: none"> Compliance with Dangerous Substances and Explosive Atmosphere Regulations 2002 through risk assessments (where necessary). 							
4.2	<p>Recommendation 21 – Electrical safety:</p> <ol style="list-style-type: none"> Establish a catch-up programme to address the non-compliant properties that do not have a valid test certificate dated within the last five years. Ensure the following items are addressed as part of policy, procedure and process map development: <ul style="list-style-type: none"> End-to-end access process. Managing remedial actions. Ensuring Active H captures reinspection dates less than five years (as recommended by the competent person) 			SH	CR PS/DL	High	31.10.24	

Appendix 2

<p>4.3</p>	<p>Recommendation 22 – Fire safety:</p> <ol style="list-style-type: none"> 1. Complete all outstanding fire risk assessments (FRAs) in line with the fire risk assessor’s recommended reassessment frequency. 2. Extract all FRA actions into an appropriate monitoring platform to accurately track the completion of each action. Record who the actions have been allocated to, action priorities and timeframes, completion dates and supporting evidence (postinspections, certification, before/after photographs, etc.). 3. Ensure you can demonstrate compliance with the Fire Safety (England) Regulations 2022, including undertaking fire door checks. 	<ul style="list-style-type: none"> • Person engaged to carry out fire door checks • Fire Safety team undergoing review of FRA and appropriate actions • Housing site staff carry out daily inspections • Point 2 has been completed 		<p>SP</p>	<p>SH AM CR LB PS FJQ</p>	<p>Critical</p>	<p>31/01/24</p>	
-------------------	---	---	--	-----------	---	------------------------	------------------------	--

Appendix 2

	<p>4. Consider undertaking Type 3 FRAs to all properties as this provides a more detailed understanding by assessing a sample of homes within each block.</p> <p>5. Ensure the following items are addressed as part of policy, procedure and process map development:</p> <ul style="list-style-type: none"> • Management and reporting of periodic checks on fire safety equipment. • Housing management issues that impact on fire safety, such as hoarding and allocations. • Person centred fire risk assessments. Incident management, internal investigation and responding to property fires and near misses. Liaison with the local fire and rescue service 							
<p>4.4</p>	<p>Recommendation 23 – Asbestos Management:</p>			<p>SH</p>	<p>CR PS/DL FIQ</p>	<p>Medium</p>	<p>31.10.24</p>	

Appendix 2

	<p>1. Undertake all outstanding reinspection surveys on your communal blocks to ensure asbestos containing materials are being monitored and managed appropriately. Ensure this is followed by a regular, risk-based reinspection programme, with the frequency determined in agreement with the competent person.</p> <p>2. Ensure the following items are addressed as part of policy, procedure and process map development:</p> <ul style="list-style-type: none"> • Establish Appointed Person and Deputy Appointed Person roles (ensuring they are appropriately qualified). • Develop a fit for purpose asbestos management plan. • Use of priority assessment scores and material assessment scores to determine the risk of an asbestos item. 							
<p>4.5</p>	<p>Recommendation 24 – Water Hygiene:</p>			<p>SH</p>	<p>CR PS/DL</p>	<p>Medium</p>	<p>30.06.2024</p>	

Appendix 2

	<ol style="list-style-type: none"> 1. Undertake all outstanding legionella risk assessments. 2. Ensure written schemes of control are documented to provide guidance on how to manage and monitor the risks identified within the legionella risk assessments. 3. Ensure the following items are addressed as part of policy, procedure and process map development: <ul style="list-style-type: none"> • Establish Responsible Person and Deputy Responsible Person roles (ensuring they are appropriately qualified). • Managing water hygiene in domestic properties – adopting a practical and proportionate approach. • Managing water hygiene void properties (considering the void standard, removing high risk installations, system 							
--	---	--	--	--	--	--	--	--

Appendix 2

	flushing, replacing shower heads, etc.)							
4.6	<p>Recommendation 25 – Lift Safety:</p> <ol style="list-style-type: none"> Review all thorough examination remedial actions and ensure they are completed. Ensure the following items are addressed as part of policy, procedure and process map development: <ul style="list-style-type: none"> Establish a formal process for notifying the compliance team of new domestic lifts installations. Managing remedial action 	<ul style="list-style-type: none"> 08.11 Ongoing dialogue with Contractor undertaking LOLER Inspections. 08.11 Initial data extracted from Contractor web portal. 		SH	None	High	31.03.24	
5.2	<p>Recommendation 1 – Building registration:</p> <p>Any higher-risk buildings identified following completion of the wider data validation exercise should be registered with the Building Safety Regulator</p>	<ul style="list-style-type: none"> Seven higher-risk buildings registered with the BSR. An identified outcome of the data validation process. 		SP	PS SH	Critical	31.03.24	

Appendix 2

<p>5.2</p>	<p>Recommendation 2 – Building safety cases and reports:</p> <p>Establish and implement an appropriate infrastructure around property and building safety compliance, which includes, an effective assurance framework, defining roles and responsibilities and implementing and documenting supporting policies and procedures.</p> <p>This will allow the safety case and safety case report development project to resume and will include documenting a safety management system and building risk assessment.</p>	<ul style="list-style-type: none"> • Pennington commissioned to prepare draft building safety cases based on information being supplied. • Daily safety inspections undertaken by housing teams on site 	<ul style="list-style-type: none"> • Pennington Consultants 	<p>SP</p>	<p>LB CR AM</p>	<p>High</p>	<p>31.03.24</p>	
<p>5.2</p>	<p>Recommendation 3 – Golden thread:</p> <p>Document the approach and commitment to delivering golden thread principles for all higher-risk buildings.</p> <p>This should include what information will be held,</p>			<p>SP</p>	<p>LB</p>	<p>High</p>	<p>31.03.24</p>	

Appendix 2

	what systems will be used, how one version of the truth will be maintained, and how digital information will be accessed, managed and shared to support ongoing reviews of the safety case.							
5.2	<p>Recommendation 4 – Mandatory occurrence reporting:</p> <p>Develop a mandatory occurrence reporting procedure that captures the principles of reporting and recording safety occurrences as intended by the Act.</p>	<ul style="list-style-type: none"> • Work with AssessNet to add pilot to existing system- initial idea completed 10.10.23. Meeting externally 2.11.23 • Follow up meeting booked for 17.11.23 • External focus group to commence 01.24 	<ul style="list-style-type: none"> • Pennington Consultants quoted at £2,145.00 	FJQ	N/A	High	31.07.24	
5.2	<p>Recommendation 5 – Residents’ engagement strategies:</p> <p>Develop building specific residents’ engagement strategies for your higher-</p>			SP	NC CR LB	High	March 2024	

Appendix 2

	risk buildings that include, tenancy management arrangements, allocations, how residents will be involved in decision-making around building safety risks and how they can access safety information.							
5.2	<p>Recommendation 6 – Complaints procedure:</p> <p>Either develop a separate complaints procedure or ensure the existing generic procedure is updated to ensure that WDC can satisfy itself that building safety issues have been resolved (for example, taking action to minimise the possibility of recurrence, ensuring there is no impact on the risk profile of the building or updating the building risk assessment and safety case).</p>	<ul style="list-style-type: none"> • Draft policy out for consultation with senior officer • Recruitment commenced for a corporate complaints manager 		GL	LB AMo	High	March 2024	
5.2	<p>Recommendation 7 – Measuring performance:</p>			SH	AM PS	Medium	30.04.24	

Appendix 2

	Develop performance measures and assurance reporting, in line with the above, to enable effective oversight to ensure building safety obligations are being achieved.							
--	---	--	--	--	--	--	--	--

Compliance position

Please provide an update on the council's compliance position covering gas safety, electrical safety, fire safety, asbestos safety, lift safety, water safety, and smoke & carbon monoxide alarms. In particular, please can you provide:

- **The number of units on each compliance programme, separate for domestic and communal where applicable.**

A compliance dashboard summary is included with this email. This is a live and dynamic document so is a position at a moment in the time and many compliance numbers are improving as data is updated. This dashboard is the position as of 8 December 2023.

- **The number of units that do not have a valid assessment/inspection.**

This is also contained in the compliance dashboard summary. All Surveys are available via the Contractor web portal. Recommendation 23 of the Action Plan is to review policy, procedure, and process mapping for this aspect of compliance.

In respect of Water Hygiene, a new contractor was appointed in June 2023 and is currently reviewing all existing Risk Assessments. Recommendation 24 in the Action Plan will also review policy, procedure, and process mapping.

- **For any overdue assessments/inspections, how long they have been overdue and when they will be completed.**

For those properties recorded on our ActiveH database, as of 8 December 2023, all overdue assessments and inspections have differing individual overdue periods, we can supply a detailed list of each asset if required. All works orders are raised and / or are already complete with certificates held by the contractor prior to uploading to ActiveH.

As 8 December 2023, 101 properties are new build and the Certificates have not yet been provided by the developer for recording on ActiveH and these are being pursued.

For those properties where there is not a valid certificate, the tenant will receive a letter by 22 December 2023 stressing importance of access to allow the Council to verify the condition of the attribute.

- **The number of overdue remedial actions for fire safety and electrical safety – please separate these out by risk (low/medium/high, C1/C2, etc.), how long overdue they are, and when they will be completed by.**

Electrical Safety

Where a C1 risk is identified by the electrical contractor, they are authorised to immediately rectify on site without the need for further consent from the Council.

For C2 risks, the contractor seeks approval to carry out the work identified; this is always granted to enable the Contractor to generate a works order and complete the work.

As per 8 December 2023, only one block is showing as overdue and this at a housing scheme that is in the current Housing Investment Programme to be rewired with the contractor currently preparing a scope of works. A new certificate will be provided as part of the rewire.

Fire Safety

High rise: High risk: One action which is currently in progress to extend the automatic fire detection inside the electric cupboards for early warning and ensure persons inside the apartments next to it are alerted immediately. Overdue since July 22 waiting documentary evidence of completion following the contractor visit in November 23.

Medium risk 45 outstanding since July/August/October 22 in varying positions of action with all actions expected to be complete within 6 months.

Low risk 11 outstanding and overdue since October 22 expected to be complete by March 24. No timescale and no priority 18

11-18m: High risk: 26 outstanding and overdue since August 22 (see below list of issues)

Medium risk 119 outstanding and overdue since October 22.

Low risk 16 outstanding since January 23 No timescale and no priority 16

Sheltered: High risk: 30 Outstanding and overdue since May 22.

Medium risk 91 outstanding and overdue since July 22.

Low risk 14 outstanding and overdue since October 22 No timescale and no priority 16

Low rise: High risk 363 outstanding and overdue since August to October 22.

Medium risk 2086 outstanding and overdue since July 22.

Low risk 298 outstanding and overdue since April 23. No timescale and no priority 645

There are no life critical actions at any of the buildings.

The majority of high-risk actions are non-fabric related.

The high-risk actions within the Low rise fall into a number of common themes:

- 87 actions concern 'management confirm that the common area fixed electrical system has been inspected and tested within the last 5 years in accordance with BS7671:2008 (as amended). The position is that the reinspection is complete however we have not closed down the actions as we are waiting the certification being provided.
- Numerous actions concern 'residents must be reminded of the importance of keeping doors closed' the position is that residents will be receiving this information in the Christmas newsletter 2023.
- 22 actions relate to 'fire safety signage to be reviewed' The position is that we are in the process of reviewing and upgrading and will have this work completed within 6 months.
- 77 actions relate to fire door surveys of doors. The position is that surveying has started with additional resources being put in place. Communal doors of the high rise, 11-18m buildings and 42 low rise buildings are now completed. The aim is for this work to be completed within the next 12 months.
- 188 actions relate to Management checking compartmentation within the roof space/basement/cupboards/storage spaces. A compartmentation survey is in the process of being commissioned with an aim that this is complete within 12 months and remedial actions underway as required.
- A lesser number relate to Management undertaking a review of bin stores. The position is that the aim is for this work to be completed within 6 months.

- A small number affecting conversions relate to reviewing the fire risk policy i.e., stay put/full evacuation. This work is in progress, and we aim for completion by March 24.

The high-risk actions within Sheltered also fall into a number of common themes primarily.

- 15 actions around roof void access and compartmentation. The survey for which is being commissioned.
- 6 actions relating to reviewing signage.
- 5 other issue relates to logging the training of staff which is also in progress.

High risk actions within the 11-18m buildings

The high-risk actions within the 11-18m buildings fall within two common themes primarily:

- 9 inspection of roof void access and electrical intake cupboards. Surveys are being commissioned.
- 6 regarding reviewing fire action notices and visiting staff training records.

- **For any overdue high-risk actions, please set out what risk mitigations are in place for tenant safety.**

Together with the newly appointed Fire Safety Lead, the fire safety team has reviewed all high-risk items – there are no life critical issues identified (other than in 5 of the High-Rise blocks relating to cladding – see below). Any retrospective additional surveys are being commissioned.

All electrical certificates have been completed and awaiting to transfer onto ActiveH.

Fire Safety risk mitigations:

- *Building inspections (walking the building checking condition, items left in communal spaces, doors left open, etc) daily for high rise buildings and Sheltered schemes, Weekly for 11-18m and monthly for low rise.*
- *Stock condition survey undertaken every 3 years.*
- *Resident communications increased.*
- *Bin stores monitored in line with building inspections with refuse collections on alternate weeks for refuse and recycling (High rise and one low rise are weekly due to volume of waste). Bulk items are reported as fly tipping where a reactive team will collect same day or following day.*
- *Regular liaison with Warwickshire Fire and Rescue Service*
- *Robust monitoring of progress in relation to completing actions.*
- *Valid Landlord electrical certification*
- *Electrical cupboard doors locked and kept free of debris and checked at each inspection.*
- *Enclosed communal areas.*
- *Fire rated hatches being installed to roof void accesses.*
- *EWS surveys undertaken on all high-rise buildings.*
- *Dry risers serviced and in good condition to high rise buildings.*
- *Followed national fire chief guidance to install waking watch and fire alarm systems to high rise.*

- **Fire safety remediation survey**

In relation to our recent fire safety remediation survey in August 2023, the council identified that 50 of its 52 buildings 11-18m in height have life critical fire safety issues which will not be remediated within the next five years. Please can you provide the following.

1) Has this information changed since the council's response to the survey?

Yes – following a thorough review of all relevant 11-18m properties by our newly appointed Fire Safety Specialist lead has reviewed all risk assessments and actions for these blocks.

- We currently consider that only 10 buildings are between 11-18m in height and are undertaking work to validate this.
- There are no life critical safety issues in these buildings.
- We aim to remediate all issues identified within the next five years.

We do however have life critical safety issues in 5 of our high-rise buildings (18m+) relating to cladding. One building was decanted before last Christmas and has not been habited since that time whilst we work to rehouse the tenants and acquire the leasehold interests.

The preferred option for the Council is to then demolish the building. In the meantime, we continue to operate 24-hour security and daily inspection checks.

Four other buildings are affected, all of which have active waking watches and surveys have been completed ready to undertake relevant works. We aim to have removed all cladding, replacing with a suitable alternative within two years, following the latest legislation and Gateway 1,2 and 3.

2) What are the council's plans, including completion of the works and risk mitigation and comms with residents in the meantime? How is the council assured that these mitigations are appropriate?

For the 11-18m buildings, please see the response provided for the Compliance position.

For the 4 occupied high rise blocks we have informed residents and Councillors of the works required and keep them updated as required.

How is the council assured that these mitigations are appropriate?

- *Liaison with Warwickshire Fire and Rescue Service including to help produce the resident newsletter.*
- *We commissioned EWS1 surveys and reports in 2022 to advise on cladding issues. This identified buildings at risk and those which are safe.*
- *Appointed competent, insured contractors and consultants to work on the major cladding replacement schemes.*
- *Following current legislation on requirements for cladding replacements*
- *Appointed a fire safety lead for expert advice.*

Stock condition surveys

In relation to the council's stock condition survey programme, please can you provide the following.

1) When will the SCS be completed, and what percentage of stock has been completed to date?

As of 1 December 2023, Pennington, our stock condition contractor had completed 2436 surveys, which is 43% of the stock. They have agreed to add an additional stock condition

surveyor and have projected a completion date of May 2024 based on a planned 30 surveys per week. Clearly all weekly surveys more than this will bring forward the target date.

The Council retains information on ActiveH from the previous stock condition survey, as updated by completed work and this was used to formulate the 2023/24 Housing Investment Programme pending the outcome of the new survey.

This response, however, is based on data to date from the new survey.

2) No of homes currently not meeting the decent homes standard.

Based on the new stock condition survey data to 1 December of 2436 homes, the following is an illustration of Decency. It should be read alongside the table of HHSRS Category 1 and 2 and other Housing Investment Programme works identified by the survey.

Non-Decent is as defined by the Decent Homes standard, and is a combination of Category 1 HHSRS, Potentially Non-Decent including Category 2 HHSRS, individual component replacements, for example kitchens and bathrooms more than life span and / or in poor condition, tenant comfort and reports where a disabled adaptation may be required, and which are referred into that process.

For those properties identified as non-decent for other than Category 1 / 2 HHSRS, these are being included in the Housing Investment Programme work stream for 2023/24 and 2024/25 or referred into the process for disabled adaptation.



3) No of Cat 1 and 2 HHSRS hazards, when will these works will be completed and details of how tenants are being kept safe in the meantime.

Based on survey data received for the new Stock Condition Survey as of 1 December 2023, the following table sets out overall numbers of Cat 1 and 2 HHSRS hazards identified by the stock condition surveyor.

	Non Decent	Potentially Non-Decent	Decent
Count of UPRN	199	460	1479
CAT 1	21	0	
CAT 2	0	50	

Remaining HIP related Works	178	410
-----------------------------	-----	-----

An analysis of causes attributed to each hazard identified.

	CAT 1	Cat 2	Total
Asbestos (and MMF)		1	1
Collision and Entrapment		1	1
Damp and Mould Growth	6	34	40
Domestic Hygiene, Pests and Refuse		3	3
Electrical Hazards	1	2	3
Entry by Intruders	1		1
Falls on Stairs and Steps	3	3	6
Falls on the Level		3	3
Falls Related to Baths	3		3
Fire	1		1
Fuel Combustion Products (CO)	1		1
Hot Surfaces and Materials	5		5
Personal Hygiene, Sanitation and Drainage		1	1
	21	50	71

For identified hazards, the following actions will be taken:

CAT 1:

- 1. Damp & Mould Growth: Residents are being contacted and inspection visits booked on assessment, appropriate works to be raised and/or Housing Management actions taken by 22 December 2023*
- 2. Electrical Hazards: Work raised to Contractor – attending 8 December 2023*
- 3. Entry by Intruders: Works instruction raised with Contractor – awaiting confirmation of booking with resident.*
- 4. Falls on Stairs and Steps: Residents are being contacted and inspection visits booked. On assessment, appropriate works to be raised and/or Housing Management actions taken by 22 December 2023.*

5. *Fire: Works instruction raised to Contractor – Battery Smoke Detector being provided 8 December 2023 ahead of works scheduled to install mains wired smoke detection.*
6. *Fuel Combustion Products (CO): Appliance was installed in November 2022 and checked at Annual Gas Safe inspection in March 2023. Investigating the issue and are contacting the tenant for information and if necessary, we will recall the contractor.*
7. *Falls related to Baths: Housing Officer to contact with option to refer to Midland Heart for assessment as a Disabled Adaptation*
8. *Hot Surfaces & Materials: Residents are being contacted and inspection visits booked. On assessment, appropriate works to be raised by 22 December 2023 with possible referral to Housing Improvement Programme for replacement units.*

CAT 2:

Each to have a joint inspection with a Maintenance Surveyor / Housing Officer to assess appropriate action and ensure tenant safety. All to be carried out before end January 2024.

Compliance Dashboard Summary:

Last LIVE Data Refresh: **14/12/2023 16:24**

15/12/2023

	Properties			Compliance			Comments	
	Total	On Programme	Off Programme / Validate?	In Date	Overdue	Compliant Percentage		
	Domestic							
Gas (LGSR Programme)	5588	4604	984	4604	0	100.00%		
CO Detection	5588	4628	960	4465	163	96.48%	Data validation required for overdue: New build, acquisitions, off programme	
Electric (5-Yr EICR Programme)	5588	5491	97	5363	128	97.67%	Off programme = New builds/acquisitions. Overdue, works ordered or completed in administration	
Smoke Detection	5588	5491	97	5016	475	91.35%	Off programme = New builds/acquisitions. Overdue, works ordered or completed in administration	
Communal Blocks & Schemes								
Gas (LGSR Programme)	268	8	260	8	0	100.00%		
Electric (5-Yr EICR Programme)	268	255	13	254	1	99.61%		Tannery Court - Currently being scoped out for full rewire. Awaiting quote. 12 off programme have no communal consumer unit. 1 new build awaiting certificate
Fire Risk Assessment	268	255	13	136	128	53.33%		All FRA's have been reviewed within last 12 months. Recommendation 22 of the Action Plan is to review policy, procedure and process mapping for this aspect of compliance.
Asbestos Management	268	264	4	0	264	0.00%		Data held on Contractor web portal. All Surveys available and R&D Surveys completed when targeted when/where required. Recommendation 23 of the Action Plan is to review policy, procedure and process mapping for this aspect of compliance.
Water Hygiene (Legionella) Risk Assessment	268	15	253	0	15	0.00%		Change of Contractor in June 2023 - New Contractor currently reviewing all existing RA. Recommendation 24 in the Action Plan will also review policy, procedure and process mapping.
Lifts Full Inspection	268	25	0	23	2	92.00%		Southorn Court (x2) currently undergoing full refurbishment. Estimated completion 12/01/24 - SQL needs to include 'Serviceable' flag and omit "No's"
Community Centres								
Gas (LGSR Programme)	4	4	0	4	0	100.00%		
Electric (5-Yr EICR Programme)	4	4	0	4	0	100.00%		
Fire Risk Assessment	4	4	0	4	0	100.00%		
Asbestos Management	4	3	1	0	3	0.00%		Data held on Contractor web portal. All Surveys available and R&D Surveys completed when targeted when/where required. Recommendation 23 of the Action Plan is to review policy, procedure and process mapping for this aspect of compliance.
Water Hygiene (Legionella) Risk Assessment	4	4	0	1	3	25.00%		Change of Contractor in June 2023 - New Contractor currently reviewing all existing RA. Recommendation 24 in the Action Plan will also review policy, procedure and process mapping.

Fire Safety Outstanding Actions Summary:

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

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

Key:

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

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

REF	RISK OWNER	RISK DESCRIPTION	POTENTIAL	EXISTING MITIGATING CONTROLS	RISK RATING			PROPOSED FURTHER MITIGATION	RISK RATING		
					LIKELIHOOD	IMPACT	OVERALL RISK RATING		LIKELIHOOD	IMPACT	OVERALL RISK RATING
1	Board	Action plan is not accurate	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Penningtons are highly qualified with a strong reputation in this field	1	1	1	Consideration to be given to engage an external auditor, independent from Pennington, near to completion of project	1	1	1
2	Board	Failure to deliver the plan	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	4	5	20	Plan contains milestones and target dates Board reports directly and on a monthly basis to the Asset Compliance Audit & Scrutiny Committee Additional resources are being recruited	1	3	3
3	Board	Progress to deliver the plan is slower than anticipated	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	4	5	20	Plan contains milestones and target dates Board reports directly and on a monthly basis to the Asset Compliance Audit & Scrutiny Committee Additional resources are being recruited	1	3	3

4	Board	Improvement is not appropriately targeted to the highest priority first.	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Penningtons report has prioritised its recommendations	3	3		Action plan has been prioritised. Fire, Gas and Lift safety identified as critical areas for action first. Action plan to be cross checked with Penningtons report. Regular progress reports	1	1	
5	Board	Incidents are not reported to management	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	4	5		Incident reporting mechanisms to be established and reported to the Board.	1	3	
6	Board	Unknown performance against all of the compliance areas	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	5	4		Needs visibility of performance and progress - a dashboard. The dashboard needs to be visible to appropriate officers and board members	1	1	
7	Board	Data is incorrect and cannot be relied upon	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	3	5		A data validation exercise is recommended by Penningtons and is contained within the action plan	1	1	
8	Board	Operational capacity insufficient to enable the Board to effectively function and deliver the action plan	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	4	4		Gaps in resources are being identified and are in the process of being recruited to. A Project Management team is being put in place	2	2	
9	Board	The Board is not competent to provide required leadership.	There are a number of variables that can impact the company adversely	An external independent sector specialist has been invited to sit on the board and has accepted	3	4		Penningtons training booked for board members 29.11.23	1	1	
10	Board	Senior officers and those responsible for compliance or other health and safety work are not trained or competent.	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	3	4		Penningtons training booked for 29.11.23. Appropriate senior level IOSH H&S training for senior staff to be progressed. Development of Competence matrix included in action plan	2	3	
11	Board	Cabinet are not competent to provide the appropriate governance	Inadequate management response Board unable to fulfil its obligations. Reputational damage	New plan and therefore there are no existing controls	3	4		Penningtons training booked for 29.11.23	2	2	

12	Board	Lack of/poor communications between the levels, within the levels and internally/externally	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	3	3	Regular and frequent reporting to Cabinet and to the Asset Compliance Audit & Scrutiny Committee Standing item on SLT and Managers Forum meetings Communications plan in place for Tenant and leaseholder communications All relevant information on the web and updated following each Board meeting.	1	1	
13	Board	The risks associated with the Penningtons report and actions plan are not captured, the captured risks are not complete.	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	New plan and therefore there are no existing controls	5	4	A risk register in place reviewed and updated as a standing board item. Significant business risk separated and given a high priority over other risks. Penningtons are asked to review the risk register . Consider engaging an external auditor, independent from Pennington, near to	1	1	
14	Board	Poor communication with Tenants and Leaseholders	Reputational damage	New plan and therefore there are no existing controls	4	4	Letter to T&L setting out position sent on 8.11.23 Communications plan to be drafted and approved by the Board. Updates provided to T&L provided following each Board meeting Full information disclosed to tenants on the website for transparency	3	3	
15	Board	Reputational Damage or loss of confidence including community concerns	Reputational damage. Overwhelming numbers of enquiries. Significant press interest Known tenants of concern introduce additional noise into the system	Existing reputation and good relationship with tenants and leaseholders	4	4	Communications plan Member and MP briefings and communications Briefing and preparation for key staff and housing teams	3	3	

16	Board	Key staff leaving or being absent for a period of time	Significant harm to tenants/leaseholders and buildings. Reputational damage, Prosecution	Ability to bring in agency or additional staff as necessary although delays still occur Employee Assistance programme	3	3	Additional resourcing requirements to be put in place. Chris and Darren to speak with key staff to provide reassurance Heads of Service to hold team meetings to provide reassurance Project team to have regular communications and reassurance Regular and frequent check-ins with key staff to assess wellbeing Deputies and buddying system to be put in place	2	2	
17	Board	Increased risk of no win no fee claims	Increased costs in damages, legal fees, surveyors and administrators to handle claims. Reputational damage.	New plan and therefore there are no existing controls	4	4	Within the tenant and leaseholder communication plan, develop approaches to guide tenants to contact the Council if they have concerns with their property.	3	3	