

Warwick District Council

Compliance and Building Safety
Health Check

October 2023

Our ref: WEA2394

Preface

Pennington Choices provides property surveying and consultancy services to organisations nationwide. We have a wealth of experience working with more than 150 public and private sector organisations across social housing, NHS, education, retail, rail, police, and local authorities over the past 20 years. Our breadth of services makes us unique and provides a cost and time-effective solution to our clients.

Our advisory, professional and out-sourced services are:

- Housing and finance consultancy
- Occupational health and safety
- Recruitment services
- Asbestos – surveying, analysis, and management
- Chartered building and quantity surveying
- Stock condition and asset management
- Fire safety and compliance
- Energy - EPCs and sustainability services
- Gas and electrical – auditing, inspection, and management
- Professional training and qualifications

We develop lasting professional relationships and partnerships with all our clients. We do this by helping them to meet their strategic objectives by adding real value to organisations and projects. Many of our long-term clients are contractors, social housing organisations, local authorities, health and social care organisations, private landlords, homeowners, and education providers.

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Version Control

Date	Version	Description
6.10.2023	V0.1	First draft
11.10.2023	V0.1	Internal review
25.10.2023	V0.2	Client review
26.10.2023	V1.0	Final version

1. Executive summary

Objective	
<p>Warwick District Council (WDC) commissioned this Compliance and Building Safety Health Check to provide a high-level assessment of property compliance management and performance in respect of seven compliance areas: gas and heating, electric, fire, asbestos, water, lifts and building safety. The report scope includes Housing Revenue Account properties only (public and commercial buildings are not considered).</p>	
Key findings	
	<p>Governance and leadership – There is limited governance and strategic oversight of property compliance and building safety and a lack of supporting documentation to evidence that these are key corporate priorities. An effective assurance structure and framework is required – see Section 3.2.</p>
	<p>Data management – Data management requires significant improvement. We were unable to fully verify your compliance position due to the poor quality of your compliance data. A back to basics approach is required which should include a full data validation exercise – see Section 3.3.</p>
	<p>Non-compliance – Levels of non-compliance across fire, asbestos and water are significant and due to issues with your data, we could not fully verify the position across other areas. Areas to address as a priority are: the fire risk assessment (FRA) programme and actions, building safety (which you should begin to consider the seventh compliance area) and lift remedial actions.</p>
	<p>Three lines of defence – There is no effective risk management framework to provide assurance that compliance and building safety is being delivered and managed appropriately. This report provides recommendations throughout to strengthen and restore all three lines of defence.</p>
Assurance rating	
<p>Our overall assurance rating is no assurance, which represents our assessment of cross cutting themes, such as data, governance, and reporting, as well as outturn compliance performance (see Appendix 2 - Assurance rating criteria).</p>	
	
Recommendations and next steps	
<p>We have made 32 high-level recommendations to help improve your approach (see Appendix 2): 6 critical, 17 high and 9 medium.</p>	
<p>Summary of critical actions:</p> <ul style="list-style-type: none">• Establish an effective assurance structure and framework.• Appoint operational leads for building and fire safety.• Undertake a full data validation exercise.• Address the non-compliance on all programmes (FRAs, electric, water and asbestos) and complete outstanding follow-up actions.	
<p>Due to the nature of our findings, it is our experience that the Regulator of Social Housing would expect these matters to be disclosed to them through self-referral, which we strongly recommend you consider. We can support you with this process if required.</p>	

2. Introduction

- 2.1.** Warwick District Council (WDC) commissioned Pennington Choices to carry out a Compliance and Building Safety Health Check of the following areas:
- Gas and heating safety
 - Electrical safety
 - Fire Safety
 - Asbestos management
 - Water hygiene
 - Lift safety
 - Building safety
- 2.2.** Our approach included:
- Developing bespoke key lines of enquiry to form the basis of assessment.
 - Asset data and document review.
 - Sample checks of compliance records.
 - Discussions with team members involved in delivering compliance programmes.
 - Reviewing key corporate documents and compliance policies and procedures.
 - Reviewing compliance performance reporting at management and governance levels.
 - Reviewing internal and external audit and testing arrangements.
- 2.3.** We have assessed WDC's compliance with legislation, regulation, Approved Codes of Practice and considered whether your governance arrangements provide appropriate levels of assurance for meeting these obligations. Our scope included all Housing Revenue Account properties owned and managed by WDC (public and commercial buildings are not considered within this report).
- 2.4.** The views and assumptions reached in this report reflect the documents, reports, and data we have reviewed. Our assumptions reflect what employees told us about current arrangements during the discussions that took place during 25 - 26 September 2023. The employees involved were fully engaged in the process and demonstrated a desire to continually improve.
- 2.5.** In commissioning this report we recognise that you are committed to improving compliance management arrangements and you have an appreciation of some of the challenges to overcome.
- 2.6.** We recommend the findings and recommendations within this report are shared with the Executive Team, Board, and relevant scrutiny panel/ committee so members understand the current position and provide support for any further action required.
- 2.7.** Section 3 of this report outlines our summary of strategic and operational findings which are applicable to all compliance areas, and Sections 4 and 5 provide a brief overview and position statement for individual compliance areas. We provide all recommendations made throughout this report in a Compliance Roadmap and Building Safety Action Plan in Appendix 1.

3. Findings

3.1. Overview

3.1.1. There is no effective risk management framework to provide assurance that compliance and building safety are being delivered and managed appropriately. This includes your approach to resourcing, roles and responsibilities, training and competence, reporting, policies, procedures and quality assurance. The ‘three lines of defence’ methodology provides a useful framework for you to consider and evaluate your overall approach:

1. **First line:** How day-to-day risks are controlled by those responsible for delivering compliance activity. Policy and procedure are the key controls.
2. **Second line:** How teams check the control framework for delivering compliance activity is operating effectively. Management and Leadership Team¹ oversight and performance reporting are the key controls.
3. **Third line:** Objective and independent checks to confirm that teams are operationally aligned with policies, processes and procedures, legislation, accrediting bodies and best practice. Internal audit and external, independent audits are key controls.

3.1.2. The following sections outline the actions required to strengthen the infrastructure around compliance and building safety and restore all three lines of defence. The below table illustrates how you could address these recommendations over the next 12 months.

WDC Compliance and Building Safety Roadmap	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar - Oct 24
Assurance framework						
Recommendations 1, 4, 9, 10 – Assurance structure	█					
Recommendation 2 – Compliance awareness session		█				
Recommendation 3 – Compliance strategy		█				
Data						
Recommendations 5 - 8 – Data validation	█					
Safety cases						
Safety cases and reports development			█			
Remaining lines of defence						
Recommendation 11 – Reporting			█			
Recommendation 12 – Policy development			█			
Recommendation 13 – Process maps and procedures						█
Recommendation 14 & 15 – Training and competence				█		
Recommendation 16 – Contract management						█
Recommendation 17 & 18 – Internal and external audit						█
Recommendation 19 – Resident communications						█
Building safety action plan				█		

¹ Reference to your Leadership Team includes the Heads of Service, Directors, Portfolio Holder(s) and relevant Scrutiny Panel/Committee

3.2. Governance and strategic oversight

3.2.1. Governance, leadership and strategic oversight of compliance and building safety require strengthening significantly to ensure they are appropriately considered as key corporate priorities and given adequate resource and focus. This will provide assurance that WDC’s compliance and building safety obligations are being met. We observed the following:

- There is no clear governance structure around compliance and building safety to measure and monitor performance appropriately. Diagram 1 below provides an example of an assurance structure that would provide effective governance and strategic oversight.
- There is no documented strategy and supporting action plan to evidence that compliance and building safety are key corporate priorities (we reviewed the draft *Corporate Strategy, Asset Management Strategy 2019-2023, Housing Service Area Plan and Neighbourhood and Assets Service Area Plan*).
- We expect the governance and Leadership Team to approve compliance policies as they should set out what WDC will do to meet legal obligations and what strategic choices have been agreed. However, there are no compliance policies in place.
- Your internal audit programme, which only includes some compliance areas (in relation to HRA properties), is not providing the assurance we expect (see Section 3.9).
- Compliance reporting is not full and transparent and there is a lack of scrutiny or challenge of performance from the governance and Leadership Team (see Section 3.5).

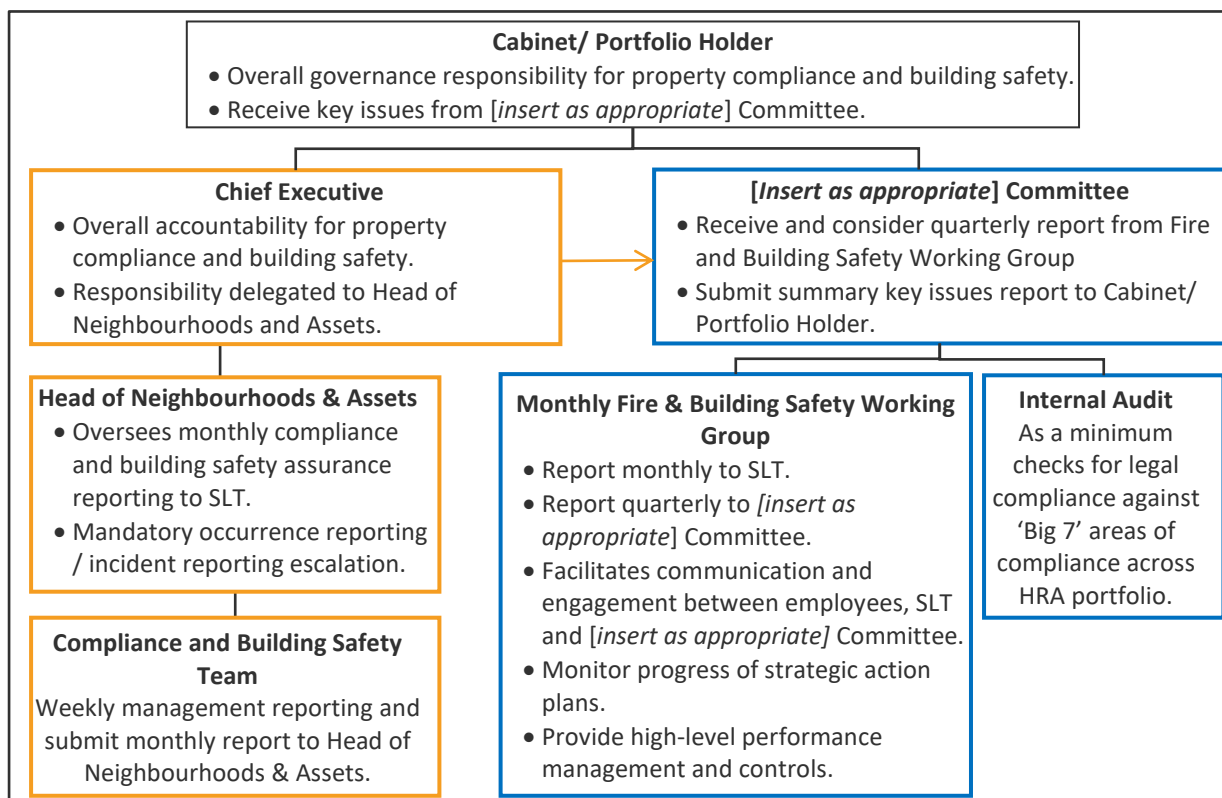


Diagram 1: Example governance structure for compliance and building safety

3.2.2. Recommendations

Recommendation 1 – Critical

Establish an appropriate governance and assurance structure to provide effective oversight of compliance and building safety (see example in Diagram 1).

Recommendation 2 – High

Your leadership team would benefit from a compliance awareness session to gain a more thorough understanding of what WDC's compliance obligations are and how to provide more effective oversight, scrutiny and challenge of compliance performance.

Recommendation 3 – High

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.

Recommendation 4 – High

1. Broaden the scope of the existing Fire Safety Group to have full oversight of all legal fire and building safety requirements.
2. Develop a terms of reference that ensures achieving the requirements of fire and building safety legislation and guidance is included as a standard agenda item.

Overall compliance position ²					
Compliance area	Total properties	On programme	Compliant	Non-compliant	Requiring validation ³
Domestic					
Gas	6207	4,605	4,588	17 ⁴	Full validation required
Electric (5-year programme)		5,722	5,491	231	
Communal blocks/ schemes					
Gas	492	8	8	0	Full validation required
Electric (3-year programme)		Unable to verify			
Fire risk assessments		266	0	266	
Asbestos (re-inspections)		Unable to verify			
Water (legionella risk assessments)		23	0	23	
Lifts (passenger and goods)		26 (lifts)	Unable to verify		

Table 1 – Overall compliance position, September 2023

² The data in this table is based on data obtained during our document review and information gathering sessions and has not been fully verified. Outstanding follow-up actions (for example, fire risk assessment actions) are not included within this table and should also be considered to understand the full compliance position. Please note that this data only represents the point in time at which the Health Check was undertaken at the end of September 2023.

³ We recommend full validation as we could not verify the data and compliance position presented within this table (see section 3.3).

⁴ We were advised that all non-compliant properties on the gas programme are being managed and escalated through a legal no access process.

3.3. Data and records

3.3.1. Accurate data enables you to evidence compliance with your legal and regulatory obligations. Table 1 (above) highlights that we could not provide full assurance around your compliance programmes, therefore your approach to data management requires strengthening significantly. We observed the following:

- Active H (your parent asset management system) is not being used as the single source of truth for compliance programme data.
- There is no formal asset data and compliance programme validation process.
- There is no clear way to report on all individual compliance programmes.
- There is an over-reliance on contractor systems to drive some compliance programmes (which has previously resulted in data-loss), and the contractors' programme lists are not routinely reconciled to ensure they align with your own programme lists.
- There is no consistent approach to collating evidence or creating a clear audit trail of follow-up works deriving from your compliance programmes to provide assurance that actions are being completed in a timely manner.
- Active H does not provide you with specific data on your buildings between 11 and 18 meters in height. This is essential for monitoring and ensuring your obligations are being met under the Fire Safety (England) Regulations and Building Safety Act.
- You are not confident that compliance programme attributes are being set correctly when new properties are added to Active H.

3.3.2. Recommendations

Recommendation 5 – High

Undertake a full data validation exercise which is coordinated across all compliance areas and follow this with a regular documented reconciliation process to ensure asset and compliance data remains accurate and up to date.

Recommendation 6 – High

Configure Active H to record the correct and accurate compliance programme data and provide appropriate reporting outputs.

Recommendation 7 – High

Implement a process for tracking and monitoring the follow-up actions deriving from your compliance programmes. Each action should be documented, and you should be able to evidence that the action has been completed.

Recommendation 8 – Medium

Formalise and document the process for adding and removing properties on Active H and on compliance programmes.

3.4. Structure and operational delivery

- 3.4.1. Based on WDC's size, stock numbers, and industry best practice, the structure for delivering your compliance obligations for gas, electric, water hygiene, asbestos, and lift safety is suitable and generally adequately resourced. In each of these areas, roles and responsibilities are clearly defined and there is central oversight from the Compliance Team Leader and Compliance Manager.
- 3.4.2. However, there is no defined operational structure for fire and building safety. Accountability and responsibilities are confused and inadequately resourced, and as a result your legal obligations are not being met. You should now take the opportunity reset this position and put the appropriate infrastructure in place, and consider building safety as the seventh area of compliance.
- 3.4.3. **Recommendations**

Recommendation 9 – Critical

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).

Recommendation 10 – Critical

Appoint an operational lead for building safety to have overall operational responsibility for day-to-day management of building safety risks in higher-risk buildings and communications with residents of those buildings.

3.5. Reporting

3.5.1. Although there is a monthly / quarterly compliance report that covers the 'big six' areas of compliance, it is not providing a true and accurate picture of your performance:

- Compliance reporting is lost among other non-related indicators contained within the same report (such as repairs, cremations and recycling).
- The report does not include a total stock count, properties on and off each programme or a breakdown of property type (for example, domestic / communal blocks).
- As the report is compiled once a month, there is no consistent, real-time indication of the compliance position throughout the rest of the month.
- The supporting narrative does not explain non-compliance and the progress of corrective actions in enough detail.
- There is no forward outlook to highlight what is due in the next 30 – 90 days to highlight upcoming non-compliance risks.
- Percentages are used without supporting numerical values for context.
- Reporting periods are combined (monthly and quarterly within the same report) which is confusing and inconsistent across each compliance area.
- Some reporting is inaccurate and not measuring legal compliance (for example, lifts and asbestos).
- There is no visibility of compliance follow-up actions (for example, fire risk actions).
- We did not see evidence of reporting on the building safety tenant satisfaction measures, as required by the Regulator of Social Housing.

3.5.2. Recommendation

Recommendation 11 – High

Develop a standalone weekly compliance report that covers the big six compliance areas and addresses the items outlined above. This report should also be used to provide monthly and quarterly summaries. Data should be driven from Active H and performance presented in an easy to read format (see Appendix 3 for example scorecards).

3.6. Policies, process, and procedures

3.6.1. There is no policy framework (policies, procedures and process maps) across all compliance areas (including building safety) to demonstrate that you understand all your compliance obligations and to document what you will do to meet them. Procedures should set out the operational requirements for how each policy is followed and fulfilled.

3.6.2. Recommendations

Recommendation 12 – High

Establish a policy framework by developing seven separate compliance and building safety policies that set out your approach to meeting each legal obligation across each compliance area. These should be approved by the appropriate group within your newly developed assurance structure.

Recommendation 13 – Medium

Develop supporting procedures and process maps to clearly outline end to end operational and delivery processes.

3.7. Training and competence

3.7.1. Positively, members of the Compliance Team can demonstrate qualifications and competencies appropriate to their roles. However, we did identify some gaps in knowledge around legal compliance requirements for all areas and formal compliance management qualifications for some areas (asbestos, lifts and fire safety).

3.7.2. Recommendations

Recommendation 14 – High

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. This will identify gaps and ensure training and competence is kept up to date. Any gaps should be addressed by undertaking appropriate qualifications within appropriate timeframes.

Recommendation 15 – Medium

The Compliance Team should undertake refresher compliance training that covers all compliance areas to refresh their knowledge and ensure they remain up to date with the latest legislation and obligations.

3.8. Procurement and contract management

3.8.1. Positively, we were advised that there are formal contracts in place with all compliance contractors. Each contract has been formally procured and most have had long standing agreements with WDC. We also note that for most areas of compliance regular contractor performance meetings are taking place.

3.8.2. We did identify areas of contract management that require strengthening:

- Key performance indicators are not being used to measure contractor performance.
- Apart from your gas contractor, proactive and periodic contractor competency checks are not undertaken by the Compliance Team.
- There is an over-reliance on contractor systems to drive some compliance programmes (which has previously resulted in data-loss), and the contractors' programme lists are not routinely reconciled to ensure they align with your own programme lists.

3.8.3. Recommendations

Recommendation 16 – High

Strengthen your contract management approach by:

1. Ensuring 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.
2. Completing routine documented contractor competency checks (at least annually).
3. Migrating 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.

3.9. Quality assurance

- 3.9.1. **Internal audits** – While there is an internal audit function in place, the programme does not include all compliance areas (in relation to the HRA portfolio) and for the areas it does cover, it requires strengthening significantly. For example, compliance against relevant legislation is not considered in enough detail and items observed in the report narrative are not formalised as recommendations within the action plan. We also found that overall assurance ratings provide false assurance and do not reflect the actual position (see May 2022 *Gas and Electrical Safety Checks* audit where substantial assurance is given despite not all legal obligations being audited).
- 3.9.2. **Technical audit** - The Compliance Team does not proactively review compliance records to undertake quality checks or monitor remedial works, and there is no third-party technical auditing regime in place for any compliance areas. This reduces assurance as compliance contractors' work is going unchecked.
- 3.9.3. We found examples where this has manifested: thorough examination reports are not checked by the Compliance Team, and the two reports we reviewed highlighted repeated defects such as 'fifth repeat of this defect' which highlights the issue had not been resolved since the previous report. This needs to be addressed as a priority.
- 3.9.4. **Recommendations**

Recommendation 17 – Medium

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, regulatory and best practice compliance obligations to provide a meaningful assurance report with appropriate assurance ratings.

Recommendation 18 – High

1. 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.
2. 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.

3.10. Resident communications

- 3.10.1. General awareness raising and communication around property safety is important as residents are often best placed to mitigate risks themselves. Effective communication can also help tenants feel involved and take steps to be safe in their own homes.
- 3.10.2. Your approach to informing residents on property safety requires strengthening. While there is some basic fire safety awareness information on your website, there is no formal communications approach to each compliance area.

3.10.3. Recommendations

Recommendation 19 – Medium

Establish a formal and coordinated approach (across all compliance areas) to inform your residents about property safety and include how and when information will be provided. This should include consideration of the legal fire and building safety requirements under the Fire Safety (England) Regulations 2022 and Building Safety Act 2022.

4. Subject specific findings

4.1. Gas and heating safety

4.1.1. You can demonstrate that you are meeting some of the legal obligations under the Gas Safety (Installation and Use) Regulations 1998. For example, there is an annual gas safety programme in place and similar programmes for undertaking servicing of other types of heating installations. However, overall management of gas and heating safety requires improvement. We observed the following:

- There are no checks to ensure tenants are receiving copies of their landlord's gas safety record (LGSR) within 28 days of the safety check, which is a legal requirement.
- LGSRs are not displayed in communal areas of buildings served by a communal boiler, which is a legal requirement.
- Due to discrepancies with your data, you are unable to evidence compliance with the Smoke and Carbon Monoxide (Amendment) Regulations 2022.
- There appears to be complacency around the number of properties overdue each month, which we were advised is typically around ten (and at the time of our review the longest was five months overdue).
- The Compliance Team are uncertain around what happens once properties are referred to the housing management and legal teams in the absence of a documented end to end access process (which may be impacting on the number of properties consistently overdue).
- There are no checks on new tenancies to ensure they have arranged a turn on and test or tampered with the installation.
- There are no checks on properties that are not connected to the gas mains network, to ensure a gas supply has not been installed without your knowledge.

4.1.2. Recommendations

Recommendation 20 – High

The above observations can be addressed through our cross cutting recommendations and Recommendation 20 which is specific to gas safety.

4.2. Electrical safety

4.2.1. Positively, you are operating a five-year periodic testing programme for domestic properties and a three-year programme for communal installations, and only satisfactory electrical installation condition reports (EICRs) are produced following inspections. However, overall management of electrical safety requires improvement. We observed the following:

- Non-compliance needs to be addressed: there are a significant number of domestic properties outside the five-year compliance target and there are seven properties with EICRs over ten years.
- Poor contract management means that the electrical programme is not driven by the Compliance Team and Active H. Instead, the contractor is using their own legacy data and is left to complete inspections without full oversight from the Compliance Team (for example, physical on site access attempts are not undertaken, failed appointments are not always referred to the Compliance Team, and there is a weak follow-up escalation process).
- There is no formalised process to set out the expectations on the contractor for completing C1, C2, C3 and further investigation remedial works at the time of inspection or within an agreed timeframe following the inspection.
- When an inspection is completed, Active H automatically assigns a five-year reinspection timeframe, which may not always align with the electrical engineer's recommended reinspection timeframe.

4.2.2. Recommendations

Recommendation 21 – High

The above observations can be addressed through our cross cutting recommendations or Recommendation 21 which is specific to electrical safety.

4.3. Fire safety

4.3.1. We recognise work is being undertaken to ensure safety within your blocks, such as fire remediation works as identified in previous fire risk assessments (FRAs) and servicing of fire equipment and regular block inspections. However, there is no coordinated approach to ensuring compliance with your legal obligations under the Regulatory Reform (Fire Safety) Order 2005 (as amended by the Fire Safety Act 2021) and the Fire Safety (England) Regulations 2022.

4.3.2. Overall management of fire safety is poor; we have identified the following areas that require improvement:

- You have advised that all properties on the FRA programme are non-compliant against their one-year reinspection timeframe set by the fire risk assessor and no desktop reviews have been completed.
- There is no management, oversight or holistic approach of all FRA actions. Programmed works are conducted on a property-by-property basis, and we were unable to determine the total number of outstanding actions, what priority these are or how long overdue they might be. This is a significant risk that should be addressed as a priority.
- You cannot demonstrate full compliance with the Fire Safety (England) Regulations which set out specific obligations for all blocks, blocks 11+ metres and blocks 18+ meters. This was primarily because you have not yet determined how many of each block meet each height threshold.
- All properties receive a Type 1 survey which is the minimum standard to meet your legal requirements. However, we recommend introducing Type 3 surveys as good practice to provide a more detailed assessment (they include assessing a sample of flats within each block).
- There is no documented approach to address wider fire safety management items such as your emergency procedure for domestic property fires and subsequent internal investigation, or tenancy management issues that impact on fire safety (for example, hoarding and allocations).

4.3.3. Recommendations

Recommendation 22 – High

The above observations can be addressed through our cross cutting recommendations or Recommendation 22 which is specific to fire safety.

4.4. Asbestos management

4.4.1. Asbestos management is fair. There are some controls in place to meet your legal obligations under the Control of Asbestos Regulations 2012. For example, asbestos management surveys have been undertaken on your communal blocks and licenced asbestos removal contractors (LARCs) are appointed for all licenced and non-licenced removal and encapsulation works. Asbestos sampling and air testing are also delivered by a UKAS accredited company and laboratory.

4.4.2. However, we have identified areas that require improvement:

- Although reporting states 100 per cent of asbestos surveys are in date, you are non-compliant on your reinspection programme as there is no proactive, risk-based reinspection regime in place to monitor and manage asbestos containing materials.
- There was uncertainty around who was the Appointed Person and Deputy Appointed Person with operational responsibility for asbestos (even though this had been documented in your asbestos management plan). The Compliance Administrator is fulfilling some of this role, however, Appointed Persons should be appropriately qualified and competent to fulfil their roles.
- Your asbestos management plan was drafted in 2017 and there is no evidence within the document that it has been reviewed since. The document is also too long (at 69 pages) to be a practical working document and it combines both policy and procedure elements which should be separated for clarity. There are also outstanding recommendations contained within the plan from whoever drafted it on WDC's behalf.
- Your programmes are contractor led. Remedial works are automatically sent to the LARC. Asbestos removal dates and information is directly uploaded by the LARC into the TEAMS system, and they are responsible for updating the asbestos register. Although an audit trail and amended survey is produced, you are not actively managing this process.
- There is no evidence that priority assessment scores (PAS) and material assessment scores (MAS) are used to determine the risk of an asbestos item, and therefore it is difficult to evidence that appropriate action is taken based on a calculated risk rating.

4.4.3. Recommendations

Recommendation 23 – Medium

The above observations can be addressed through our cross cutting recommendations or Recommendation 23 which is specific to asbestos management.

4.5. Water hygiene

4.5.1. Management of water hygiene requires improvement. There are some controls in place to meet your legal obligations under the Control of Substances Hazardous to Health Regulations 2002 and Approved Code of Practice L8. For example, some properties have had a legionella risk assessment and there are monthly temperature monitoring and thermostatic mixer valve servicing programmes in place.

4.5.2. However, we have identified areas that require improvement:

- All risk assessments are overdue on your three-year reassessment programme and no desktop reviews have taken place to ensure the assessments remain up to date. While the assessments may have taken place, you are unable to evidence this because data was lost when you terminated the previous contract.
- You have not formally appointed a Responsible Person and Deputy Responsible Person to be the operational leads within your organisation. Responsible Persons should be appropriately qualified and competent to fulfil their roles.
- We did not see evidence of written schemes of control within the sample documents provided. Written schemes of control are a requirement as they provide guidance on how to manage and monitor the risks from legionella bacteria exposure identified in the legionella risk assessment.
- There is no approach to managing water hygiene and legionella risks within your domestic properties. As a landlord, legally you must consider water hygiene across all properties you own and manage, including domestic properties, where a practical and proportionate approach is required.
- There is no documented approach for reducing the risks within your void properties. This should include removing high risk installations such as header tanks, showerheads, and dead legs, and a process of flushing and cleaning the system.

4.5.3. **Recommendations**

Recommendation 24 – Medium

The above observations can be addressed through our cross cutting recommendations or Recommendation 24 which is specific to water hygiene.

4.6. Lift safety

4.6.1. While there are some controls in place to meet your legal obligations under the Lifting Operations and Lifting Equipment (LOLER) Regulations 1998, for example, a six-month thorough examination programme and servicing regime for your passenger and domestic lifts, management of lift safety requires significant improvement. We observed the following:

- We were advised that all lifts on the thorough examination programme were compliant with LOLER (although we were not provided with evidence of this). However this is due to the thorough examination contractor driving the programme rather than WDC having effective processes and management controls in place to ensure this happens. As an example, you have been using an annual performance indicator instead of the correct six-monthly indicator to monitor performance.
- There is no management of thorough examination remedial actions. Instead, the Compliance Team rely on the servicing contractor to quote for remedial works without reviewing the thorough examination reports. The two reports we reviewed highlighted repeated defects such as 'fifth repeat of this defect' which highlights the issues had not been resolved since the previous report was issued. This needs to be addressed as a priority.
- Active H only records the servicing programme and this is being reported against in your performance report. This is not measuring legal compliance with LOLER.
- You are fully reliant on the thorough examination contractor's portal for compliance data and records. This means that that you are not in control of your data or able to evidence two-year record retention, which is a legal requirement.
- There is no formal process for notifying the Compliance Team of new domestic lift installations to ensure they are added to the correct compliance programmes.

4.6.2. **Recommendation**

Recommendation 25 – High

The above observations can be addressed through our cross cutting recommendations or Recommendation 25 which is specific to lift safety.

5. Building Safety

5.1. Overview

- 5.1.1. Full implementation of the Building Safety Act 2022 (the Act) is from 1 October 2023, which means that WDC should have its building safety regime in place by this time⁵. This regime for occupied higher-risk buildings is outlined within Part 4 of the Act, where specific duties for Accountable Persons and Principal Accountable Persons are set out. Higher-risk buildings are buildings that are at least seven storeys or at least 18 metres in height and have at least two residential units.
- 5.1.2. As a Principal Accountable Person for at least seven buildings, you have recognised some of the requirements of the building safety regime and commissioned us to assist you in developing building safety cases and reports for these buildings. However, on 1 September 2023 we issued a project status report to outline that we could not move forward with safety case development due to some significant challenges with your overall approach to delivering building safety, including roles and responsibilities not being clearly defined and significant gaps in the required documents and information.
- 5.1.3. As a result, the report recommended some immediate, high priority actions to address these issues. We recognise that you have addressed two of these recommendations: appointing a strategic lead for building safety (Head of Neighbourhood and Assets) and registering seven higher-risk buildings.
- 5.1.4. However, your overall approach to addressing all the requirements of the building safety regime still requires significant attention to provide assurance that WDC is meeting its legal obligations, this includes appointing an operational lead and appropriate resources to drive progress. Essentially, building safety should be considered the seventh area of property compliance.

5.2. Position statement

- 5.2.1. Below we set out at a high-level the key elements of the building safety regime with a corresponding position statement to show what still needs to be addressed to ensure WDC is complying with the requirements of the Act for occupied higher-risk buildings.
- **Building registration:** You have registered seven buildings with the Building Safety Regulator, however, you are unable to confirm the methodology for identifying these buildings which means that there could be others that have not yet been identified.

⁵ [HSE Press Release 27 February 2023](#)

- **Safety cases and reports:** Pennington Choices has been commissioned to assist with safety case and safety case report development. This project is on hold until the infrastructure around property and building safety compliance has been established within WDC. 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.
- **Mandatory occurrence reporting:** There is no formal and documented approach to mandatory occurrence reporting. There are general escalation procedures in place for critical events and property fires (although we did not see these clearly documented).
- **Residents' engagement strategies and complaints procedure:** Residents' engagement strategies for higher-risk buildings have not been developed and we were advised that the generic residents' complaints procedure that is in place has not specifically considered how building safety concerns of residents within higher-risk buildings will be monitored and managed.
- **Golden thread:** There has been no consideration of golden thread principles or how Warwick DC will achieve the golden thread of information for its higher-risk buildings.

5.2.2. There are also wider management activities that need establishing or strengthening to ensure building safety risks are being managed appropriately:

- There has been no specific training for staff who are involved in building safety activities (housing and neighbourhood teams, caretakers, and so on).
- There is no clear and documented process for control of works on-site or post-inspecting works in higher-risk buildings that could impact on building safety.

5.2.3. **Recommendation**

We have provided a separate building safety action plan at Appendix 1 which sets out the actions we believe you need to take to address and in what order.

6. List of Appendices

- **Appendix 1 – Compliance Roadmap & Building Safety Action Plan**
- **Appendix 2 – Assurance Rating Criteria**
- **Appendix 3 – Reporting Examples**
- **Appendix 4 – Compliance Obligations**