



**LANDLORDS BUILDING
SAFETY COMPLIANCE
POLICY
2025 - 2026**

Landlords Building Safety Compliance Policy

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Brief Policy Summary:

The overall aim of this policy is to ensure the safety for people living, visiting, and working in properties owned and/or managed by Lincolnshire Housing Partnership.

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Introduction

1. The overall aim of this policy, the associated processes and control documents is to ensure the safety of people living, visiting, and working in properties, owned, or managed by Lincolnshire Housing Partnership (LHP).
2. Under this policy, LHP aims to protect the occupiers of its properties, as well as other customers, visitors, colleagues, contractors, and the public, as far as is reasonably practicable, from the risk associated with Asbestos, Legionella, Fire, Lifting Equipment, Gas, Electric, Damp and Mould. From herein within this document, these specific areas of risk shall be collated under the term 'Landlords Building Safety' disciplines.
3. This document sets out key policy objectives, control measures and accountabilities for ensuring safety from harm as far as reasonably practicable.
4.  The following legislation, regulations and guidance relate to Landlords Building Safety management. It is not an exhaustive list, but includes the main regulations, Approved Codes of Practice (ACOPs) and guidance documents that are relevant to this policy:
 - The Health and Safety at Work etc. Act 1974 (HASAWA)
 - The Social Housing Act 2023 (Awaabs Law)
 - The Management of Health and Safety at Work Regulations 1999
 - The Housing Act 2004, which introduced the Housing Health and Safety Rating System (HHSRS) and the Housing Health and Safety Rating System Regulations 2005.
 - The Landlords and Tenant Act 1985
 - Building Safety Act 2022
 - Fire Safety (England) Regulations 2022
 - The Occupiers Liability Act 1957 and 1984
 - Defective Premises Act 1972
 - Management of Housing in Multiple Occupation Regulation 2006 (England)

- IET -Wiring Regulations (BS7671 – Current Edition)
- The Electricity at Work Regulations 1989 (EAWR)
- The Building Regulations 2010
- BS 5839-1:2025 + BS 5839-6:2019:Fire detection and fire alarm systems for buildings
- Control of Asbestos Regulations 2012 (CAR)
- The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Control of Substances Hazardous to Health (COSHH) Regulations (as amended) 2002
- Construction Design and Management Regulations (2015)
- ACoP L143 'Managing and working with asbestos' (December 2013)
- HSG 210: 'A task manual for building, maintenance and allied trades of non- licensed asbestos work'
- HSG 264: 'Asbestos: The survey guide'
- HSG 248: 'Asbestos: The analysts' guide for sampling, analysis, and clearance procedures'
- HSG 227: 'A comprehensive guide to managing asbestos in premises.'
- HSG 247: 'Asbestos: The licensed contractors guide'
- LGA Fire Safety in Purpose Built Flats
- LACORS Fire Safety - Guidance on fire safety provisions for certain types of existing housing
- National Fire Chiefs Council 'Fire Safety in Specialised Housing'
- BS 9792:2025 - Fire Risk Assessment. Guidance and a recommended methodology
- Fire Safety – Approved Document B Volume 1 & 2 amendments 2020, 2022, 2025
- MHCLG Advice for Building Owners of Multi Story, Multi Occupied Residential Buildings.

- Fire Safety Act 2021
 - The Gas Safety (Installation and Use) Regulations 1998
 - Gas Safety (Installations and Use) Regulations 1998 Approved Code of Practice and Guidance – L56 (Current Edition)
 - IGEM/G/11 Gas industry unsafe situation procedure
 - The Water Supply (Water Fittings) Regulations 1999 S I 1999
 - The Water Supply (Water Fittings) (Amendments) Regulations 1999
 - Approved Code of Practice (ACOP) L8 – ‘Legionnaires Disease: The Control of Legionella Bacteria in Water Systems’ Approved Code of Practice
 - HSG 274 Part 2 The control of Legionella bacteria in hot & cold-water systems
 - HSG274 Parts 3 the control of Legionella bacteria in other risk systems
 - BS8580: 2019 Water quality – Risk assessments for Legionella control – Code of practice
 - BS7592: 2022 Sampling for Legionella bacteria in water systems – Code of practice
 - Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
 - Provision and Use of Work Equipment Regulations (PUWER) 1998
 - ACoP L113 Safe Use of Lifting Equipment
 - The Equality Act 2010
5. LHP will meet the regulatory requirements of the Regulator of Social Housing's (RSH) Home Standard, which includes meeting all applicable statutory requirements that provide for the health and safety of our customers in their homes in relation to Landlords Building Safety management.
 6. **Regulatory Framework:**
 7. The Regulator of Social Housing (RSH) set regulatory standards that define the outcomes that landlords must deliver, using powers under the Housing and Regeneration Act 2008.
 8. The RSH expects all landlords to deliver the outcomes of consumer standards set by them which apply to registered providers of social housing. These include

both the required outcomes and specific expectations set by RSH within each standard.

9. Annex 4 - Consumer Standards – Code of Practice. This Code of Practice is issued by the Regulator of Social Housing, under section 195(1) of the Housing and Regeneration Act 2008 (as amended) (the HRA) and came into effect on 1st April 2024. Section 195(2) of the HRA provides that the regulator may have regard to the Code when considering whether the standards have been met. There are 4 main standards:

- Safety and Quality Standard – outcomes about the safety and quality of customers' homes
- Transparency, Influence and Accountability Standard – outcomes about how landlords provide information, listen to customers, and act on their views.
- Neighbourhood and Community Standard – outcomes about how landlords work with other organisations to help ensure customers live in safe neighborhoods.
- Tenancy Standard – outcomes about how landlords allocate and let homes and manage tenancies.

10. Safety and Quality Standard:

The Safety and Quality Standard is the main consumer standard relating to the health, safety, and wellbeing of customers within their homes. Within the code of practice this is sub-divided into 5 further areas:

- Stock quality
- Decency
- Health and Safety
- Repairs, maintenance, and planned improvements
- Adaptations

11. LHP has a procedure that sets out the responsibilities and processes; the processes that sit behind this document specifically details how this will be achieved.
12. The management of Landlords Building Safety management forms part of LHP's Health and Safety Strategy and will be delivered in the format of Plan, Do, Check,

Act in order to facilitate continuous improvement. This will specifically identify key accountabilities, which are summarised below and further detailed in the relevant process documents.

13. This policy applies to all properties owned and/or managed by LHP. LHP does not hold a duty of care to leaseholders or shared owners for particular areas of Landlords Building Safety management unless agreed differently through a contract. LHPs obligations where third parties manage the premises are in line with the agreements in place with those organisations.

Asbestos Management

14. The key objectives LHP will aim to fulfil for Asbestos Management are to:
15. Do all within LHP's control to prevent any person's exposure to Asbestos.
16. Appoint persons with clear roles and responsibilities to manage the risks associated with asbestos containing materials (ACM).
17. Only use Consultants who hold UKAS accreditation 17020 and 17025 or to an equivalent competency for testing and inspection services relating to asbestos. Only use contractors who are licensed by the Health & Safety Executive for works requiring a License.
18. Ensure we have suitable emergency procedures in place to deal with any disturbance of ACMs efficiently.
19. For specific works deemed to be "non-licensed," LHP may utilise internally trained, competent operatives. However, a contractor Licensed by the HSE as detailed above will always be the preferred route wherever possible.
20. Develop and maintain a 'register' that contains all the assets that LHP is responsible for (whether owned or managed through the maintenance element of a lease). Ensure that this register has a record of the assets that have known or presumed asbestos containing materials, the location and condition of it and whether this asset is 'domestic' or 'non-domestic.' Ensure that any work to ACMs including surveys, removal or remediation is recorded in the register.
21. Ensure that all non-domestic areas within the portfolio have been suitably surveyed and adequately risk assessed (including re-inspection to the required frequency) and are "managed" accordingly, in line with CAR 2012 (in particular Regulation 4). Prepare and disseminate an "Asbestos Management Plan" for the

portfolio. The plan will clearly indicate any property that was built post 2000, with the assumption that there is no asbestos present in this building.

22. Undertake assessments of all known and presumed ACM materials and develop procedures to evaluate the risk and determine the appropriate remedial actions and control measures.
23. Monitor the condition of all known ACM materials through our inspection programme carried out in line with the legislation and relevant guidance documents to all ACMs within non-domestic areas and include appropriate procedures to prevent exposure to colleagues, customers, or external contractors to all ACMs within non-domestic areas.
24. Act appropriately and in accordance with regulatory and legal requirements in gaining access to the premises to undertake necessary work to manage the risk presented by asbestos.
25. Ensure ACM information is provided to every person likely to disturb asbestos including building occupiers/customers and anyone undertaking work within our properties.
26. Ensure that any unauthorised works to ACMs are brought to the attention of the Compliance Manager so that they can be made safe, and investigations carried out to determine the cause of this to prevent future re-occurrence.
27. Annually review the job profiles, skills, knowledge, and training record of those colleagues involved in the delivery of this policy and, where necessary, provide further training so that they are able to deliver this policy.
28. The following accountabilities are applied to LHP's Asbestos Management:
29. **Stage: Plan**
30. The Chief Executive is the named duty-holder as required in ACoP L143 and has overall accountability for this policy.
31. The Executive Director of Property Services is responsible for ensuring that adequate resources are made available to enable key policy objectives and targets of the policy are met and accountable for:
 - Overall policy implementation
 - Ensuring any dangerous occurrences involving asbestos are investigated and where instances are RIDDOR reportable take appropriate actions.
 - Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.

- The Corporate Head of Asset Management is responsible for overall policy implementation and accountable for:
 - Achieving the key policy objectives and targets as set out herein, including the designing and implementing of associated procedures, employee training, and communication to customers.
32. The Compliance Manager is the 'Appointed Person' as defined in HSG264 and is responsible for:
- Achieving the key policy objectives and targets as set out herein.
 - Ensuring the registers are up to date and accurate.
 - Undertaking and recording the thorough investigation into any dangerous occurrences.
 - Maintaining and updating the asbestos management plan as required.
33. The specific requirements of the below roles are further detailed within the Asbestos Management Plan.
34. **Stage: Do**
35. The Compliance Manager, Investment Delivery Manager, Repairs and Servicing Manager, Compliance Team, Customer Services colleagues, and Property Services Operatives have specific responsibilities towards the delivery of this section of the policy.
36. All colleagues also have a responsibility under this section of the policy.
37. **Stage: Check**
38. The Compliance Manager, Compliance Surveyors, Compliance Co- Ordinators and the Health and Safety Manager all have specific responsibilities towards the delivery of this section of the policy.
39. **Stage: Act**
40. The Compliance Manager, Corporate Head of Risk and Assurance and Performance Manager all have specific responsibilities towards the delivery of this section of the policy.

Electrical Safety

41. The key objectives LHP will aim to fulfil for Electrical Safety Management are to:

42. Appoint persons with clear roles and responsibilities to manage the risks associated with electrical installations and equipment.
43. Only appoint electrical contractors registered with an accredited competent persons scheme to ensure compliance with Part P of the Building Regulations (members of NICEIC or equivalent).
44. Develop and maintain a 'Register' that contains all the assets that LHP is responsible for (whether owned or managed). Ensure that this Register has a record of the assets where there is an electrical installation and whether this installation is in a communal asset or dwelling.
45. LHP will also ensure that the electrical installations contained in the Register are safe by having:
46. A valid Electrical Installation Certificate and a Part P notification document for all new electrical installations.
47. Generally, a valid 'Electrical Installation Condition Report' (EICR) that is no older than 5 years requirements laid out in BS7671 (current edition) for all existing installations, both commercial and domestic areas, whereby all identified Classification Code C1, C2 and FI observations have been rectified and certified with a Satisfactory status accordingly (with the exception of C3 which are reviewed as part of the planned maintenance programme).
48. An Electrical Installation Condition Report (EICR) undertaken prior to a new tenancy (void or mutual exchange) with all identified Classification Code C1, C2 and FI observations rectified and certified accordingly and will generate the issue of a clean certificate. C3s will be reviewed as part of the void process and where practicable will be rectified whilst the property is void.
49. Any electrical equipment (appliances etc) supplied by the organisation verified as safe and fit for continued use, on a risk-based approach as there is no prescribed statutory frequency. For portable equipment this will be done through Portable Appliance Testing (PAT) and where the equipment is a fixed installation this will be done as part of the EICR testing regime.
50. Ensure any defective part of an installation is repaired in line with Repairs and Maintenance Policy and Procedures or renewed in the timescales as defined in the Decent Homes Standard.
51. As part of the EICR testing works, upgrade smoke detectors within a property to meet the guidance stated in BS 5839, ensuring that detectors do not exceed their lifecycle stated in the manufacturer's guidance.

52. The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022 which came into force on 1 October 2022. From this date, all relevant landlords must:
53. Ensure at least one smoke alarm is equipped on each storey of their homes where there is a room used as living accommodation. This has been a legal requirement in the private rented sector since 2015.
54. Ensure a carbon monoxide alarm is equipped in any room used as living accommodation which contains a fixed combustion appliance (excluding gas cookers).
55. Ensure smoke alarms and carbon monoxide alarms are repaired or replaced once informed and found that they are faulty.
56. Act appropriately and in accordance with regulatory and legal requirements in gaining access to the premises to undertake necessary electrical inspections.
57. Ensure that any unauthorised and defective alterations or additions to electrical installations which cannot be disconnected for any reason are identified and brought to the attention of the Electrical Qualified Supervisor.
58. Annually review the job profiles, skills, knowledge and experience of those colleagues, contractors and consultants involved in the delivery of this policy and, where necessary, provide training so that they are able to deliver this policy.
59. The following accountabilities are applied to LHP's Electrical Safety Management:
60. **Stage: Plan**
61. The Chief Executive has overall accountability for this policy. The Executive Director of Repairs is responsible for ensuring that adequate resources are made available to enable the key policy objectives and targets of the policy are met and accountable for:
 - Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.
 - The Corporate Head of Asset Management is responsible for overall policy implementation.
 - The Corporate Head of Repairs is responsible for achieving the key policy objectives and targets as set out herein, including the designing and implementing of associated procedures, employee training and communications to customers.
62. The Repairs & Servicing Manager is responsible for:
 - Achieving the key objectives and targets as set out herein.

- The management of contractors carrying out routine maintenance, testing and remedial works.
63. And accountable for:
- The quality assurance of electrical works carried out by LHP colleagues and contractors to ensure that all works conform to BS 7671 (current edition).
64. The Electrical Qualified Supervisor (QS) is responsible for:
- Quality assurance of electrical work carried out by LHP colleagues and contractors and that all works conform to BS 7671 (current edition).
65. The Compliance Manager is responsible for:
- Reviewing the effectiveness and suitability of the policy.
 - Reviewing best practice in the sector and forthcoming legislative changes.
 - Ensuring that the necessary training for the compliance team has the necessary competency.
 - Oversight of the periodic testing register to provide assurance against this policy.
66. The Planning Team Leader is responsible for:
- Ensuring the Register is maintained, accurate and up to date with evidence of the most recent EICR available.
 - Co-ordinating access into the properties to undertake periodic testing and follow-on actions.
67. The specific requirements of the below roles are further detailed within the Electrical Safety Process.
68. **Stage: Do**
69. The Corporate Head of Repairs, Repairs and Servicing Manager, Planned Contracts Manager, Qualified Electrical Supervisor (QS), Planning Team Leader, Servicing Co-Ordinator, Housing Officer, and Customer Service Officer have specific responsibilities towards the delivery of this section of the policy.
70. All colleagues also have a responsibility under this section of the policy.
71. **Stage: Check**
72. The Compliance Manager, Compliance Co-Ordinator's and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy.
73. **Stage: Act**

74. The Compliance Manager, Corporate Head of Risk and Assurance and Performance Manager have specific responsibilities towards the delivery of this section of the policy.

Fire Safety

75. The key objectives LHP will aim to fulfil for Fire Safety Management are to:
76. Appoint persons with clear roles and responsibilities to manage the risks associated with fire safety.
77. Only use suitably competent and accredited contractors to undertake and deliver works towards fire safety. Where works are delivered in-house, LHP will ensure colleagues undertaking fire safety management activities are suitably trained and hold a level of competency to allow them to deliver this.
78. Develop and maintain a register of all fire related assets inclusive of all relevant buildings, passive fire safety assets and active fire safety assets which LHP are responsible for (whether owned or managed). This will be in compliance with all associated fire legislation including:
- The Regulatory Reform (Fire Safety) Order 2005 (RRFSO or 'Fire Safety Order').
 - The Fire Safety (England) Regulations 2022
 - The Fire Safety Act 2021
 - Building Safety Act 2022
79. Ensure that all relevant properties have a suitable and sufficient fire risk assessment in place under the requirements of the RRFSO 2005 carried out by a demonstrably competent person with specific skills, knowledge and experience (competency) for that particular building and tenure type. Each assessment must be reviewed periodically by a competent person and when there has been an event or change, e.g., change of use of the building, a fire or when it is suspected that the fire risk assessment is no longer valid. Ensure that there is an increased awareness towards fire safety for colleagues, customers, leaseholders and other relevant persons through communication and adequate provision of information which will be made easily understandable.
80. Ensure that there is clarity on what the evacuation strategy is for a building and where there is a "stay safe" policy in place, colleagues and customers are clear on what that means and when they should leave their property.

81. Ensure that the premises are maintained to a suitable and sufficient standard with regards to fire prevention, containment, detection, alarms, means of escape, passive fire arrangements etc. and are subject to maintenance and inspection to confirm that they remain fit for purpose.
82. Promote a proactive approach towards fire safety, encouraging a no blame culture towards the reporting and investigating or near misses. LHP will react by investigating instances of fire and false alarms that have occurred, ensuring learning is taken from the findings and communicated accordingly. Where required, the fire risk assessment will be reviewed and updated.
83. Undertake a Person-Centered Risk Assessment (PCRA) where requested for either LHP colleagues or customers who may need assistance to identify an event or escape from a building and develop a reasonably practical Personal Emergency Evacuation Plan (PEEP) for buildings managed by LHP and implement accordingly.
84. Ensure that fire safety arrangements (passive and active) are considered before any planned maintenance, repair or refurbishment works take place, to ensure that any interim arrangements required, additional protection or ensuring services remain in place are considered in line with Fire and Construction, Design and Management (CDM) legislation and regulations.
85. Act appropriately and in accordance with regulatory and legal requirements in gaining access to the premises to undertake necessary safety checks. In relation to fire door inspections within individual dwellings, all reasonable endeavours would be made to secure access, to ensure fire doors are inspected.
86. Ensure that there is an established working relationship with the Fire and Rescue Service for all areas that LHP operate in, including liaison with the service in the event of a fire incident and subsequent review.
87. Ensure that any unauthorised and defective alterations or additions to a building that compromises either the compartmentation or fire safety management put in place are identified and brought to the attention of the Compliance Manager so that they can be made safe.
88. Provide LHP colleagues and customers with an effective communication platform to raise any concerns that they may have with regards to fire safety within their properties or buildings, ensuring that these concerns are considered accordingly.

89. Annually review the job profiles, skills, knowledge, and experience of those colleagues involved in the delivery of this policy and, where necessary, provide training so that they are able to deliver this policy.
90. The following accountabilities are applied to LHP's Fire Safety Management:
91. Stage: Plan
92. The Chief Executive has overall accountability for this policy.
93. The Executive Director of Property is responsible for:
 - Ensuring that adequate resources are made available to enable the key policy objectives and targets of the policy are met.
 - Ensuring that any dangerous occurrences are investigated and where instances are RIDDOR reportable take appropriate actions.
94. Executive Director of Property accountable for:
 - Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.
95. The Executive Director of Customers is responsible for:
 - Ensuring that adequate resources are made available regarding the Housing Management function to ensure that the key policy objectives and targets are met.
 - Ensuring that there is active communication with customers in relation to Fire Safety and where they raise concerns, they are listened to and responded to in a timely manner.
96. The Corporate Head of Asset Management is responsible for:
 - Overall policy implementation.
 - Ensure that the Asset Management team has adequate training and resources to complete the required tasks assigned to them under this policy.
97. The Compliance Manager is responsible for:
 - Reviewing the effectiveness and suitability of the policy.
 - Reviewing best practice in the sector and forthcoming legislative changes.
 - Holding the register of qualifying buildings with a valid FRA in place.
 - Undertaking and recording the thorough investigation into any dangerous occurrences.
 - Ensuring regular liaison with the local Fire & Rescue service to maintain working relationships.
98. The Corporate Head of Repairs is responsible for:

- Ensuring that the actions required by the policy are completed by a competent team member to the required quality standard.
- Ensuring that the maintenance delivery team has adequate training and resources to complete the required tasks assigned to them under this policy.
- The specific requirements of the below roles are further detailed within the Fire Safety Process.

99. Stage: Do

100. The Compliance Manager, Repairs and Servicing Manager, Investment Delivery Manager, Development Manager, Corporate Head of Customers, Compliance Surveyors, Compliance Co-Ordinator's, Servicing Co-Ordinator's, Housing Officers, Wardens and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy.

101. All colleagues also have a responsibility under this section of the policy.

102. Stage: Check

103. The Compliance Manager, Compliance Surveyors, Compliance Co-Ordinator and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy.

104. Stage: Act

105. The Compliance Manager, Corporate Head of Risk and Assurance and Performance Manager have specific responsibilities towards the delivery of this section of the policy.

Gas & Fossil Fuel Safety

106. LHP predominantly has gas as the main source of heating for most homes across the estate. In addition, there are other forms of fossil fuels producing heat and hot water for homes including solid fuel, LPG, oil, and biomass. These are collectively referred to throughout this policy as Gas and Fossil Fuel.

107. The key objectives LHP will aim to fulfil for Gas & Fossil Fuel Safety Management are to:

108. Appoint persons with clear roles and responsibilities to manage the risks associated with gas and fossil fuel fired installations.

109. Only use suitably competent and Gas Safe, OFTEC or HETAS registered contractors and operatives to carry out such work.
110. Develop and maintain a 'Register' that contains all the assets that LHP is responsible for (whether owned or managed). Ensure that this Register has a record of the assets where there is a relevant and/or non-relevant gas fitting as defined in 'The Gas Safety (Installation and Use) Regulations 1998' as amended.
111. Develop and maintain a 'Register' that contains all assets which use non-gas fossil fuels to provide heating and/or hot water.
112. Ensure that every gas installation contained in the Register is safe by having:
 - a valid 'Gas Safe issued works notification' and Benchmark certificate for new installations.
 - a valid 'Landlord Safety Gas Record' (LGSR) for existing installations within 12 months of installation or 12 months since the last check, which covers both the safety check requirement of Regulation 36 as well as confirmation that all appliances have been maintained, serviced and a successful tightness test has been carried out on the gas pipework.
113. The appropriate commissioning or service record that applies to all other appliances that are not gas fired.
114. All defects classified as At Risk (AR) or Immediately Dangerous (ID) dealt with in line with the Gas Industry Unsafe situations procedure (GIUSP) latest edition and defects rectified as soon as is reasonably practicable.
115. Ensure that where repairs and/or maintenance is required to gas fired heating appliances, pipe work and flues, this is completed to approved standards and in line with the timescales published in the repairs policy.
116. Deal with unsafe situations promptly and in accordance with Gas Industry Unsafe Situations procedure - GIUSP latest edition.
117. Visual only checks will be carried out on customers' own gas appliances and outcomes recorded on the safety certificate and issued to the resident. Where required, a tenant owned appliance may be serviced to allow for the safety inspection to be completed, to which LHP reserves the right to charge for this. Where the problem is At Risk or Immediately Dangerous, the appliance will be disconnected, and the supply capped off with permission of the tenant, if the tenant refuses this is referred to Cadent Gas, who will cap the gas and charge to the customer.

118. Carry out a safety check and produce a valid LGSR or service record document at each change of tenancy or mutual exchange.
119. Will act appropriately and in accordance with regulatory and legal requirements in gaining access to the premises to undertake necessary gas and heating safety checks. Where a service is completed within 56 days of the due date, the original due date will be used to calculate the 12-month renewal date in line with Gas Safety (installation and use) Regulations 1998 - Regulation 36A.
120. Where it can be demonstrated that access to a domestic property for servicing activities has historically been challenging, a time delay device may be fitted to encourage the customer to allow access for the heating service to be undertaken.
121. Introduce an approach to provide customers with information that raises awareness of gas safety and defines LHP's responsibility and the customer's responsibility.
122. Customers should not undertake alterations or additions to the gas or heating installation without obtaining prior landlord consent, which will only be given by a suitably qualified person obtaining prior landlord consent. Regulation 8 prohibits anyone from carrying out any alteration to premises in which a gas fitting or storage vessel is already installed which could compromise gas safety. The regulation also prohibits any work on a gas fitting or associated flue/ventilation system which would result in danger to any person. Where it is identified that unauthorised and defective alterations or additions to gas installations have been undertaken, suitable measures will be undertaken whilst on site to ensure that the customers are safe; this could include isolating or disconnecting the appliance. This will be brought to the attention of the Heating Supervisor immediately who will agree a course of action with the tenant and recharge for any works undertaken by LHP to bring the appliance back to a safe and compliant working condition.
123. LHP will comply specifically with Regulation 36 of GSIUR as amended (duties of a landlord) by ensuring LGSR's have the 9 required salient points completed on each record, issuing on each new LGSR to customers within 28 days of completion, keeping 2 further records after the LGSR has been completed and ensuring work is completed by a Gas Safe registered engineer.
124. LHP will ensure void or mutual exchange properties do not pose any danger to workers, customers, passers-by, or the building itself.

125. LHP will annually review the job profiles, skills, knowledge, and experience of those colleagues involved in the delivery of this policy and, where necessary, provide training so that they can deliver this policy.
126. The following accountabilities are applied to LHP's Gas & Fossil Fuel Safety Management:
127. The Chief Executive has overall accountability for this policy.
128. The Executive Director of Repairs is responsible for ensuring that adequate resources are made available to enable the key policy objectives and targets of this policy are met and accountable for: Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.
129. The Corporate Head of Asset Management is responsible for overall policy implementation.
130. The Corporate Head of Repairs is responsible for achieving the key policy objectives and targets as set out herein, including the designing and implementing of associated procedures, employee training and communications to customers.
131. The Repairs & Servicing Manager is responsible for:
- Achieving the key objectives and targets as set out herein.
 - The management of contractors carrying out routine maintenance, testing and remedial works.
132. The Repairs & Servicing Manager is accountable for:
- The quality assurance of works carried out on Gas and Fossil Fuel fired appliances by LHP colleagues and contractors to ensure that all works conform to the relevant requirements.
 - The Heating Supervisor is responsible for quality assurance of work carried out on Gas and Fossil Fuel fired appliances by LHP colleagues and contractors and that all works conform to the relevant requirements.
133. **The Compliance Manager is responsible for:**
- Reviewing the effectiveness and suitability of the policy.
 - Reviewing best practice in the sector and forthcoming legislative changes.
 - Ensuring that the necessary training for the compliance team has the necessary competency.
 - Overseeing the asset register of heating appliances and the last service date for all heating systems are registered within the asset management systems.

- Undertaking and recording the thorough investigation into any dangerous occurrences.

134. The Planning Team Leader is responsible for:

- Ensuring the Register is maintained, accurate and up to date with evidence of the most recent service documentation available.
- Co-ordinating access into the properties to undertake servicing, maintenance activities and follow-on actions.
- The specific requirements of the below roles are further detailed within the Gas & Fossil Fuel Safety Process.

135. Stage: Do

136. The Corporate Head of Repairs, Repairs and Servicing Manager, Gas Supervisor, Planning Team Leader, Servicing Co-Ordinator, Housing Officer, Customer Service Officer, and Investment Delivery Manager have specific responsibilities towards the delivery of this section of the policy.

137. All colleagues also have a responsibility under this section of the policy.

138. Stage: Check

139. The Corporate Head of Asset Management, Compliance Manager, Compliance Co-Ordinator and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy.

140. Stage: Act

141. The Compliance Manager, Corporate Head of Risk and Assurance and Performance Manager have specific responsibilities towards the delivery of this section of the policy.

Legionella Management

142. The key objectives LHP will aim to fulfil for Legionella Management are to:

143. Appoint persons with clear roles and responsibilities to manage the risks associated with water hygiene.
144. Only use suitably qualified contractors and consultants that can show accreditation to the Legionella Control Association (LCA).

145. Develop and maintain a 'register' that contains all the assets that LHP is responsible for (whether owned or managed) and record within it all activities associated with the control of Legionella retaining records for at least 5 years.
146. These records should be retained throughout the period they are current and for at least two years afterwards.
147. Carry out a desktop Portfolio Risk Assessment (PRA) for all assets owned or managed by LHP to identify, where practicable, buildings where conditions may be present that encourage Legionella bacteria to multiply and/or disperse and assign the appropriate risk classification to these assets as defined in the Water Hygiene Management Plan.
148. Where the portfolio desktop risk assessment confirms a site-based risk assessment is required, LHP will carry out risk assessments (LRAs) which comply with ACoP L8, HSG274 and BS8580 on the assets where required as defined in the Water Hygiene Management Plan to identify and resolve hazards relating to risk of infection.
149. Where the risk assessment identifies a reasonably foreseeable risk from legionella bacteria in the water systems then modify any deficient systems and equipment. Where risks cannot be eliminated, LHP will implement a written scheme (including an accurate schematic diagram of the system), and arrange the necessary programme of routine inspection, management, and testing of water systems, where the outcomes from an LRA identifies a reasonably foreseeable risk. Where no reasonably foreseeable risk has been identified, then no further action will need to be taken.
150. Prepare and disseminate a "Water Hygiene Management Plan" for the portfolio.
151. Ensure that for dwellings left vacant for extended periods of time, a suitable drain-down or flushing management regime is put in place to prevent the potential build-up of risk conditions.
152. Act appropriately and in accordance with regulatory and legal requirements in gaining access to the premises to undertake necessary inspection, testing and maintenance as defined by the written scheme.
153. Introduce an approach to ensuring risk information is provided to those affected including customers and stakeholders.
154. Ensure that any unauthorised and defective alterations or additions to water installations, which are identified, are brought to the attention of the Compliance Manager so that they can be made safe.

155. Annually review the job profiles, skills, knowledge, and experience of those colleagues involved in the delivery of this policy and, where necessary, provide training so that they are competent to deliver this policy.
156. The following accountabilities are applied to LHP's Legionella Management:
157. The Chief Executive is the named duty-holder as required in ACOP L8 and has overall accountability for this policy.
158. The Executive Director of Property is responsible for:
- Ensuring that adequate resources are made available to enable the key policy objectives and targets of the policy to be met.
159. The Executive Director of Property is also accountable for:
- Overall policy implementation.
 - Ensuring any dangerous occurrences involving water hygiene are investigated and where instances are RIDDOR reportable take appropriate actions, including reporting 'outbreaks' to Public Health England.
 - Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.
160. The Corporate Head of Asset Management is the 'Deputy Responsible Person' as defined in ACOP L8 and is responsible for:
- Overall policy implementation.
 - Carrying out the duties of the Responsible Person when this person is unavailable.
161. The Corporate Head of Asset Management is also accountable for:
- Achieving the key policy objectives and targets as set out herein, including the designing and implementing of associated procedures, employee training, and communication to customers.
162. The Compliance Manager is the 'Responsible Person' as defined in ACOP L8 and is responsible for:
- Achieving the key policy objectives and targets as set out herein.
 - Identifying and authorising work to ensure risk relating to Legionella is managed effectively.
 - Undertaking and recording the thorough investigation into any dangerous occurrences.
163. The Compliance Manager is also accountable for:

- Ensuring the Registers are up to date and accurate.
- The specific requirements of the below roles are further detailed within the Water Hygiene Management Plan.

164. Stage: Do

165. The Compliance Manager, Investment Delivery Manager, Repairs and Servicing Manager, Compliance Surveyor, Compliance Co-Ordinators, Housing Colleagues and Wardens have specific responsibilities towards the delivery of this section of the policy.

166. All colleagues also have a responsibility under this section of the policy.

167. Stage: Check

168. The Compliance Manager, Compliance Surveyor, Compliance Co-Ordinator and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy,

169. Stage: Act

170. The Compliance Manager, Head of Risk and Assurance and Performance Manager have specific responsibilities towards the delivery of this section of the policy.

Lifting Equipment Management

171. The key objectives LHP will aim to fulfil for Lifting Equipment Management are to:

172. Appoint persons with clear roles and responsibilities to manage the risks associated with lifts.

173. Only use suitably qualified contractors and consultants.

174. Develop and maintain a 'register' that contains all the assets that LHP is responsible for (whether owned or managed). Ensure that this register has a record of the assets that have a lift installed and whether this installation is in a communal asset or dwelling.

175. Ensure that all lifting equipment has 'Thorough Examinations' in accordance with LOLER 1998. To meet this requirement, LHP interpret this as any lifting equipment that is installed for the use of its colleagues or customers. Where a Thorough Examination has not been carried out and the LOLER 1998 regulations apply,

action will be taken to minimise this risk as far as practicable as outlined in the Lift Management Procedure.

176. Recognise that Domestic Lifting Equipment which is not used by colleagues does not fall under the LOLER 1998 legislation. However, there is a requirement to meet our obligations under HASWA, Section 3.1 and alongside a robust Servicing Regime, therefore the Thorough Examinations as defined by LOLER will be completed on an annual basis by a competent contractor and will be used to demonstrate that we meet these obligations in this area.
177. Carry out the ongoing maintenance and examinations of equipment, where LHP currently have the obligation to do so. For any new installation where LHP does not have any obligations towards its maintenance, the client shall have full responsibility for all ongoing maintenance and examination activities in that item of equipment. Should the customer wish for LHP to manage this on their behalf, an agreed package shall be put in place upon expiry of the equipment's warranty period.
178. Prioritise & complete corrective actions identified as part of the thorough examination or regular maintenance visits within defined timeframes.
179. Keep records of the control measures and activities.
180. Ensure that all lifts have been serviced and maintained in the timescales as defined in the Lift Procedure with the target and actual dates these are completed in the register.
181. Remove lifts from domestic dwellings when the incoming customer does not require one; if the customer does then we will carry out a 'Thorough Examination' of all lifts in dwellings at change of tenancy.
182. Act appropriately and in accordance with regulatory and legal requirements in gaining access to the premises to undertake necessary inspection, servicing, and maintenance of lifts.
183. Introduce an approach to ensuring risk information is provided to those affected including customers and stakeholders.
184. Ensure that any unauthorised and defective alterations or additions to lifts, which are identified, are brought to the attention of the Compliance Manager so that they can be made safe.
185. Annually review the job profiles, skills, knowledge, and experience of those colleagues involved in the delivery of this policy and, where necessary, provide training so that they are able to deliver this policy.

186. The following accountabilities are applied to LHP's Lifting Equipment Management:
187. Stage: Plan
188. The Chief Executive has overall accountability for this policy. The Executive Director of Property is responsible for:
189. Ensuring that adequate resources are made available to enable the key policy objectives and targets of the policy are met.
190. The Chief Executive is also accountable for:
- Overall policy implementation.
 - Ensuring any dangerous occurrences involving LOLER installations are investigated and where instances are RIDDOR reportable take appropriate actions.
 - Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.
191. The Corporate Head of Asset Management is responsible for:
- Overall policy implementation.
192. And is accountable for:
- Achieving the key policy objectives and targets as set out herein, including the designing and implementing of associated procedures, employee training, and communication to customers.
193. The Compliance Manager is responsible for:
- Achieving the key policy objective and targets as set out herein.
 - Ensuring the registers are up to date and accurate.
 - The specific requirements of the above roles are further detailed within the Lifting Equipment Management Process
194. Stage: Do
195. The Compliance Manager, Compliance Contracts Team Leader, Compliance Surveyor, Compliance Co-Ordinator, Investment Delivery Manager, Lettings Manager and Housing Colleagues have specific responsibilities towards the delivery of this section of the policy.
196. All colleagues have a responsibility under this section of the policy.

197. Stage: Check

198. The Compliance Manager, Compliance Contracts Team Leader, Compliance Surveyor, Compliance Co-Ordinator and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy.

199. Stage: Act

200. The Compliance Manager, Head of Risk and Assurance and Performance Manager have specific responsibilities towards the delivery of this section of the policy.

The Social Housing Act 2023 - Awaab's Law: Damp, Mould and Emergency Hazards

201. The key objectives LHP will aim to fulfil for the management of Damp, Mould and emergency hazards are to:

202. Appoint persons with clear roles and responsibilities to manage the risks associated with Damp, Mould and Emergency Hazards.

203. Only use suitably qualified contractors and consultants.

204. Investigate every report of damp or mould to identify the root cause of the issue.

205. Investigate and resolve all non-Damp and Mould emergency hazards (HHSRS)

206. Acting non-judgmentally when offering guidance, advice and assistance throughout this process to all customers living in LHP properties.

207. Developing the use of data to review, prioritise and proactively target properties at the highest risk damp and mould issues and use available data to identify property types and areas where damp 'hot spots' may occur.

208. Ensuring that customers are treated in a fair and consistent way

209. Listening and asking appropriate questions when customers report damp, mould or condensation issues and apply this information to LHP's risk matrix so that LHP can understand how best to help customers.

210. Undertaking any works required to treat the root cause.

211. Providing appropriate training for staff to ensure identification, root cause and remedial works are sufficient to tackle condensation, damp and mould.

212. Making good internal surfaces following work carried out, ensuring that surfaces are prepared to a condition ready for the customer to redecorate.

213. Redecorating properties where necessary including replastering, applying a mist coat of paint and then emulsion.
214. The following accountabilities are applied to LHP's Social Housing Act 2023 – Awaabs Law: Damp, Mould and Emergency Hazards Management:
215. Stage: Plan
216. The Chief Executive has overall accountability for this policy.
217. The Executive Director of Property is responsible for:
- Ensuring that adequate resources are made available to enable the key policy objectives and targets of the policy are met.
218. The Executive Director of Property is also accountable for:
- Overall policy implementation.
 - Being designated as the 'Accountable Person' in line with the requirements detailed in the Accountable Person Policy.
219. The Corporate Head of Asset Management is responsible for:
- Overall policy implementation.
 - And is accountable for:
 - Achieving the key policy objectives and targets as set out herein, including the designing and implementing of associated procedures, employee training, and communication to customers.
220. The Compliance Manager is responsible for:
- Achieving the key policy objective and targets as set out herein.
 - Ensuring the registers are up to date and accurate.
 - The specific requirements of the above roles are further detailed within the Lifting Equipment Management Process
221. Stage: Do
222. The Compliance Manager, Major Repairs Team, Investment Delivery Manager, Lettings and Housing Colleagues have specific responsibilities towards the delivery of this section of the policy.
223. All colleagues have a responsibility under this section of the policy.

224. Stage: Check

225. The Compliance Manager, Compliance Contracts Team Leader, Compliance Surveyor, Compliance Co-Ordinator and Health and Safety Manager have specific responsibilities towards the delivery of this section of the policy.

226. Stage: Act

227. The Compliance Manager, Head of Risk and Assurance and Performance Manager have specific responsibilities towards the delivery of this section of the policy.

Monitoring, Review and Evaluation

228. LHP will monitor implementation of this policy using a set of measures that show performance against regulatory requirements. Further measures of performance shall be used at best practice level; details of this can be found in the relevant process documents for each area. These policy level measures are set out in the tables below:

229. Asbestos Management:

Regulatory Measure	Target	reporting Interval	Reviewed by
% of known non-domestic areas surveyed with a management type survey	100%	Monthly	Compliance Manager – Weekly
% of surveyed areas with asbestos present with asbestos management plan in place	100%	Monthly	Corporate Management Team – Monthly
% of known non-domestic areas with re-inspection carried out within the timescales detailed in the risk assessment	100%		Board - Quarterly

230. Electrical Safety

Best Practice Measure	Target	reporting Interval	Reviewed by
% of properties domestic and communal spaces with satisfactory EICR undertaken within past 5 years	100%	Monthly	Head of Repairs & Maintenance/R&M Manager - Weekly Directors – Monthly Board - Quarterly

231. Fire Safety Management

Regulatory Measure	Target	reporting Interval	Reviewed by
% of properties with a valid Fire Risk Assessment in place where required under the RRFSO	100%	Monthly	Compliance Manager - Weekly Directors - Monthly Board - Quarterly
Number of overdue high- risk actions arising from a Fire Risk Assessment	Zero	Monthly	Compliance Manager - Weekly Directors - Monthly Board - Quarterly

232. Gas & Fossil Fuel Safety

Regulatory Measure	Target	reporting Interval	Reviewed by

% gas installations with an inspection carried out within 365 days of previous and valid LGSR/Building Regulations Completion certificate produced. Including both domestic and commercial properties.	100%	Monthly	Head of Repairs and Maintenance - Weekly Directors - Monthly Board - Quarterly
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233. Legionella Management

Regulatory Measure	Target	reporting Interval	Reviewed by
% of known risks which have been assessed	100%	Monthly	Compliance Manager – Weekly Corporate Management Team - Monthly Board - Quarterly
% assets which have been reviewed in accordance with level of risk and appropriate timescales	100%		
% of control measures completed within relevant timescales	100%		

234. Awaabs Law – Damp, Mould and Emergency Hazards

Regulatory Measure	Target	reporting Interval	Reviewed by
% of 24-hour emergency hazards attended to and hazards removed	100%	Weekly	Compliance Manager – Weekly

% of Emergency hazards requiring investigation to be completed within 10 days	100%	Monthly	Corporate Management Team – Monthly Board - Quarterly
% of written summary of investigation findings sent to customer within 3 days of investigation concluding	100%		
% of follow on works to begin within 5 days of investigation concluding	100%		

235. Lifting Equipment Management

Regulatory Measure	Target	reporting Interval	Reviewed by
% of lifts with LOLER inspection carried out within 6 months of last inspection	100%	Monthly	Compliance Manager - Weekly
Number of corrective actions completed after target date	Zero		Corporate Management Team- Monthly Board - Quarterly

Timeline for the Process

236. In line with the requirements of the assurance framework, where necessary individual sections of this policy have been reviewed and approved by a Third Party. All feedback and comments provided have been reflected within this policy.

237. The processes that sit behind this policy have been created in their draft format and are all currently at different stages of being reviewed for approval by CLT.

238. This policy shall be reviewed on an annual basis, unless there is a significant change in legislation that shall require any section of this policy to be updated.

Outcomes

- 239. By adopting this policy, it shall ensure that LHP's homes and buildings are safe for our customers, their visitors, our colleagues, and the general public.
- 240. This policy shall achieve compliance with the legislative requirements, with LHP also working towards achieving Best Practice methods within the sector. In doing so, LHP shall achieve its corporate objectives and deliver Excellent Service for our customers.

Lincolnshire Housing Partnership (LHP) Equality and Quality Impact Assessment (EQIA)

Title of Policy/Event/Decision: LHP Landlords Building Safety Compliance Policy

Lead Officer(s): Matthew Fell

Date of EQIA: 08/10/2025

Scope and Purpose	
Briefly describe the policy/event/decision being assessed:	This policy sets out LHP's Customer First approach to managing reports of damp, mould, and condensation in customers' homes. It outlines preventative measures, risk assessment processes, and remedial actions in line with Awaab's Law 2025.
What is the aim or purpose of this policy/decision?	To ensure a consistent, fair, and timely response to reports of damp, mould, and condensation, with priority given to customers at heightened risk due to age, disability, pregnancy, medical conditions, or other support needs.
Which departments or groups will be affected by this policy/event/decision?	All LHP departments, including Repairs, Compliance, Neighbourhoods, Customer Services, and Asset Management, and all LHP customers.
Data Collection and Evidence	
What data or evidence have you used to identify how different groups may be affected? (e.g., tenant demographic)	Data sources used: • LHP Customer EDI dataset (August 2025) • LHP Colleague EDI dataset (July 2025) • LHP Colleague EDI Report

data, service usage statistics, consultation feedback)	• Policy consultation feedback • Compliance and damp/mould repair records • Census 2021 Lincolnshire and national benchmarks
What does this data tell you about the potential impacts on different equality groups?	Disability prevalence among LHP customers (46.57%) is substantially higher than the national average, with high proportions reporting chronic medical illness, mobility impairments, and mental health conditions. Age profile includes significant numbers of older customers (21.6% aged 65+), and children under 16 (23.9%), both of whom are more at risk to damp/mould impacts. Language diversity is limited overall, but a proportion of customers prefer non-English languages such as Polish, Lithuanian, Latvian, and British Sign Language. Religion – majority “No religion” or Christian, but a minority with other faiths where works scheduling or decant arrangements may need cultural sensitivity.

RAG Impact Assessment on Protected Characteristics

Use the RAG system to assess the level of potential impact for each protected characteristic:

- **Red (High Risk):** Significant potential for negative impact requiring immediate action to mitigate.
- **Amber (Medium Risk):** Some potential for negative impact, which can be mitigated with changes.
- **Green (Low or No Risk):** Little to no negative impact identified.

Ensure that you state reasons (the why) for your justifications.

Protected Characteristic	Impact (Positive Negative Neutral)	RAG Rating	Description of Potential Impact	Mitigation/ Enhancement Actions	Responsible Officer
Age	Neutral	Amber	For elderly customers, there can be	Risk assessed at triage; priority repairs	All LHP staff

			a heightened risk relating to Damp and Mould. May also be less likely to report other hazards or repairs required, including utility servicing requirements	scheduled per Awaab's Law; proactive identification of high-risk households using BI data.	
Disability (Specifically Respiratory, cardiovascular, and auto immune conditions)	Neutral	Amber	Customers with respiratory conditions, chronic illness, mobility impairments, mental health issues, sensory impairments, or learning disabilities may face greater harm or access barriers.	Risk matrix includes disability flags; reasonable adjustments offered (appointment flexibility, accessible communications , decant if needed); colleague training on EDI and risk awareness.	All LHP staff

Gender Reassignment	Neutral	Green	No direct impact identified.	None required	All LHP staff
Marriage and Civil Partnership	Neutral	Green	No direct impact identified.	None required	All LHP staff

Protected Characteristic	Impact (Positive Negative Neutral)	RAG Rating	Description of Potential Impact	Mitigation/ Enhancement Actions	Responsible Officer
Pregnancy And maternity	Neutral	Amber	Customers who are pregnant or who have young children, could be at higher risk to hazards in the home.	Priority handling; health safeguarding advice; proactive repairs and decant if necessary	All LHP staff
Race	Neutral	Amber	Limited English proficiency may impact ability to report or understand advice.	Understand advice. Translation/ interpreter services; culturally appropriate information; community outreach.	All LHP staff
Religion Or Belief	Neutral	Amber	Religious observances may affect appointment scheduling or temporary accommodation options.	Mitigations required specific to religions or beliefs will be identified on a case-by-case basis and where H&S regulations allow,	All LHP staff

				requirements under different religions or beliefs will be implemented. For example, Flexible scheduling; culturally appropriate decant arrangements	
Sex	Neutral	Green	No disproportionate impact identified	None required	All LHP staff
Sexual Orientation	Neutral	Green	No disproportionate impact identified.	None required	All LHP staff

Mitigating Negative Impact

What actions will you take to reduce or mitigate any identified negative impacts?

Provide specific mitigation measures for each characteristic where a negative impact (Red or Amber rating) was identified.

Analysis of customer and colleague EDI data, alongside operational experience, shows that certain groups – including older people, those with disabilities or long-term health conditions, pregnant customers or those with young children, people from different racial or ethnic backgrounds, and those with specific religious needs – may experience disproportionate harm from damp and mould or face barriers in accessing timely remedies. These disproportionate impacts may arise from heightened health risks (e.g., respiratory illnesses), communication barriers, scheduling constraints, or the need for culturally sensitive temporary accommodation.

To address these risks, the following operational mitigations are embedded into our processes and monitored for effectiveness:

1. Use of BI data and EDI insights to proactively identify “silent customers” in high-risk properties

We combine property condition data, historical repair trends, and EDI risk indicators to flag homes that may have an elevated risk of requiring repairs, damp or mould, even where customers have not reported issues. This allows us to take preventative action, such as conducting inspections or contacting customers directly, before problems escalate.

2. Applying the damp and mould risk matrix to prioritise vulnerable households

The risk matrix incorporates health, age, and household composition factors alongside the severity of the damp/mould issue. This ensures that customers with additional needs – such as those with asthma, chronic illnesses, mobility impairments, or children under five – are prioritised for rapid intervention in line with Awaab’s Law 2025 timelines.

3. Providing reasonable adjustments to processes and communication

Adjustments may include offering flexible appointment times to

	fit caring responsibilities, providing large-print or easy-read information for customers with visual impairments, or scheduling works outside of key religious observances. Where environmental conditions necessitate a temporary move, decant options are tailored to the household's accessibility and cultural needs. 4. Translation and interpretation services For customers who have limited English proficiency or who prefer another language, we can provide written translations of key information (e.g., survey results, remedial action plans) and arrange for interpreters during inspections or meetings. This ensures that customers fully understand the nature of the problem, the actions being taken, and any steps they need to follow. 5. Colleague training in technical diagnosis and EDI awareness All operatives and customer-facing colleagues receive training to correctly identify the type and severity of damp/mould, apply the risk matrix consistently, and recognise when EDI considerations should influence how cases are handled. This includes awareness of hidden disabilities, respectful communication practices, and avoiding assumptions about a customer's circumstances. 6. Ongoing monitoring and targeted review of high-risk cases The Compliance Tracker monitors progress against Awaab's Law timelines, tracks open high-risk cases, and flags delays. The Compliance Team and relevant managers review these cases weekly to ensure mitigations remain in place, that customers are updated regularly, and that any barriers to resolution are escalated.
Who is responsible for implementing these actions?	• Compliance Manager – Oversees compliance monitoring, ensures technical standards are met, and leads on major repairs, gas/electrical servicing, and adherence to Awaab's Law timeframes.

	• Minor Repairs Manager – Manages operatives undertaking minor works, ensuring they apply the risk matrix and implement reasonable adjustments during repairs. • Neighbourhoods Manager – Coordinates with the Customer Experience Team, ASB, and Neighbourhood Officers to identify additional needs early, provide decant support, and maintain regular communication with customers during works.
Consultation and Engagement	
Have you consulted any stakeholders or equality groups? If so, who and how?	Discussed at previous Customer panel meeting.
What feedback have you received, and how has this influenced your assessment?	Positive feedback gained, policy was well understood and clear.
Decision Making	
How has this EQIA informed or influenced the final decision?	This policy was already in place prior to this EQIA being carried out. Mitigations noted above where not noted on previous EQIA document for this policy. When LHP are aware of the risks noted in the above impact assessment, the mitigations noted will be enforced.
Were any changes made to the policy/decision as a result of the EQIA?	No changes made. However, we will continue to follow through on mitigations noted in the above table.

Monitoring and Review	
How will you monitor the actual impact of the policy/decision once it is implemented?	Policy will be reviewed annually. Actions are monitored via the Compliance department and is reported on weekly. By monitoring the actions raised under this policy, we can ensure mitigations are in place and being used. We will review mitigations annually or as required if made aware of failures.
When will the policy/decision be reviewed?	Annually
Sign-Off EQIA Completed By: <i>Lead Officer(s)</i> <i>Name(s):</i> <i>Date:</i>	Matthew Fell, Compliance Manager 08/10/2025
Approved By: <i>Approval Name:</i> <i>Date</i>	Abigail Iyaho 16/10/2025