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Briefing 10-11

Licensing arrangements for houses in multiple occupation (HMO)

This briefing is provided to APSE members within England and to Wales, Scotland and Northern Ireland for information. It will be of particular interest to housing, enforcement and licensing units and Fire and Rescue Service contacts

- The licensing arrangements for Houses in Multiple Occupation (HMOs) were provided for by the Housing Act 2004 and came into effect in 2006
- Following concerns raised by APSE member authorities this briefing produced in partnership with Walker Morris solicitors explains some of the main issues associated with the licensing provisions
- This briefing also touches on the Regulatory reform (Fire safety) Order 2005 and will be of interest to Fire and Rescue Services

1 What is an HMO?

- 1.1 Houses in Multiple Occupation are houses that are occupied by persons who share something, usually a kitchen or bathroom. While the occupant has exclusive use of his/her own room or suite, they must share some other part with other occupants. Examples include, bedsits, student accommodation, sheltered housing for the elderly, hostels, or households that offer a room(s) to lodgers who share the other household facilities.
- 1.2 It can be converted self contained flats in which the standard of conversion does not entirely meet the minimum requirements of the Building Regulations 1991 (which, for example, stipulate the correct fire resistance and noise insulation) and more than a third of the flats are occupied under short tenancies.

2 Which HMOs are covered by the licensing scheme?

- 2.1 The Housing Act 2004 prescribes a compulsory licensing scheme that commenced on 6 April 2006. The scheme applies to all HMOs that fulfil all three criteria:
 - 2.1.1 Houses with three or more storeys, including basements and attics
 - 2.1.2 Houses where there is a material sharing of an amenity e.g. bathroom, kitchen, WC
 - 2.1.3 Houses that have five or more occupants which are from more than one family unit.
- 2.2 If granted, an HMO licence authorises the occupation of the premises by a maximum number of people (as specified in the licence).

- 2.3 In the recent case of R v Roderick John Williams, the Crown Court stated that when identifying a licensable HMO, any storey used wholly or partly as living accommodation should be counted, even if not an integral part of the HMO. This decision is noted, however little reliance can be placed on it as further decisions will rest on how future court cases would interpret the detailed findings of the case.

3 How are they identified?

- 3.1 Section 61(4) requires the Local Authority (LA) to take 'all reasonable steps' to secure that licences are made to them in respect of HMOs in their area which are required to be licensed.
- 3.2 For example, Bedford Council carried out borough-wide surveys in 2005 to check all three storey properties, requesting information on tenure and ownership and then compiled an HMO database.
- 3.3 However, it is the responsibility of the landlord to work out if his premises qualifies and make an application. Operating an unlicensed HMO is a criminal offence and can lead to a fine of up to £20,000.

4 What is the governing legislation?

- 4.1 The Housing Act 2004 (Part 1) sets out a system of risk assessment that correlates the defects of properties with the possible harm to occupiers. Part 2 of the Housing Act sets out the licensing system for HMOs.
- 4.2 In accordance with the Act (section 55(5)), every LA has the following general duties:
- 4.2.1 To make such arrangements as necessary to **effectively implement** the licensing regime
- 4.2.2 To ensure that all licence applications are determined within a **reasonable time**
- 4.2.3 To satisfy themselves **as soon as is reasonably practicable** that there are no 'Part 1 Functions' (see further below) that ought to be exercised

5 Who applies for the HMO licence?

- 5.1 The licence holder must be the most appropriate person to hold the licence. This may be the owner, manager or agent
- 5.2 That person must be a 'fit and proper person'
- 5.2.1 The Local Authority must note that certain convictions have been listed as precluding someone from being fit and proper
- 5.2.2 The LA must take into account unspent convictions for
- (a) Violent, sex offences, fraud and drugs
 - (b) Breaches of housing and tenant laws
 - (c) Unlawful discrimination
- 5.2.3 The LA may consider carrying out a Criminal Records check
- 5.2.4 It is the applicant's duty to demonstrate that he/she is a fit and proper person and declare matters which the LA must have regard to

6 What are the requirements for a licence?

- 6.1 Receipt of the completed application form (plus attachments including gas and electricity safety certificates etc) and the licence fee
- 6.2 Satisfaction that the applicant is a fit and proper person and the most appropriate person to hold the licence
- 6.3 The proposed manager (if any) is a fit and proper person
- 6.4 The applicant must demonstrate that proper arrangements are in place for the management of the property
 - 6.4.1 Previous management failures which have led to LA enforcement action may be taken into account
 - 6.4.2 The person involved in the management of the HMO is competent
 - 6.4.3 The financial structures for the management are suitable
- 6.5 The property must be reasonably suitable for the number of occupants or proposed number of occupants
- 6.6 There are various issues to be addressed with each HMO:
 - 6.6.1 **Fire safety** – statistics show that you are six times more likely to die in a fire if you live in an HMO compared to a single family house. You are sixteen times more likely if the HMO is more than three storeys high.
 - 6.6.2 Gas safety
 - 6.6.3 Electrical safety
 - 6.6.4 Repairs
 - 6.6.5 Amenity provision
 - 6.6.6 Management
 - 6.6.7 HMO licensing
- 6.7 Each HMO property should be risk assessed according to basic criteria which are known to increase the chance of the HMO being 'high risk':
 - 6.7.1 Size and layout - three storey more likely to be higher risk than family houses
 - 6.7.2 Management
 - 6.7.3 Number of occupiers
 - 6.7.4 Number and condition of facilities
 - 6.7.5 Repair

7 Inspection

- 7.1 Once the HMO has been rated in terms of risk by considering the categories above, the HMO should be inspected. The inspection team should prepare an inspection programme where the worst HMOs in the borough are inspected first.

- 7.2 Once an inspection has been performed, the LA should carry out a housing risk assessment - Housing Health and Safety Rating System (HHSRS).
- 7.2.1 If 'Part 1 hazards' are identified, the LA must remedy those hazards by using its Part 1 Functions provided for in the Act (rather than impose conditions on the licence). These include a wide range of powers:
- (a) improvement notices
 - (b) prohibition orders
 - (c) hazard awareness notices
 - (d) emergency remedial action
 - (e) emergency prohibition orders
 - (f) demolition orders
 - (g) slum clearance declarations

8 Terms and conditions of a licence

- 8.1 Licences can be granted for up to five years
- 8.2 Will state how many persons can live at the property
- 8.3 Shorter licences may be issued if the applicant is required to improve the standard of the housing
- 8.4 Conditions are attached to all licences. They cannot impose restrictions or obligations on anyone other than the licence holder unless that person has consented and they cannot require the alteration of the terms of a tenancy
- 8.4.1 list of standard conditions:
- (a) valid current gas safety certificate, renewed annually
 - (b) all electrical appliances and furniture to be kept in safe condition
 - (c) all smoke alarms are correctly positioned and installed
 - (d) each occupier to have written statement of terms of occupancy
- 8.4.2 Section 67 of the Act provides that the LA can attach appropriate conditions in relation to the management, use and occupation of the house and/or its condition and contents, such as:
- (a) Restrictions on use or occupation of parts of the HMO by occupants
 - (b) Requirement to take reasonable and practicable steps to prevent or reduce anti-social behaviour by persons occupying or visiting the house
 - (c) Requirement that all facilities and furniture are in good working order
 - (d) Specified works or repairs to be undertaken in a certain timeframe
 - (e) Responsible person to attend a relevant training course

9 Refusal of a licence

- 9.1 LA is entitled and should consider refusing a licence if
 - 9.1.1 The landlord fails to or refuses to bring the HMO up to the required standard
 - 9.1.2 The landlord or manager is not a fit and proper person
- 9.2 Alternatively, the LA can issue an Interim Management Order (IMO) allowing the LA to step in and manage the property for up to one year. If it expires and there has been no improvement, the LA can issue a Final Management Order which can last up to five years and can be renewed.

10 Variation of a licence

- 10.1 An LA can vary a licence with the consent of the licence holder or if it considers there has been a change of circumstances since the time the licence was granted (which includes the discovery of any new information).
- 10.2 It can consider varying the licence on the application of a relevant person (with an estate or interest in the HMO)
- 10.3 It can change the licence in terms of the number of occupiers or the standard of the occupation, but must apply the same standards to the premises it did when it first awarded the licence (unless there has been a change in the relevant regulations).

11 Revocation of a licence

- 11.1 Again, this can be done by application by a relevant person or on the LA's own initiative. The licence can be revoked by agreement with the licence holder or if the LA considers:
 - 11.1.1 The licence holder has committed a serious breach of the licence conditions or repeated breaches
 - 11.1.2 The licence holder is, in the LA's view, no longer a fit and proper person
 - 11.1.3 The management is no longer carried out by fit and proper persons
 - 11.1.4 The HMO ceases to be a licensable HMO
 - 11.1.5 In circumstances where if it was considering renewal of the licence, the LA would not do so

12 Enforcement

- 12.1 The person in control of the HMO commits an offence if:
 - 12.1.1 He does not apply for a licence if the property is a licensable HMO – fine of up to £20,000
 - 12.1.2 Allows more than the number of occupants than stipulated in the licence – fine of up to £20,000
 - 12.1.3 Breaches a licence condition – fine not exceeding level 5 on the standard scale (summary conviction)
- 12.2 For all three of the above offences, it is a defence if the person has a reasonable excuse

- 12.3 Rent repayment orders – a tenant of an unlicensed HMO can apply to the Residential Property Tribunal to claim back up to 12 months of rent if paid during the unlicensed period

13 Regulatory reform (Fire safety) Order 2005 (the "Order")

- 13.1 Came into force in October 2006 (6 months after the HMO licensing scheme was introduced)
- 13.2 The Order simplified the legislative regime by consolidating a lot of fire safety legislation into one Order
- 13.3 It introduced the need for the 'responsible person' to carry out and implement a risk assessment for their premises.
- 13.4 'Responsible person' could be the employer, building owner, occupier – any person with a reasonable level of control over the premises must take reasonable steps to reduce the risk from fire and ensure the occupants can escape safely if a fire does occur.
 - 13.4.1 They can appoint a competent person to assist with risk assessment, but the legal responsibility remains that of the responsible person
 - 13.4.2 The onus is on the responsible person to show that it was not reasonably practicable to do more than was in fact done to satisfy his duties under the Order
- 13.5 In brief, the responsible person is required to:
 - 13.5.1 Carry out a fire risk assessment identifying the risks and hazards
 - 13.5.2 Consider who may be especially at risk
 - 13.5.3 Eliminate or reduce the risk from fire as far as is reasonably practical and provide general fire precautions to deal with any residual risk
 - 13.5.4 Take additional measures to ensure fire safety where flammable or explosive materials are used or stored
 - 13.5.5 Create a plan to deal with any emergency and, in most cases, document your findings
 - 13.5.6 Review the findings as necessary.
- 13.6 Regarding HMOs, the Order covers the common areas of the HMO including common fire warning systems etc.
- 13.7 Enforcing authorities (section 25) – the fire and rescue authority of the area is the primary enforcing agency.
- 13.8 Under the Order, fire and rescue authorities have a statutory duty to ensure compliance and enforce requirements where necessary
- 13.9 Section 42: special provisions about licensed properties (which would include HMOs):
 - 13.9.1 **Where any legislation provides for the licensing of premises, the licensing authority must ensure that the fire and rescue authority has the opportunity to make representations before issuing the licence.**

13.9.2 The fire and rescue authority must notify the licensing authority of any action it takes in relation to the premises to which the licence relates (any failure to so notify does not, however, invalidate the action taken)

13.10 This is mirrored in **section 10** of the Housing Act. **If a LA is satisfied that a fire hazard exists in an HMO and intends to take enforcement action, it must consult the fire and rescue authority before taking the action.**

13.11 Section 43: Any condition or restriction that a LA places on a HMO licence will have no effect in so far as it relates to a matter which could receive restrictions or prohibitions under the Order.

13.12 Section 45: If the LA receives plans or proposals to extend or alter the structure or use of a premises that is within the scope of the Order, the LA must consult the fire authority before passing those plans

13.13 Section 46: Similarly, if any government department or public authority proposes changes to a premises which will affect the measures required under it must consult with the fire authority

13.14 Enforcement of the Order – Inspections are prioritised in accordance to risk (Powers of inspectors defined in section 27). Breaches are met with practical advice for improvement or, in more serious situations, formal alteration notices or enforcement notices. In serious cases, a notice can prevent certain activity at the premises (no sleeping etc) or preventing part or all of its use (prohibition notices).

13.15 Offences (of the responsible person) under the Order include. Amongst others:

13.15.1 Failure to comply with the fire safety provisions of the Order where that failure puts one or more relevant persons at risk of death or serious injury in case of fire

13.15.2 Failure to adhere to alteration, enforcement or prohibition notice where it puts a person at risk of death or serious injury

13.15.3 Deceiving an inspector or obstructing an inspection

13.15.4 The above offences are liable to receive a fine or (on indictment) imprisonment of up to two years

14 Fire safety in practical terms

14.1 HMOs should have

14.1.1 A safe escape route in the event of fire

14.1.2 Adequate fire precautions, which include fire alarms, smoke detectors, emergency lighting, fire doors, fire extinguishers and fire blankets. These must be well maintained, comply with the relevant BS safety requirements and adequate for the number of residents and the size of the property

14.1.3 Another example is the Furnishings (Fire Safety) Amendment Regulations 1993 set the levels of fire resistance for domestic upholstered furniture and furnishings.

15 Corporate manslaughter: Is this an issue in respect of HMOs?

15.1 Corporate manslaughter and Corporate Homicide Act 2007 came into force on 6 April 2008. It is not retrospective to cover fatalities before that date.

- 15.2 The Act applies to any 'organisation', a definition which includes local authorities.
- 15.3 An individual cannot be guilty under the act or be convicted of aiding or abetting an offence under the Act. However, an individual can still be guilty of gross negligence manslaughter and an offence under existing H&S legislation aimed at individuals
 - 15.3.1 Section 37 of the Health and Safety at Work Act (HSWA) 1974 – a director or officer of the company can be criminally responsible if the offence was committed with his consent or connivance or was attributable to his neglect.
- 15.4 Broadly speaking, under the Act, an organisation is guilty of an offence if:
 - 15.4.1 The way in which its activities are managed or organised
 - 15.4.2 By its **senior** management
 - 15.4.3 **Causes** a person's death
 - 15.4.4 Which amounts to a **gross** breach of the relevant **duty of care** owed by the organisation
- 15.5 Before the Act, many organisations 'escaped' liability for manslaughter by gross negligence due to the 'identification principle' – if the individual at the very top – the directing mind of the company, could not be considered personally guilty of manslaughter, the case against the organisation failed. It meant that larger complex structured companies escaped liability and those that were found liable were smaller companies with hands-on directors or sole directors
- 15.6 The Act brings the management systems into focus
- 15.7 **Senior management** – a person who plays a significant role in:
 - 15.7.1 The making of decisions about how the whole or a significant part of an organisation's activities are to be managed or organised
 - 15.7.2 Actually managing or organising those activities
- 15.8 It doesn't require proof of specific failings of an individual manager, rather that, collectively, the senior management were not taking adequate care, which was a substantial part of the organisation's failure.
- 15.9 **Causation** – the usual principles of criminal causation apply – the management failure need not be the sole cause of death and can be one of a few causes. There can, however, be an intervening act which can break the chain of causation
- 15.10 **Duty of care** – i.e. those owed in the law of negligence e.g. employer to its employees, transport provider owes duties to its passengers, a retailer to its customers, the NHS to its patients etc
- 15.11 Section 3 sets out circumstances in which a public authority will or will not owe a duty of care.
 - 15.11.1 Any duty of care owed by a public authority in respect of a decision as to matters of public policy, including the allocation of public resources or the weighing of competing public interests, is not a relevant duty of care under the Act.

- 15.11.2 Any duty of care owed regarding things done in the exercise of an exclusively public function is not a relevant duty of care under the Act, except if
 - (a) It is a duty as employer to its employees
 - (b) It is a duty owed as occupier of a premises
 - (c) It is responsible for a detainee
- 15.11.3 Any duty of care owed regarding inspections carried out in the exercise of a statutory function is not a relevant duty of care unless
 - (a) It is a duty owed as employer to its employees
 - (b) It is a duty owed as occupier of a premises
- 15.12 **Gross Breach** – conduct that falls far below what can reasonably be expected of the organisation in the circumstances
- 15.13 Section 8(2) sets out factors which the jury **must** take into account:
 - 15.13.1 Whether the organisation failed to comply with H&S legislation
 - 15.13.2 How serious that failure was
 - 15.13.3 How much risk to death it posed
- 15.14 Section 8(3) sets out factors which the jury **may** take into account:
 - 15.14.1 Any attitudes, policies or accepted practices which may have encouraged or produced a tolerance of the management failure
 - 15.14.2 Any health and safety guidance that related to the alleged breach (e.g. any HSE publications etc)
- 15.15 Penalties
 - 15.15.1 Unlimited fine
 - 15.15.2 Remedial order – organisation to take steps to remedy the management failure
 - 15.15.3 Publicity order – organisation to publicise the conviction
- 15.16 **In summary** – section 3 of the Act excludes an LA from its application to the extent that it is carrying out purely statutory functions. However, the LA's duties to its own employees or if it is occupier of a premises (e.g. if it manages the building under an Interim Management order – see paragraph 9.2 above) are not excluded under the act. In those rare circumstances, the claimant would have to prove a gross breach by senior management of the LA caused the death and there was no intervening act by either the lodgers or the landlord that broke the chain of causation.
- 15.17 Whilst the exercise of its public functions are excluded from the Act, the LA would still be under scrutiny in a fatality situation, through independent enquiries and public inquiries etc.
- 15.18 In addition, it does not make them immune from a claimant (for example, an injured occupant or the family of a deceased occupant) from bringing a civil claim against the LA (see further below).

16 Breach of statutory duty

- 16.1 The Housing Act creates the power and the duty of an LA to act in the discharge of public functions. The licensing of HMOs is a regulatory function which aims to protect the public (or sections of the public) from harm.
- 16.2 Even where it is entirely obvious that a failure to discharge that duty may lead to damage to someone (allowing a substandard HMO without the necessary fire precautions to be licensed could quite possibly lead to a fire related injury or death), it does not automatically follow that they are entitled to a claim in common law for breach of statutory duty.
- 16.3 A claim of breach of statutory duty is distinct from a claim in negligence. If a claimant wishes to bring a claim because the LA has carelessly performed its functions, he/she must establish either a common law duty of care (negligence) or a statutory duty of care. A claimant would no doubt be advised to plead both.
- 16.4 Some legislation expressly creates civil remedies, others introduce criminal penalties but expressly preclude civil rights of action. More often than not, the legislation is silent on the point of civil rights of action.
- 16.5 The Housing Act is silent on civil remedies against an LA.
- 16.6 In this situation, the court would have to decide what Parliament intended, looking at the construction of the statute. It can be difficult to predict what the court's interpretation will be:
- 16.6.1 Broadly, where statute prescribes a safety standard which accords with a common law duty, it is easier to infer a right of action. Where statute imposes general administrative functions which involves broad administrative discretion, it is less likely that a court will infer that a private cause of action was intended. The more general the duty, the less likely a private cause of action
- 16.6.2 As another general proposition, where the damage is physical, particularly personal injury, the claimant is on stronger ground than if the damage is economic loss. Where the statute is designed to protect physical safety, there is a greater willingness to interpret statute as conferring a right of action
- 16.6.3 Where the claim is against a public authority, especially in relation to a failure to perform some regulatory function, the claimant's prospects of success are low
- 16.6.4 Statutory provisions establishing a regulatory system or scheme of social welfare for the benefit of the public at large have not been held to give rise to a private law right of action for damages for breach of statutory duty:
- "Although regulatory or welfare legislation affecting a particular area of activity does in fact provide protection to those individuals particularly affected by that activity, the legislation is not treated as being passed for the benefit of those individuals but for the benefit of society in general."¹
- 16.7 To show there is an actionable cause, the claimant would have to establish that:
- 16.7.1 The damage he/she suffered falls within the ambit of the statute i.e. the type the legislation was intending to prevent

¹ X (minors) v Bedfordshire County Council [1995] 2 AC 633

- 16.7.2 The statutory duty was breached
- 16.7.3 That the breach of statutory duty caused his loss
- 16.7.4 There are no defences to the claim
- 16.8 Overall –while full analysis of cases of breach of statutory duty are outside the scope of this paper, the following general observations are made
 - 16.8.1 The HMO licensing scheme was introduced to protect occupiers of HMOs
 - 16.8.2 They are likely to be the ones who would suffer damage if the licensing scheme is executed negligently
 - 16.8.3 The likely damage would include physical damage, including possible personal injury
 - 16.8.4 It is difficult to establish a statutory duty with Public authorities. The higher the level of public function e.g. policy decisions in the application of resources, the less likely a private right of action will arise. For example, if the case centred on the decisions of the LA with respect to their allocation of resources and, because of that, a fire occurred in an HMO that had not yet been inspected because it had been assigned lower risk than others awaiting inspection, it is unlikely that would give rise to a private claim. However (and using an extreme example), if an HMO inspector had witnessed 20 people hiding in the attic of an HMO with or without the knowledge of the licence applicant and using old camper stoves for heating and cooking which caused the fire, and chose to overlook this and award a licence anyway, the case would be less clear cut.

17 Breach of common law duty of care

- 17.1 Actions of negligence can arise from a statutory duty or from its performance. The advantage of bringing a negligence claim is that the claimant doesn't have to prove/ask the court to consider parliament's intention for the statute. The claimant can also argue that the breach of the statutory duty was prima facie evidence of negligence.
- 17.2 In **Phelps v Hillingdon LBC**, the House of Lords held that a claim for negligence should not be allowed simply because the allegedly negligent acts were carried out within the ambit of statutory discretion. In that case, the LBC could be vicariously liable for the negligence of a psychologist making an assessment of a child, notwithstanding that the breach happened during the performance of its statutory duties under the Education Act. Also the fact that the psychologist owed a duty to the LBC did not preclude any duty to the child.
- 17.3 An analogy could be drawn here – the Inspector is making an assessment of the HMO in accordance with the LA's statutory duties. If the circumstances were such, he could owe a duty of care to the HMO occupants (and the applicant) as well as the LA.
- 17.4 Having said that, it has been said that it is unusual for a common law duty to be founded simply upon the failure to provide some benefit which a public authority has the power to provide. Again, the case would turn on its facts and why that benefit was not provided – was it a question of finite resources diverted elsewhere or was it a grossly sub-standard inspection by the HMO officer? Again issues such as any break in the chain of causation or contributory negligence by the claimant would all be relevant.

- 17.5 **Summary** – An occupant (or family of a deceased occupant) who has suffered loss due to a fire in his HMO, is likely to bring a claim against the licence holder and/or Landlord. It is the licence holder's duty to maintain the HMO to a standard that means the HMO qualifies for licence and ensure that he obtains and retains the licence. If, however, there is evidence, for example, that the LA had failed to inspect the HMO before giving the licence or had negligently inspected it, the claimant would no doubt be advised to add the LA as a second defendant for breach of statutory duty and/or negligence. The case would then turn on its facts, but it would be extreme circumstances indeed for the LA to be held liable.

18 Sensible precautions

- 18.1 Have a policy in place which prioritises the licensing procedure. High risk HMOs, as identified by the requisite HHSRS should be inspected first
- 18.2 Implement that policy. Devote resources to the highest risk HMOs
- 18.3 Liaise closely with the local fire service.
- 18.3.1 Develop with them a policy/procedure (checklists etc) to follow when inspecting a property and identifying fire hazards
- 18.3.2 Agree a procedure (to comply with section 42 of the Order and section 10 of the Act) when a fire hazard has been identified which requires enforcement action. Agree a protocol and timeframe to address such issues
- 18.3.3 Can fire and rescue officers attend during an inspection? If not, can they provide training for the HMO inspectors?
- 18.4 If a fire hazard is identified which requires the LA to use its Part 1 Functions (enforcement action), the LA should comply with the procedure as set out in the Act and act as soon as is reasonably practicable (in consultation with the fire and rescue authority)
- 18.5 If enforcement action is necessary, how is that implemented and policed?
- 18.6 If conditions are placed on an HMO licence, how are they policed?
- 18.7 Have a procedure in place which dictates how to deal with any new information that comes to light with respect to the standard of the HMO or the licence holder himself.
- 18.8 (Despite it being the licence holder's duty to maintain a current licence) Does the HMO database record when the licence will lapse? Is the licence holder sent a reminder of expiry in advance?

APSE comment

APSE has previously welcomed greater regulation of HMOs and in line with improving housing provision supports efforts to ensure that HMOs offer tenants a safe place in which to live. There is however considerable burdens on local authorities and severe consequences should a local authority fall short of complying with the licensing requirements. APSE would encourage all members authorities to check that they are not only compliant with the legal requirements but that they are prepared to work in partnership with other agencies, including in particular the Fire and Rescue Service, to ensure licenses and licence conditions are fully observed and legislative requirements met.

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