

**Notice of Meeting**

**OVERVIEW AND SCRUTINY COMMITTEE**

**Wednesday, 10 May 2023 - 7:00 pm**  
**Council Chamber, Town Hall, Barking**

**Members:** Cllr Glenda Paddle (Chair); Cllr Dorothy Akwaboah (Deputy Chair); Cllr Andrew Achilleos, Cllr Donna Lumsden, Cllr Fatuma Nalule, Cllr Ingrid Robinson, Cllr Paul Robinson, Cllr Muazzam Sandhu, Cllr Phil Waker and Cllr Mukhtar Yusuf

**Co-Opted Members** (for education matters only): Glenda Spencer, Sarfraz Akram, Sajjad Ali and Richard Hopkins

**By Invitation:** Cllr Saima Ashraf

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Fiona Taylor  
Acting Chief Executive

Contact Officer: Claudia Wakefield  
Tel. 020 8227 5276  
E-mail: [claudia.wakefield@lbbd.gov.uk](mailto:claudia.wakefield@lbbd.gov.uk)

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**AGENDA**

**1. Apologies for Absence**

**2. Declaration of Members' Interests**

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

**3. Minutes - To confirm as correct the minutes of the meeting held on 4 April 2023 (Pages 3 - 8)**

**4. Barking & Dagenham Traded Partnership: Repairs & Maintenance (Pages 9 - 19)**

5. **Regulator of Social Housing, Update Report - Health and Safety Compliance (Pages 21 - 71)**
6. **Work Programme (Page 73)**
7. **Any other public items which the Chair decides are urgent**
8. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

### **Private Business**

The public and press have a legal right to attend Council meetings such as the Overview & Scrutiny Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended).

***There are no such items at the time of preparing this agenda.***

9. **Any confidential or exempt items which the Chair decides are urgent**

## Our Vision for Barking and Dagenham

# **ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND**

## Our Priorities

### **Participation and Engagement**

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

### **Prevention, Independence and Resilience**

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

## **Inclusive Growth**

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

## **Well Run Organisation**

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

## MINUTES OF OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 4 April 2023  
(7:03 - 9:19 pm)

**Present:** Cllr Glenda Paddle (Chair), Cllr Dorothy Akwaboah (Deputy Chair), Cllr Ingrid Robinson, Cllr Paul Robinson, Cllr Phil Waker and Cllr Mukhtar Yusuf; Sajjad Ali and Richard Hopkins

**Also Present:** Cllr Syed Ghani

**Apologies:** Cllr Andrew Achilleos, Cllr Donna Lumsden, Cllr Fatuma Nalule, Cllr Muazzam Sandhu, Glenda Spencer and Sarfraz Akram

### 37. Declaration of Members' Interests

There were no declarations of interest.

### 38. Minutes - To confirm as correct the minutes of the meeting held on 8 March 2023

The minutes of the meeting held on 8 March 2023 were confirmed as correct.

### 39. Metropolitan Police Service Turnaround Plan 2023-25 and Baroness Casey Review Final Report

The Metropolitan Police Borough Commander (BC) delivered a presentation on the Metropolitan Police Service Turnaround Plan 2023-25 and the Baroness Casey Review Final Report. This detailed:

- The contents of and context behind the Baroness Casey Review, which had been commissioned by the Metropolitan Police to review its culture, standards and practice, following the murder of Sarah Everard by a serving Police Officer, who had used his warrant card and his powers to abduct a female on the streets of London in 2021;
- How the review had been compiled, through considering Police data, outcomes and organisational processes, and Police Officers speaking with Baroness Casey to reflect the services provided by the Police, and its culture;
- The acceptance of the Metropolitan Police as to the outcomes of the review and its resolute stance to work towards improving these outcomes;
- Other influencing factors as to the outcomes of the review, such as austerity, demand on policing and incorrect choices around resources;
- Next steps, such as around addressing cultural issues within the Police, driving out discriminatory behaviour, identifying those officers who should not be a part of the Police and encouraging officers to come forward to report negative behaviour;
- The importance of listening to, and better connecting with local communities, to better understand their needs and with more work needing to be undertaken to address this;

- The further work that needed to be undertaken to protect women and children, with more work around making public spaces safer needing to be delivered;
- There were many good Police Officers in the service and work would need to be undertaken to both support and motivate them, as the community needed good policing; these officers would be instrumental in helping the Police to address poor behaviour;
- The Baroness Casey Review was an opportunity to bring about real changes within the Metropolitan Police, with the Police fully behind this;
- Some of the positive work that was already being undertaken to address issues, such as around violence against women and girls and increased vetting of Police Officers through the Police National Database;
- The Metropolitan Police Turnaround Plan 2023-25, which centred around nine key areas that the Commissioner wished to address and which also linked in with the areas of concern identified by Baroness Casey;
- How the Police planned to use the findings of the Baroness Casey review to have wider discussions around the Metropolitan Police Turnaround Plan, to provide a better policing service, safeguard victims, reconnect with communities and devise tailored borough-based approaches;
- Some of the positive work already being undertaken through the Turnaround Plan, such as the recruitment of Borough Neighbourhood Superintendents to support neighbourhood policing, and of 600 Police Community Support Officers (PCSOs) across London; and
- The importance of partnership working in addressing issues and to deliver a better service.

A Councillor emphasised the importance of the Police recognising and facing the issues that had been raised through the report, such as issues of the BAME community being profiled and stopped; these issues had to be acknowledged initially, before these could be fixed. There were many great Police Officers; however, everyone needed to work together to resolve problems. A Councillor also raised issues whereby another Councillor had raised other issues at a Safer Neighbourhood Team meeting, which had subsequently been taken and rejected as criticism of the Police, as well as occasions whereby they had raised issues with patrolling Police Officers and had been made to feel a nuisance as a ward Councillor raising these.

It was also felt that tri-borough arrangements had weakened communications with long-established communities, with more localised connections needed, as well as the idea that cuts had resulted in less Police Officers as part of the neighbourhood policing service. Members acknowledged the importance of close partnership working and utilising available resources, as well as highlighted the need for more consistent and better staffed police teams.

In response to questions from Members, the BC stated that:

- He had already had conversations around how the Police could strengthen their relationships with Councillors, as elected representatives of the community and who were pivotal in information sharing. Future Councillor involvement on Ward Panels, where information could be disseminated and

- decisions made around the prioritisation of resources, was essential.
- The Police did not currently have the mechanisms in place to really listen to what was going on in the community and bring this altogether to make decisions around policing; some of this was due to the Police's own practice and approach to problems, which needed to be improved. The Borough Superintendents would look to strengthen relationships with Councillors and the Ward Panels, to share intelligence and community information, seek advice and discuss priorities.
  - The Police Commissioner had acknowledged the issues outlined by Baroness Casey, including the cultures, behaviours and incidents underpinning these. How the Police engaged with its communities through the lens of race, faith and other demographics would be key, through listening to their needs.
  - Whilst there were less Police Officers than previously, the Police was working to try to ensure greater consistency within neighbourhood Police teams.
  - Police engagement with local communities recently had also been very positive so far, with many community members coming forward to speak to Officers around issues that they had faced and on which they wished for support.

In response to questions from the Barking and Dagenham Youth Forum (BADYF) co-optees, the BC stated that:

- Anti-social behaviour (ASB) could include a lot of different things, including street harassment and making women feel unsafe. The horrific murder of Zara Aleena in Redbridge had taken place shortly after the BC began his role, with the BC and his team having worked since then to look at improving women's safety. This had included around 60 "walk and talks" with Police officers and women in town centres and hotspot areas, where Police Officers had asked women where they felt unsafe and why, and how the Police could look to change this. There had also been innovative work around communication plans, enforcement, installing public space protection orders (PSPOs) and the first fine for harassing a woman in the street, which had been undertaken by the BC and his team in Redbridge. The BC wished to replicate this in Barking and Dagenham.
- The Police had increased their visibility in the town centres of Barking, Ilford and Romford, with dedicated Town Centre teams in each. It was also working more closely with Partners to address ASB.
- In terms of welfare, Police Officers were better supported than previously; however, many were under heavy pressure. In East London, there was a welfare hub that officers could access, for example, if they had been assaulted on the job or had dealt with a traumatic incident. The Police would also look to signpost and offer financial and mental health support to support its workforce; however, the Police were seeing many of its staff suffering from mental health issues and the nature of the job could be very difficult. The BC was working with his team to ensure that staff were well supported.
- Over the next 12 months, the BCU was going to be focusing on public safety, particularly around women and around tackling knife crime, through

increased engagement with the community around problem solving and approaches to deterrence.

- In terms of current accountability, the Police had Safer Neighbourhood Boards, Ward Panel Chairs and the IAGs; however, it was felt that this was not working effectively enough and the BC was working with Partners to ask for advice around how to improve this. The Police also needed to communicate what it was doing better, to the public.
- In terms of recruitment, the Police was not able to fill all of the vacancies that it had, despite methods to address this, such as through Outreach teams in the community working to recruit local people. More work needed to be undertaken to ensure that policing was an attractive profession.

In response to further questions from Members, the BC stated that:

- Getting the basics right would play a large role in helping to rebuild trust within the community, as well as better supporting victims of crime who came forward to report these, with only 65% of victims stating that they felt satisfied with the support and communication that they had received. The Public Attitude Survey showed that the levels of trust and confidence in the Police in East London, were quite high; however, it was likely that this would decline following the outcomes of the Baroness Casey report. The Police was very keen to build trust within the community and would engage with local people in order to do this; the BC was also already taking steps, such as through engaging with Senior NHS partners around reducing waiting times for those experiencing health crises.
- In terms of Police visibility, the Police needed to get better at communicating to the public the work of the local ward teams and where these would be on specific days, in case the public wished to speak with officers.
- Police abstractions were an issue, with Officers being drafted to support other areas; however, this was not happening as often as the community likely thought. Police Officers were abstracted around 2-3 times a month to support emergency response teams, and to Central London functions, which the Metropolitan Police Commissioner had already started to reduce and was looking to reduce further.

In response to questions from the Parent Governor (Primary) Co-optee, the BC stated that:

- The Macpherson Report had led to significant change in the Metropolitan Police upon publication and it was felt that the Baroness Casey Report went even further than this in advocating for change. The Baroness Casey Report needed to define policing in London for many years to come.
- Much work had been undertaken to put in place child protection measures; a data protection review was also underway, which would result in more resource also being channelled into this area of work. Public Protection Units were under huge pressure, with the Commissioner recognising that more needed to be invested in these; it was hoped that the BC would shortly have more officers here, which would provide a greater opportunity to ensure that the Police could effectively protect children.



- Higher standards and better neighbourhood policing were current key priorities. It was acknowledged that as the Police targeted discriminatory behaviour amongst its officers, more “bad news” stories and convictions would likely appear in the press; however, this should be taken to highlight that discrimination was being addressed.
- “Walk and Talks” had also taken place in Dagenham, but had been undertaken primarily in town centres, as this was where the majority of crimes had occurred. More “walk and talks” would be undertaken in the future.

The Committee highlighted the importance of partnership working and improving the relationship between the Police and the local authority. It requested an action plan for the new London PCSO recruitment, including when these were expected and the timelines moving forward. The BC stated that these were to be recruited around the end of the financial year, would then need to be vetted and trained and would likely start in post around Autumn 2023. Whilst some London boroughs would not see an uplift in their PCSO staffing, it was hoped that this would not be the case in Barking and Dagenham. The Chair asked the BC to return in around six months’ time, to update on progress, steps taken by the Superintendent and engagement with the community, what else could be done, and future plans.

#### **40. Pre-Scrutiny Briefing: The Development of the Corporate Plan 2023-27**

The Director of Strategy (DS) presented an update on the development of the Corporate Plan 2023-27. This detailed:

- The context behind the former Corporate Plan and changes since this, such as the Covid-19 pandemic and the cost-of-living crisis;
- The principles behind the envisioned Corporate Plan in addressing challenges in how the organisation worked, such as the importance of breaking down siloed Council working;
- Leadership development;
- The approach and priorities, to best support residents across the Borough.

In response to Members highlighting the need for better relationships between officers and Councillors, the DS stated that this was essential in resolving issues. The DS also highlighted the need for officers to look at issues from a Council-wide perspective and not dismissing anything if it did not fall under their departmental remit; officers needed to understand their role in serving the community and culture change needed to encourage better cross-departmental working, as well as working with Councillors. Staff also needed to feel more empowered to be able to make decision and address issues.

In response to further questions from Members, the DS stated that:

- It was felt that previous performance frameworks had gathered too much information against objectives, which had made it hard to effectively monitor these. A new Performance Framework was currently being developed, that would gather the right intelligence, information and data and that would be able to monitor performance against the objectives.
- Service plans would contain data around how individual services were

being delivered and how effectively, and there needed to be transparency for backbench Members, as well as Cabinet Members, in terms of this analysis. A framework would be developed whereby this data would be reported to Cabinet and Assembly; however, outside of these reporting mechanisms, the DS would be happy to report particular trends or patterns as requested. Whilst there would always be restrictions around individual cases, this did not prevent meaningful conversations around service delivery, and he would work to ensure a system that was as functional as possible.

- Officers needed to be empowered to take responsibility, be accountable for their services and work with each other. Strategic Directors needed to oversee the drivers for their services' performance and have the time to think more strategically around what how their services needed to be shaped to tackle future work and issues.
- Whilst officers worked very hard to deliver positive outcomes for residents, society and its issues were always evolving and this necessitated organisational change to better align with objectives.
- Services needed to consider a number of aspects as part of service delivery, one of which was around equalities, diversity, fairness and inclusion. Data was used around this to consider who the Council was serving, how these communities' needs could best be met and the impact of the service delivery on these groups. As such, equalities data was essential in service outcomes.

#### **41. Work Programme**

The Work Programme was agreed.

## OVERVIEW AND SCRUTINY COMMITTEE

10 May 2023

|  |  |
|--|--|
| <b>Title:</b> Barking & Dagenham Traded Partnership: Repairs & Maintenance   |  |
| <b>Report of the Strategic Director, MyPlace</b>   |  |
| <b>Open Report</b>   | <b>For Information</b>   |
| <b>Wards Affected:</b> All   | <b>Key Decision:</b> No  |
| <b>Report Author:</b> Leona Menville, Strategic Director, MyPlace  | <b>Contact Details:</b><br>E-mail:<br><a href="mailto:Leona.Menville@lbbd.gov.uk">Leona.Menville@lbbd.gov.uk</a> |
| <b>Accountable Strategic Leadership Director:</b> Leona Menville, Strategic Director, MyPlace  |  |
| <p><b>Summary</b></p> <p>This report provides an update on the ongoing work within MyPlace to improve the repairs/voids/disrepair service as the commissioner of the Barking &amp; Dagenham Management Service (BDMS). The Overview and Scrutiny Committee will be aware that BDMS is part of Barking &amp; Dagenham Traded Partnership (BDTP), a wholly owned company contracted to undertake the repairs and maintenance service on behalf of the London Borough of Barking and Dagenham.</p> <p>Following a previous report to the Overview and Scrutiny Committee on 5 October 2022 (minute 9 refers), it was agreed that a follow up paper detailing progress on improving the provision of the repairs and maintenance service would be provided to the Overview and Scrutiny Committee. This document delivers on that commitment.</p> <p>MyPlace has continued to work collaboratively with BDMS to effect improvements in the service. This report provides an update on actions taken during the intervening period as well as current performance levels and details work that is planned to ensure that residents receive the high levels of repairs and maintenance service that we want for them.</p> <p>There is evidence of some improvements; however, our performance is still very far from where we aim to be. Targets are set and expected to be achieved by P6, 2023 which will deal with the immediate service recovery phase of the program; however, phase 2 will deal with the fundamental underlying issues identified which will aim to embed cultural and behavioural changes into the service. Only once this is realised can we be confident of providing consistently good services.</p> <p>Impending regulatory changes by the Regulator of Social Housing (RSH) seek to introduce a four yearly inspection regime. At this point in time, there is no confidence that we are ready to participate in this due to the existing repair issues that need addressing. BDMS need to evidence month on month improvements in outputs, productivity and customer satisfaction to mitigate the current and enduring poor levels of service that they</p> |  |

are currently delivering. This is a very large task and no assurance of achieving these targets can be given from the very initial improvements that are noted in this report.

### **Recommendation(s)**

The Overview and Scrutiny Committee is recommended to:

- i. Note the progress that has been made to date on improving the repairs and maintenance offer; and
- ii. Note the current performance being provided by BDMS and to continue to monitor progress against the improvements being made.

### **Reason(s)**

Following a previous report to the Overview and Scrutiny Committee on 5 October 2022 (minute 9 refers), it was agreed that a follow up paper detailing progress on improving the provision of the repairs and maintenance service would be provided to the Overview and Scrutiny Committee. This document delivers on that commitment.

## **1. Introduction**

1.1. Our collective aims are threefold:

- (i) Provide a value for money, transparent, evidence-based repairs and maintenance service based on intelligent data and a robust repairs policy.
- (ii) Adopt modern business processes, embed sustainable financial disciplines, ensure productivity increases and deliver the right outcomes for our customers.
- (iii) Role model positive changes to our repairs and maintenance culture, financial planning, and operational procedures to provide a route to customer excellence.

## **2. Background**

2.1 The Overview and Scrutiny Committee previously received a report on 5 October 2022 (minute 9 refers), setting out the key risks and challenges of the repairs and maintenance services being delivered by BDMS.

2.2 This is the agreed follow up report which sets out the progress made thus far on improving the service to the required standards. Regular updates on progress will be reported to future meetings of the Committee.

2.3 Changes made since the last report include:

- Change of leadership and replacement of other key senior staff within BDMS;
- Renegotiated a 12-month contract extension – Clarifying terms and expectations of service delivery;
- Simplified operational activities and processing arrangements;
- Introduced refreshed key performance indicators (KPI's) and service level agreements (SLA's);
- Strengthened governance and performance monitoring arrangements;

- Current (work in progress) WIP being prioritised by risk – will feed into improved performance management framework;
- Introduced Red, Amber, Green (RAG) rating for the WIP and a detailed delivery plan for each service area;
- Improved Subcontractor capacity to help tackle the backlog;
- Adopted leaner planning and scheduling processes;
- Undertook deep dive of the repairs data – identifying errors and instilling accountability for improving fail rates; and
- Developed live MI PowerBI reporting (Backlog and Business as Usual (BAU)) dashboards.

### **3. BDMS – New Leadership Arrangements (April 2023)**

- 3.1. Following the departure of the BDTP Chief Executive, Director of Operations, and other key senior staff within BDMS, the company has appointed a new Interim Chief Executive and Lumensol Ltd, consultants in housing maintenance, to lead and strengthen the operational management of BDMS.
- 3.2. Lumensol has also assembled a small team of data analysts who are currently leading on the set up of a new performance dashboard through the utilisation of Power BI, to provide more reliable and automated operational and management reporting.
- 3.3. This is a significant improvement, as data integrity, reliability and user accessibility have previously impaired our ability to provide any assurance around management information and data provided by BDMS.
- 3.4. Whilst Lumensol Ltd is currently providing BDMS with additional leadership and expertise to enable it to ‘turn a corner’, it is widely accepted that this is a temporary arrangement and that the BDMS structure will return to a BAU position at the earliest opportunity. Returning to a full BAU position is key to BDMS demonstrating their ability to provide a full day-to-day operational management service in the future.

### **4. Immediate Priority Actions**

- 4.1. The following priority actions have been agreed between MyPlace and BDMS to underpin service delivery and provide the infrastructure required to support the much-needed delivery of improvements in the key risk areas.
- 4.2. Prioritising the WIP - BDMS and MyPlace have an immediate requirement to see substantial improvement in performance across four key areas to improve Customer Satisfaction:
  - Legal Disrepair;
  - Damp and Mould;
  - Repairs WIP; and
  - Voids.
- 4.3. All works are being targeted, measured and managed by two separate teams within BDMS:

- Backlog team- jobs raised prior to 1 April 2023; and
- BAU team- jobs raised from 1 April 2023.

4.4. New contract governance arrangements have been agreed between the Strategic Director of MyPlace and the BDTP Interim Chief Executive, which include weekly meetings to review progress in the key service areas.

4.5. The table below sets out the different forums that have been established to drive service improvement:

| Forum                        | Attendees   | Purpose   | Frequency    |
|------------------------------|---|---|--------------|
| MyPlace / BDMS Working Group | Leona Menville, Darren Tranter, Mike Wilson, Chris McKellar, David Siddals, Dominic Rebeiro | Review progress and performance against the 6 measures<br>Update on priorities and plans<br>Unblock barriers to delivering the outcomes | Weekly       |
| BDMS Project Group           | David Siddals, Dominic Robeiro, BDMS HoS and central support teams                          | Review each workstreams progress and unblock barriers to delivering the outcomes  | Twice weekly |
| BDMS Operational Group       | Dominic Robeiro, BDMS HoS, Operations Managers  | Drive the daily programme and priorities of Incremental Improvement   | Daily        |

**Table 1**

## 5. Performance Targets

5.1. All performance targets have been established to demonstrate the delivery of a Good Service and as such are stretching and aspirational. It is recognised that service transformation is necessary for BDMS to deliver a Good Service in the future. A full-service transformation plan will be developed following completion of phase 1, service recovery plan (anticipated Q2, 2023).

5.2. Performance Indicator (PI) performance will be reported for all new repairs and voids raised from 1 April 2023. It is expected that all new repairs and voids raised from 1 April 2023 will meet agreed target dates for completion of work.

5.3. The following table sets out the PIs to be measured and reported to demonstrate the level of service provided by BDMS to residents and MyPlace. The PIs (for works raised from 1 April 2023) and Backlog Measures (for works raised prior to 1 April 2023) agreed are:

**PIs for works raised from 1 April 2023 are:**

| No | PI  | Target                     | Baseline at 1.4.2023                        | RAG |
|----|---|----------------------------|---|-----|
| 1  | Customer satisfaction                                 | 85%                        | 56%   |     |
| 2  | Repairs Completed in target                           |                            |   |     |
| 2a | Emergency (4 Hr)                                      | 100%                       | 91%   |     |
| 2b | Urgent (24 Hr)  | 100%                       | 97%   |     |
| 2c | Routine (20 days)                                     | 85%                        | 82%   |     |
| 2d | Major (65 days)                                       | 100%                       | 19%   |     |
| 3  | Total Repairs WIP                                     | 3000                       | 6474  |     |
| 4  | Overdue Repairs                                       | < 10% of WIP               | 4240  |     |
| 5  | Damp & Mould - Survey & Treat (20 days)               | 100%                       | 100%  |     |
| 6  | Disrepair WIP   | TBC                        | 208   |     |
| 7  | Complaints  | <1.5% of completed repairs | Currently 119 outstanding repair complaints |     |
| 8  | Minor Voids end to end time (BDMS, Key to key)        | < 28 Calender days         | 23.1  |     |
| 9  | Major Voids end to end time (BDMS, Key to key)        | < 35 Calender days         | 91.9  |     |
| 10 | Major Decent Voids end to end time (BDMS, Key to key) | <35 Calender days          | 124.5                                       |     |
| 11 | Voids Wip   | 40                         | 163   |     |

**Table 2**

**6. Damp & Mould Targets**

- 6.1. In line with the anticipated legal changes, we have voluntarily adopted the principles of “Awaab’s law” when responding to claims of Damp and Mould for all new jobs raised. This means that we have set stretching targets of undertaking a survey, where required, within 10 working days of receiving a request and completing all routine damp works within 20 working days.
- 6.2. Where follow on structural works are needed to complete major repairs including full element replacements and major refurbishments, these will be treated as Major Repairs (2d), to be completed within 65 working days.
- 6.3. If the anticipated legislative changes result in quicker turnaround requirements for damp and mould repairs, such as 15 days to complete (end-to-end) the KPIs will be amended to align with and meet or exceed the mandated target.

**7. Baseline & Current Position**

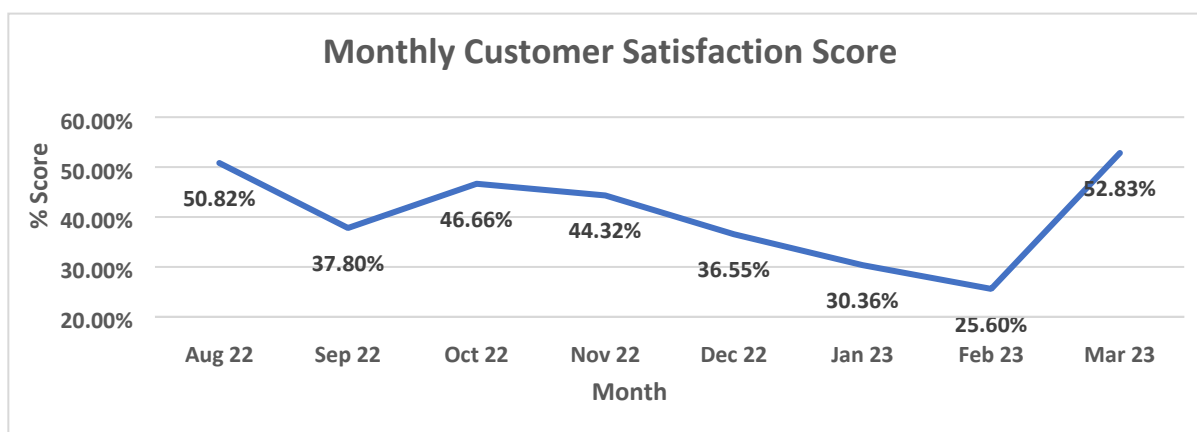
- 7.1. The below table sets out the baseline position as of 1 April 2023 for all outstanding (Legacy) repairs, totalling 6,474, and the position of both Legacy and BAU repairs as a snapshot on the 18th April 2023. Of note, is the overall reduction of 1,568 legacy jobs between the 1st and the 18th of April 2023, including 161 damp and mould cases.

| WIP                           | Legacy                              |              |              | BAU          |  | Total WIP<br>18 April 23 | Total WIP<br>Reduction from<br>01 April 23 |
|-------------------------------|-------------------------------------|--------------|--------------|--------------|--|--------------------------|--|
|                               | 01 April 23<br>(Legacy<br>Baseline) | 18 April 23  | Reduction    | 18 April 23  | Target<br>Completion<br>Weekly (6<br>week demand<br>average) |                          |  |
| Responsive                    | 5,700                               | 4,499        | 1,201        | 970          | 726  | 5,469                    | 231  |
| Compliance                    | 552                                 | 209          | 343          | 392          | 292  | 601                      | (49)                                       |
| Disrepair                     | 221                                 | 197          | 24           | 11           | 3  | 208                      | 13   |
| <b>Total Repairs</b>          | <b>6,474</b>                        | <b>4,906</b> | <b>1,568</b> | <b>1,373</b> | <b>1,020</b>   | <b>6,279</b>             | <b>195</b>                                 |
| Damp and Mould                | 1,440                               | 1,279        | 161          | 53           | 33   | 1,332                    | 108  |
| Surveys                       | 276                                 | 145          | 131          | 64           | 59   | 209                      | 67   |
| <b>Voids Total (Trackers)</b> | <b>163</b>                          | <b>134</b>   | <b>29</b>    | <b>31</b>    | <b>13</b>  | <b>165</b>               | <b>(2)</b>                                 |

**Table 3**

## 8. Customer Satisfaction

- 8.1. Customer satisfaction with our repairs service reached an all-time low in February 2023 (26%), insights from the data suggest that dissatisfaction is attributable to delays in accessing the service by phone, missed appointments, time taken to complete repair, lack of communication and operatives' attitudes to residents' homes.
- 8.2. A service improvement plan is currently being devised by the Strategic Director of MyPlace to address these issues and improve the repairs experience for residents. This is a key priority for My Place and will underpin all transformation work undertaken.
- 8.3. As can be seen from the below table, there was a recovery of customer satisfaction in February to 53%, which is the highest level achieved in recent times. However, we recognise that much more needs to be done before we can achieve a consistently high customer satisfaction rating.



**Table 4**

## 9. Legal Disrepair

- 9.1. There are currently 208 open legal disrepair cases, compared to 308 reported to the Overview and Scrutiny Committee in October 2022. This represents a 32.4% decrease in open cases over this period. As can be seen from below, there has



been an improvement in both the number of open cases and the number of overdue cases from December 2022. This represents evidence of a positive direction of travel.

9.2. Table 5 shows that it remains a high-risk area as 182/208 (87.5%) of cases are currently showing as being out of target date.

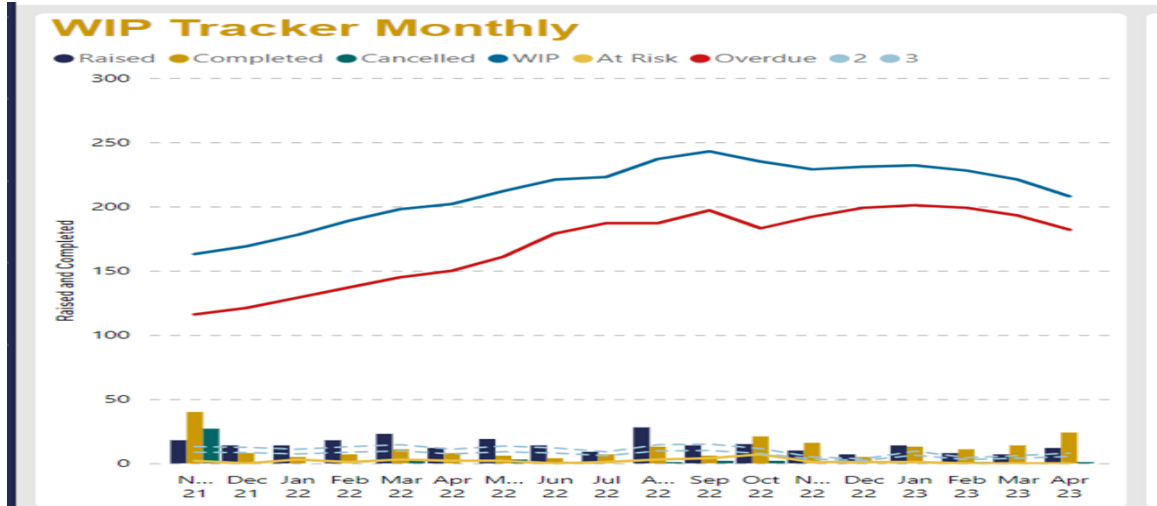


Table 5 – Legacy and BAU legal disrepair

## 10. Damp & Mould

### Damp & Mould – Legacy (Last 4 Months)

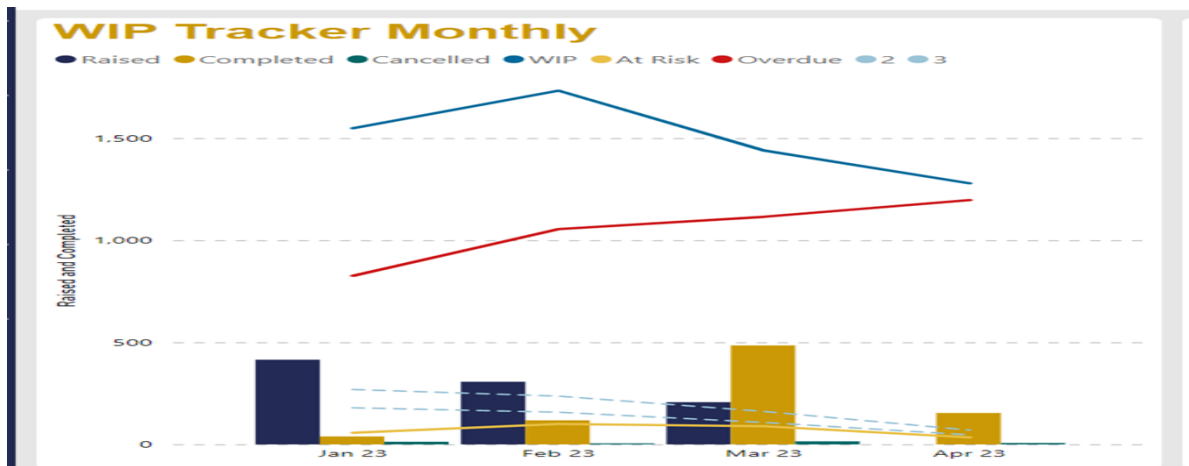
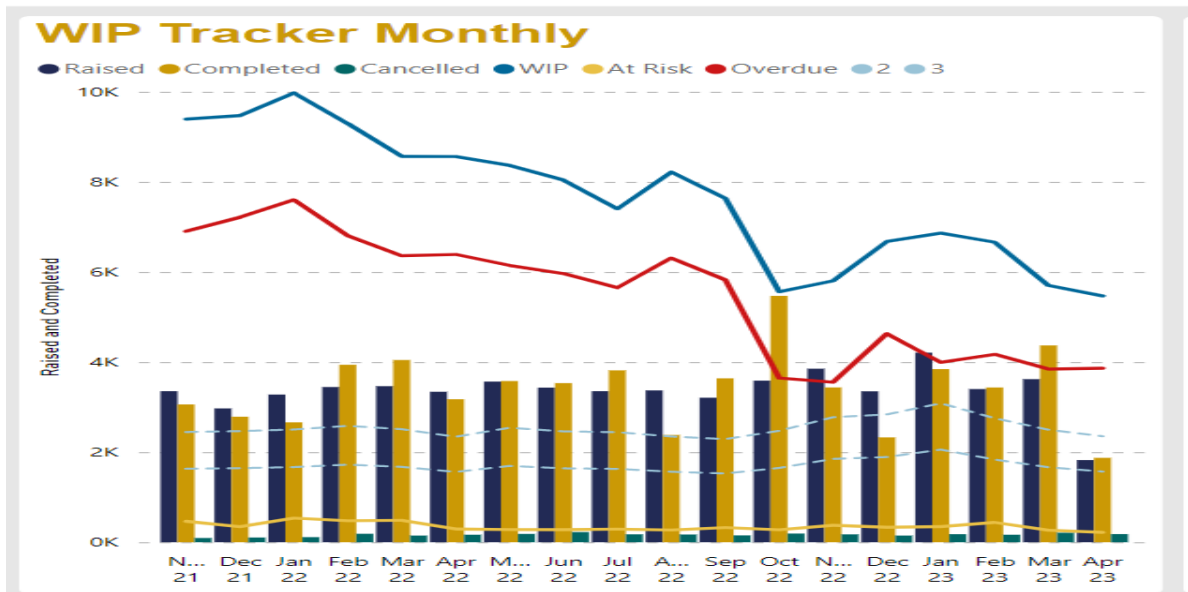


Table 6

## 11. Responsive repairs

11.1. Our current responsive repairs levels are showing improvements in terms of the number of open cases and the numbers of overdue cases, as evidenced in the table below. The table also identifies a decrease in cases at risk of becoming overdue and the closing of the gap to the WIP target in March 2023. This represents the biggest achievement in the data set since November 2021.

11.2. Of note, is the number of raised Repairs Nov, Dec, Jan 22/23 v 21/22, 2,000 (15%) more repairs were raised.

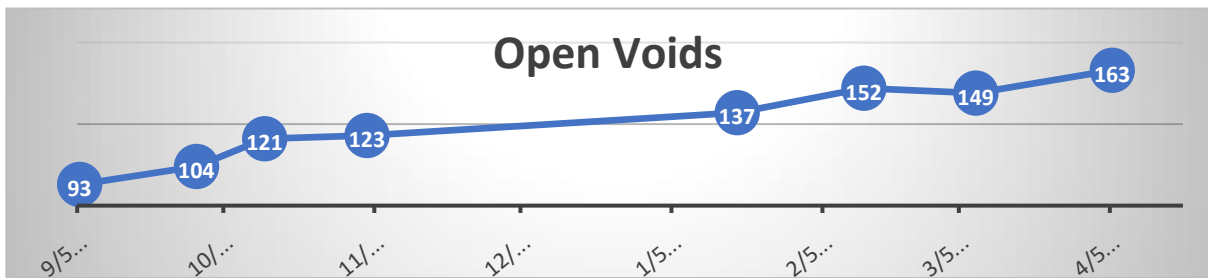


**Table 7 – Legacy and BAU responsive repairs**

11.3. The current WIP of 5469 represents 7 weeks of WIP against a target of 2.5 – 3 weeks of WIP. 3864/54 (71%) are overdue.

**12. Voids**

12.1. The Current void WIP stands at 163. The agreed target is to complete all existing voids and have no more than 40 in-target voids sitting with our BAU team. We are currently projecting reaching this target by the end of P6. The table below sets out the negative direction of travel for the voids service.



**Table 8**

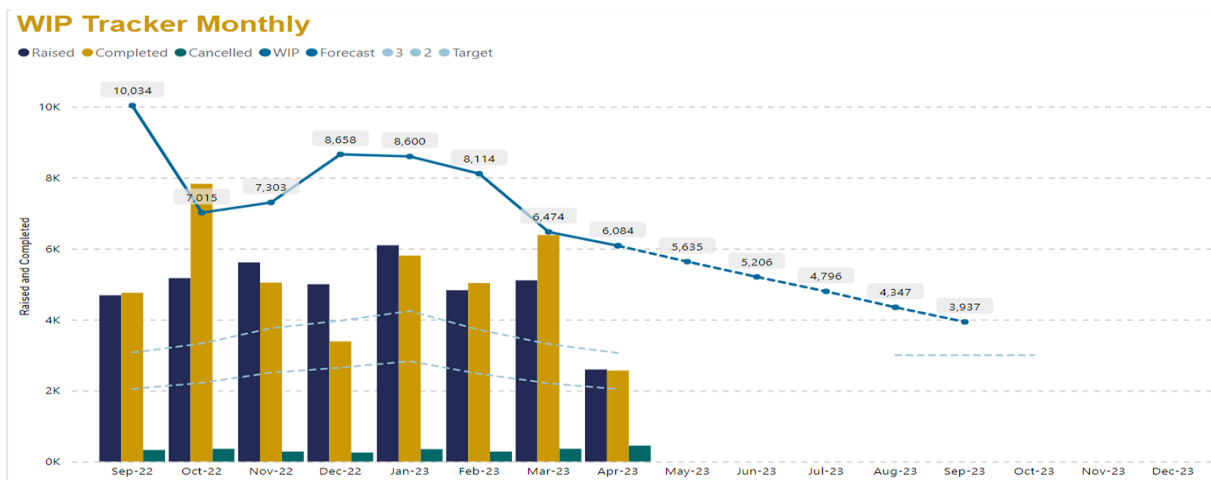
**13. Current State of Service**

13.1 Whilst the content of this report indicates that there are active action points and agreed new ways of working that should lead to an overall improvement in the service in the future, these should not be viewed as factual gains at this time. There are several high-risk areas that are still significantly adrift from where these should be, and this remains a major concern to the Council and needs to be managed effectively to ensure our residents can live safely in their homes.

- 13.2 Many of the outputs and improvements needed to improve and maintain the service to a “good” level, rely wholly on the productivity of our WeFix team and work is being undertaken to ensure that they are aware of the Council’s expectations around this.
- 13.3 The regulatory landscape regarding repairs is tightening and as a local authority, our repairs services will be inspected every four years by the Regulator for Social Housing, under new legislation in the Social Housing Regulation Bill. Whilst other councils are already preparing themselves for this new inspection regime, there is a danger that we will fail to do this due to being consumed by the existing repairs issues.

**14. Clearing the Backlog (Legacy)**

- 14.1. The agreed target is to clear all legacy repair works by P6, 2023. The below table predicts the reduction of the legacy WIP based on the assumption that we continue to complete 195 legacy jobs on a fortnightly basis. It is important to note that this is dependent on future demand fluctuations which will also need to be managed.
- 14.2. If repairs WIP reduction continues at 195 repairs every two weeks, and this is extrapolated to P6, the WIP will be c.900 repairs over target. Noting that there are 24 weeks remaining and additional suppliers are being on-boarded, and BDMS is only two weeks into our improvement plan, provides assurance that the plan is achievable at these early stages.



**Table 9 – Forecast for clearing legacy WIP by P6**

- 14.3. Table 10 sets out our initial updates to our five key operational priorities for clearing the WIP and instilling a “good” BAU repairs service. All early indications are positive on achieving the outputs of our “Green Shoots” service recovery program.

| 5 Key Operational Priorities   | Update 18 April  |
|--|--|
| <p><b>Prioritising the WIP</b></p> <p>RAG rating the WIP and building a detailed delivery plan for each service</p>  | <p>Damp and Mould has been prioritised, work is ongoing to refine and verify the ratings. Repairs ratings are being agreed, primarily based on age. Voids are being scheduled with two new onboarded suppliers to clear the legacy WIP. Disrepair contractors are being onboarded, and a plan being developed. At this point there is reasonable confidence that the targets for P6 will be delivered.</p> |
| <p><b>Subcontractor capacity</b></p> <p>Reviewing and agreeing new rates for suppliers that won't take work and onboarding new suppliers to increase capacity</p>  | <p>The existing suppliers are providing proposals for rate increases, as there has been minimal increases for 4 year, meaning suppliers are reluctant to take work. New suppliers are mobilizing for Voids and Disrepair, and have already been mobilized for Damp and Mould. Additional suppliers for repairs will also be onboarded.</p>   |
| <p><b>Planning process</b></p> <p>Cleanse the repairs data (surveyor inspections mixed with work, duplications, jobs complete not closed), diary capacity and allocating the WIP to improve productivity</p> | <p>Surveyor inspections have now been separated out of the work using PowerBI. Error reports and jeopardy reports have been created and will be launched so that planners can cleanse the data, and routinely update job status. Work is ongoing with planners to ensure diaries are full for the WeFix and BDMS operatives.</p>   |
| <p><b>MI PowerBI reporting (Backlog and BAU)</b></p> <p>Data and error reporting, WIP reporting, PI reporting and Operational MI</p>   | <p>Repairs, Damp and Mould, Surveyor inspections, Compliance and Disrepair WIP and Error reporting is complete and ready to be launched. Voids reports are now being worked on. PI reporting will be ready to report performance of April early May. Operational reporting (travel, productivity, FTF, Followons etc) will subsequently follow.</p>  |
| <p><b>Office working</b></p> <p>Agree and implement a hybrid working model so teams are collaboratively working in teams in the office</p>   | <p>Teams have started spending more time in the office to create collaborative on site working. Plans are being put in place along with space planning to have teams in on set days whilst we deliver the green shoots project. This is important to create a culture of can-do delivery, where the focus is on "get the work done safely"</p>   |

**Table 10**

## 15. Planned Maintenance & Capital Works

|                      | Budget      | Commitment in E5 | Work completed to 31 March 23 | Overspend/Underspend to date |
|----------------------|-------------|------------------|-------------------------------|------------------------------|
| <b>Overall Spend</b> | £18,690,944 | £7,468,105       | £18,751,469                   | £-60,525                     |
| <b>BDMS</b>          | £9.8m       | £8m              | £8m                           | £1.8m                        |

## 16. Financial Implications

Implications completed by: Philip Gregory, Strategic Director, Finance & Investment

- 16.1 The performance of BDMS has a direct financial implication on the Council. The Council has an expectation that BDTP will generate profits and return a dividend of £2m per annum. Where this dividend is not paid, there is a direct cost to the Council to fund the lost income.
- 16.2 The cost of the services provided by BDMS have increased significantly and value for money needs to be demonstrated by benchmarking costs to similar organisations. The Housing Revenue Account (HRA) bears a significant proportion of these cost increases, and this places the HRA budget under severe pressure. In order to balance the HRA budget, there will be a commensurate reduction in funding for capital works (e.g., replacement kitchens and bathrooms) which is likely to continue unless the cost of the BDMS contract can be reduced. The poor performance of BDMS also restricts the ability of the Council to accurately charge leasehold tenants for works, resulting in financial costs being borne by the Council.

- 16.3 It is imperative that BDMS, supported by MyPlace, continue to address the issues detailed throughout the report to improve the service delivered to tenants in the Borough and to protect the financial position of the Council both as commissioner and shareholder of BDTP.

## **17. Legal Implications**

Implications completed by: Paul Feild Principal Standards & Governance Lawyer

- 17.1. The Local Government Act 1999 imposes a general duty on all local authorities to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency, and effectiveness.
- 17.2. Reference has been made to a proposed change in the law in terms of the landlord's obligations to tackle disrepair. It is known as 'Awaab's Law'. This change is named after the tragic death of two-year-old Awaab Ishak, found by a Coroner's Inquest to be caused by the damp and mould in his home, which will require landlords to fix reported health hazards within specified timeframes to be set out as amendments to the Social Housing (Regulation) Bill. In any event such conditions would currently be in breach of the decent homes' standard and under current law, a landlord would be at risk of legal liability including a statutory nuisance.

**Public Background Papers Used in the Preparation of the Report: None**

**List of appendices: None**

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## OVERVIEW AND SCRUTINY COMMITTEE

10 May 2023

|   |  |
|---|--|
| <b>Title:</b> Regulator of Social Housing, Update Report – Health and Safety Compliance   |  |
| <b>Report of the Strategic Director, MyPlace</b>  |  |
| <b>Open Report</b>  | <b>For Information</b>   |
| <b>Wards Affected:</b> All  | <b>Key Decision:</b> No  |
| <b>Report Author:</b> Leona Menville, Strategic Director, MyPlace   | <b>Contact Details:</b><br>E-mail:<br><a href="mailto:Leona.Menville@lbbd.gov.uk">Leona.Menville@lbbd.gov.uk</a> |
| <b>Accountable Strategic Leadership Director:</b> Leona Menville, Strategic Director, MyPlace   |  |
| <p><b>Summary</b></p> <p>This report provides a summary of actions taken and progress made within the Housing Compliance areas of MyPlace since receiving a regulatory notice of noncompliance from the Regulator of Social Housing (RSH).</p> <p>The report provides updates on the phase 1, service recovery plan and finds that the plan is well progressed and expected to complete ahead of its target date of August 2023.</p> <p>The report also sets out the ambitions and long-term strategic plans for the service once the phase 1 program has been achieved.</p> <p>Finally, it provides a view of the compliance performance journey across the ‘big six’ areas between 2022/23. Compliance levels are very good across all areas except for the provision of a 5-year electrical testing program which is expected to be mobilised in May 2023.</p> |  |
| <p><b>Recommendation(s)</b></p> <p>The Overview and Scrutiny Committee is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Note the progress made against phase 1 of the service recovery plan and continue to monitor its outputs until completion; and</li> <li>(ii) Agree to receive a report detailing the phase 2, strategic plan from September 2023.</li> </ul>  |  |
| <p><b>Reason(s)</b></p> <p>This item is for noting and allows the Committee to put questions to the officers presenting the reports.</p>  |  |

## **1. Introduction**

1.1. As a local authority, the Council is bound by the Consumer Regulations set by the Government.

1.2 We must ensure that we meet the Home Standards, which provide repairs and maintenance. Registered providers shall:

- Provide a cost-effective repairs and maintenance service to homes and communal areas that responds to the needs of, and offers choices to, tenants, and has the objective of completing repairs and improvements right first time; and
- Meet all applicable statutory requirements that provide for the health and safety of the occupants in their homes.

## **2. Background**

2.1. In May 2021, the Council's wholly owned repairs and maintenance contractor, Barking & Dagenham Management Services (BDMS), commissioned Pennington Choices (PC), a property surveying consultancy, to carry out a review of its functions relating to home standards compliance.

2.2. This review assessed BDMS's compliance arrangements across six areas, namely gas, electric, fire risk assessment, asbestos, water hygiene and lifts.

2.3. BDMS received the PC report in August 2021, and it was subsequently shared with the Council. It was clear that there were short comings.

2.4. The PC report's conclusion was that there was no assurance of compliance with the required standards.

2.5. PC reported that:

- Gas Safety Inspections had not been carried out;
- The Electrical Testing Program had not been implemented;
- Fire risk assessments were being undertaken by internal staff members, raising concerns around competencies; and
- Lift compliance, Asbestos and Water safety tests, had not been undertaken on all potential dwelling premises.

2.6. This report set out several recommendations to improve the BDMS compliance functions. This review focused on the services that BDMS provide in relation to compliance. However, it also noted potential weaknesses within the Council's Quality and Compliance Team, which acts as the 'client' for the compliance services delivered by BDMS.

2.7. The Council subsequently commissioned PC to carry out a review of the Council's functions relating to health and safety compliance, and this commenced in October 2021. A draft report was received from PC on 17 November 2021 outlining their findings.



- 2.8. As a result, MyPlace believed that it had not been meeting required standards relating to building safety and statutory health and safety compliance and self-referred the borough to the Regulator of Social Housing (RSH) in November 2021.
- 2.9. Subsequently, the RSH assessed the self-referral and found that the borough had breached part 1.2 of the Home Standard.
- 2.10. In a notice dated 17 February 2022, the RSH concluded that: 'London Borough of Barking and Dagenham (the Council) has breached part of 1.2 of the Home Standard; **and** As a consequence of this breach, there was the potential for serious detriment to the Council's tenants.' My Place accepts its previous performance on statutory health and safety was unacceptable and has sought to redress these failings over the past year.
- 2.11. The Council committed to achieving and maintaining full compliance by the end of August 2023. At the same time, we resolved to rebuild our housing management service with an emphasis on both resident and building safety and to improve services more widely to residents.
- 2.12. Our service improvement plan was designed to be delivered in two phases. The first phase covered our immediate response to procure and provide appropriate services and professionals to deliver the initial service recovery plan.
- 2.13. The aim was to demonstrate compliance with both legislative and Consumer standards requirements by the end of August 2023 (with expectations that we would achieve this within one year of the notice being published).
- 2.14. The second phase of the improvement design is a longer-term plan to transform our services. This phase will be implemented over a two to three-year timeframe and will include a full-service restructure.
- 2.15. This report focuses on the improvements made within Phase 1 of our service improvement plan. Phase 2 will be the focus of a future paper and is currently being scoped to commence from September 2023.

### **3. Root causes**

- 3.1. We have undertaken several reviews of the MyPlace services, systems, data, policies, and procedures, including the health check undertaken by PC, along with the commissioning of external subject matter expert consultants.
- 3.2. We believe that the root cause of the service failings can be attributed to five primary themes:
  - a) Leadership, management, and compliance resourcing capacity;
  - b) Data quality and effective use of information technology;
  - c) Contract management and procurement;
  - d) Performance management and reporting; and
  - e) Culture.

The above five themes shape the central spine of our service improvement plan in both phases 1 & 2, set out above.

#### **4. Our Ambitions**

- 4.1. At the end of this journey, we are clear that the outputs from our service improvement plans will lead to a demonstrable upgrading of our services. The re-imagined service delivery team of the future will be led by a strong and credible leadership team. The delivery team will be appropriately skilled and qualified to undertake the activities required of them. We will ensure the correct level of resources are allocated to the service delivery team and empower them to apply corrective actions and compliant systems within compliant timeframes.
- 4.2. Additional strategic leadership roles will be created to ensure property compliance and the health, safety and wellbeing of our residents is a shared value across the organisation. All roles will be reviewed and clarity on purpose and accountabilities highlighted. Named individuals will be regularly performance managed against a key set of health and safety performance indicators.
- 4.3. Our improvement plans also include strengthening our assurance frameworks to ensure that there is a high level of oversight and visibility of our risks and performance. We will ensure all lines of assurance are listened to, valued, and are fit for purpose through a system of check and challenge.
- 4.4. Regular performance reporting will become a mandatory activity and this information will continue to be shared with several internal boards.
- 4.5. We will continue to invest in technology to provide high levels of information scrutiny. Our internal data information systems will be reset once all asset information has been externally validated. This will ensure that we have one version of the truth about our buildings.
- 4.6. We intend to create a new client-side team who will be responsible for overseeing the contractual and procurement arrangements for all compliance works. Currently, this sits with our wholly owned company and led to us having poor visibility on third party performance. The creation of this team will allow us to check and challenge contractors working on our behalf, ensuring that they have the requisite qualifications and insurances to undertake the work given to them.
- 4.7. A network of third-party auditing arrangements will be entered into to periodically check that works being undertaken by sub-contracts are post inspected and quality assessed.

#### **Engagement with the RSH**

- 4.8. Since self-referring we have actively engaged with the process. We have committed to being open and honest in our engagement with the RSH and will continue to do.
- 4.9. We have used the engagement process with the RSH as a learning opportunity to fully understand the gaps in our service provision, staffing arrangements and data and technology needs.

- 4.10. My Place is dedicated to both addressing its failure to keep its properties safe for tenants and resolving the underlying, long-term causes of the failings.
- 4.11. We continue to meet monthly with the RSH and openly share our progress against our improvement plans as well as reports on performance. Where we have encountered challenges with our progress, such as the failed procurement process for the electrical testing program, we have shared this with the RSH along with our plans for resolving the issues.

## 5. Initial Recovery Plan

- 5.1. We are currently implementing the first phase of our service recovery plan which aims to deliver full compliance by the end of August 2023. This phase will include the commissioning and onsite presence of our full global electrical testing program (although it should be noted that the remaining electrical domestic testing program (EICRs) are not due for completion until March 2026).
- 5.2. A comprehensive summary of our activities to date can be seen in Appendix 1 (attached). However, detailed below is our current service recovery matrix position:
- 5.3. **Health and safety compliance – Indicative Timeline**

| Category | Commitment   | Timescale   |
|----------|--|---|
| F        | Undertake a full FRA on every property.  | <b>Complete</b>   |
| F        | Complete all outstanding FRA high priority (Man 1) actions within specified timescales                                       | Expected completion date 31/8/2023.   |
| F        | Complete all outstanding FRA high priority (Man 2) actions within specified timescales                                       | Expected completion date 31/04/2023   |
| F        | Undertake a full Cat B inspection regime   | <b>Complete</b>   |
| L        | Complete and maintain all Legionella Testing inspections   | <b>Complete</b>   |
| L        | Complete all Legionella remedial actions with timescales   | <b>Complete</b>   |
| A        | Complete and maintain all communal asbestos surveys  | <b>Complete</b>   |
| A        | Complete all remedial works arising from asbestos surveys within specified times   | <b>Complete</b>   |
| G        | Complete and maintain all gas safety inspections   | Expected completion date 30 <sup>th</sup> April 2023.                                     |
| L        | Complete and maintain all LOLER inspections  | Expected completion date 30 <sup>th</sup> April 2023.                                     |
| E        | Complete and maintain all communal electrical installation condition reports and complete all high priority remedial actions | 116/1088 Communal EICR, completed on 12-month programme with two contractors' delivering. |

|   |  |   |
|---|--|---|
|   |  | Expected completion end January 2024.<br>All High- Rise > 5 storeys - communal EICR testing<br><b>Complete</b><br>All High- Rise > 5 storeys - communal priority remedials<br><b>Complete</b> |
| E | Complete and maintain all domestic electrical installation condition reports and complete all high priority remedial actions | Final phase of the global domestic testing program. 2,011/16,788 completed. 14,777 awaiting test and inspection. Completion expected May 2026   |
| N | Provide smoke and carbon monoxide alarms to all homes.   | <b>Complete</b>   |

| Category          | Action  | Timeline   |
|-------------------|---|--|
| Structural change | Initial Compliance team resourcing and capacity reviewed and restructure of team. | <b>Complete</b>                                    |
| Structural change | Develop performance management dashboards for all compliance areas.               | <b>Complete</b>                                    |
| Structural change | Quality assurance process for all FLAGEL functions in place                       | <b>Complete</b>                                    |
| Check & Challenge | Undertake further health and safety compliance check via PC                       | Expected Completion date 31 <sup>st</sup> May 2023 |
| Governance        | Compliance Board set up and receiving regular performance updates                 | <b>Complete</b>                                    |

## 6. Leadership, management, and team capacity

- 6.1. MyPlace has a new leadership team who are clear about their responsibilities and the need for them to work to the highest standards.
- 6.2. The governance structures for the delivery of the full recovery plan have now been established, recognising the need to embed significant change over a longer period. The Compliance Board meets monthly and is chaired by our Chief Executive. Regular performance updates are further provided via the Assurance Board, which is chaired by an Executive Director.
- 6.3. We have reviewed the capacity of our Compliance team. One Head of service and three additional Compliance Officers have been employed over the last year. This is kept under constant review to ensure that appropriate capacity levels are maintained.
- 6.4. Our longer-term vision involves restructuring and expanding the compliance function to meet our stretching ambition for a tenure blind building safety service across the entire borough.

## **7. Data quality and effective use of information technology**

- 7.1. The lack of a single, comprehensive database for all of the building safety attributes of all of our homes contributed to the identified failings. Our immediate response was to commission two separate stand-alone risk management systems as an interim measure. This has worked exceptionally well but our medium to long term objective is to procure a single, definitive database with integrated asset management capabilities.
- 7.2. We also commissioned Savills to undertake a full Cat B inspection of all of our communal areas to ensure that data being used in our new systems represented one version of the truth.
- 7.3. We are working with colleagues in our IT section to design, commission and procure a suitable system for long-term use. We expect this to be completed by the end of 2025.

## **8. Contract management and procurement**

- 8.1. The Initial Recovery Plan focussed on improving the performance of existing contractors and appointing additional contractors to deliver compliance. The second phase of the service improvement plan will embed sustainable improvements in contract management and procurement and see the creation of a client-side team to oversee contractor performance and delivery. This team will be responsible for driving up compliance performance.

## **9. Re-imagining our service**

- 9.1. Our phase 1 service recovery plan will deliver compliance to respond to the regulatory notice. However, embedding all the elements for sustainable health, safety and wellbeing compliance is anticipated to extend over a period of two to three years. We are currently undertaking the discovery phase on some elements of this transformation, while for others we have a planned way forward with anticipated timescales.

## **10. Other activities**

- 10.1. There are several other activities which we will undertake over the course of the coming year. Some of these are set out below; however, the list is not exhaustive and will evolve over time:
  - Communications with tenants will be strengthened, training and awareness of compliance issues will be a key aspect of the programme;
  - Engage with residents to understand how safe they feel in their homes, their understanding of building safety and their views of our performance;
  - Engage with staff to understand whether the safety-first culture has been embedded and they have the skills, tools and capacity to maintain good performance;
  - Hold an internal audit review of progress following previous audits in early summer 2023;

- Repeat internal audits at key milestones across all compliance areas on rotation; and
- Commission a full external review of compliance to test whether a compliant and safety-first culture has been embedded and is delivering full compliance in September 2023.

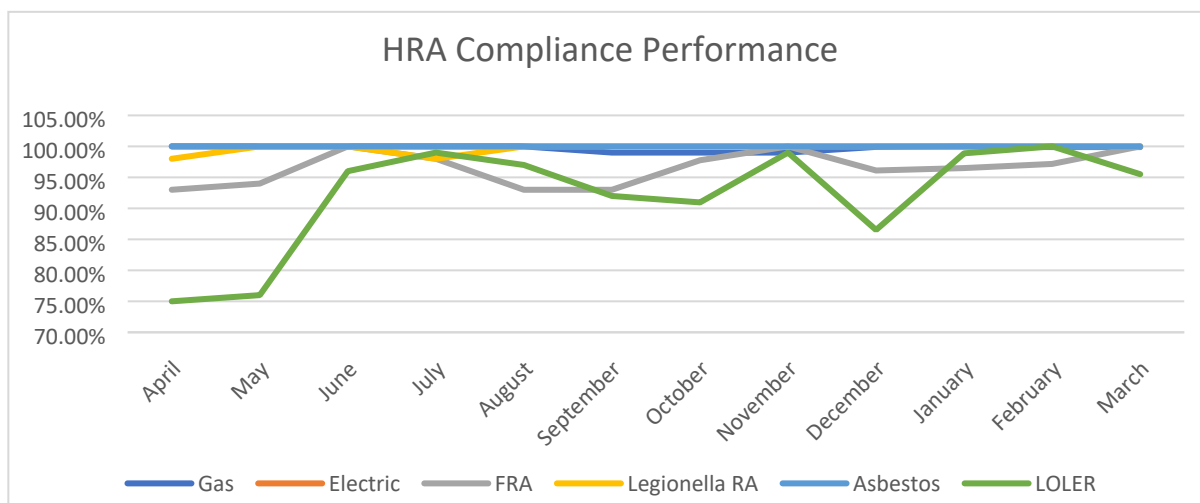
## 11. Health Check Review

11.1. Internal audit will commission PC to repeat its compliance health check. This is expected to be undertaken in the summer of 2023.

## 12. Performance Reporting

12.1. As can be seen from Appendix 2 and the table below, we have been successful in phase 1 of our service recovery plan. The aim was to achieve and maintain full housing compliance across our big “Six” areas by the end of August 2023. We have largely achieved this ahead of schedule.

**Table 1 – HRA Compliance reporting – Big 6**



## 13. EICR program

13.1. It should be noted that having a five-year electrical testing program is only legally required within the private sector. However, it is deemed to be good practice for registered providers to also follow this scheduling regime. As a landlord that seeks the highest levels of health, safety, and wellbeing for its residents, we are committed to providing a 5-year cyclical testing program across our Housing Revenue Account (HRA) and Reside stock.

13.2. We have rolled out a risk-based approach to delivering our global five year rolling electrical testing program.

- i) **Phase 1** - At the end of M12 (Mar 2023) all communal testing programs have been completed to high rise buildings > 11m. There is 1/43 outstanding remedial action which relates to an incoming supply cable owned by the National Grid. We are working closely with UKPN (U.K. Power Networks) to resolve this issue at the earliest opportunity.

- ii) **Phase 2** - Our 19 large panel system buildings were mobilised on site 24th October 2022 and concluded at the end of December 2022. The identified remedials from this programme are classified as C3 (recommendations) but have nonetheless been completed.
- iii) **Phase 3** - The remaining low rise, communal testing programme was awarded to two individual contractors to spread the risk of contractor failure and to increase the likelihood of completing on schedule. There were slight delays in mobilisation however we still expect to deliver the program over the coming 12-month period. Contractors began testing at the beginning of February 2023 and are expected to complete these works in February 2024.
- iv) **Phase 4** –a 3-year, global domestic electrical testing programme is currently out for tender following a previously unsuccessful procurement round. Five of the six interested contractors have submitted tenders, and these are currently in the validation stage. Mobilisation is expected by the end of May 2023

13.3. As a result of the previous failed procurement round, the remaining contract has been geographically split into four areas to make the lots smaller and therefore more attractive to bidders. This work will conclude at the end of May 2026 and will then be programmed into a rolling 5-year program thereafter.

#### 14. End of Month 12 Compliance Summary Performance

| Compliance Area     | Level of Compliance | Exception/Status                                | Risk Rating |
|---------------------|---------------------|---|-------------|
| Gas                 | 99.89%              | Five inspections not completed on target.       | High        |
| Electric (Dwelling) | 12.11%              | Procurement of program due to complete May 2023 | Medium      |
| Electric (Communal) | 15.77%              | Low Rise inspections in progress.               | High        |
| Fire                | 100%                | On Target                                       | Medium      |
| Legionella          | 100%                | On Target                                       | Low         |
| Asbestos            | 100%                | On Target                                       | Low         |
| Lifts               | 95.51%              | On Target                                       | Medium      |

14.1. The above table depicts our adverse risk culture towards housing regulation and compliance. Both the reported gas and lift numbers are within acceptable tolerance levels of compliance; however, we rate anything less than 100% as red. Equally, as mentioned above, it is best practice to have a 5-year testing program and we will achieve this once the four remaining contracts are in place in May 2023; however, we won't move the rating to green until all properties have been inspected and tested.

14.2. **Gas safety inspections** – Two LGSRs have been rejected back by our AI system and represented to BDMS to re-inspect. Remaining failed visits are being managed via our legal processes to gain access via court injunctions. We continue to improve and refine the process between Landlord Services and BDMS.

- 14.3. **EICR program** – At the conclusion of M12 (Mar. 2023) all communal sections of LBBB 11m and higher buildings will have been subjected to an electrical test and inspection, as well as received an EICR. Unfinished remedials exist in 1/43 buildings that are 11 meters or taller. This is to do with the incoming supply cable which is a National Grid issue. The Council is working with UKPN (U.K. Power Networks) to resolve the issue.
- 14.4. We continue to implement our five-year global domestic electrical testing programme. Five of the six interested contractors have submitted their tenders, and these are currently in the validation stage which is scheduled to conclude and returned on the 18th of April 2023. The conclusion of this procurement is set for end of May 2023, where the Council will appoint four successful contractors to carry out the programme. This includes the remaining 16,060 residential exams from phase one of our 676 programme. In total, 2,026 domestic EICR certificates have been validated. (87.892% of 16,736 are uncertified properties)
- 14.5. **Fire risk assessments (FRA)** - We have successfully completed our FRA program and 100% of our properties now have a valid FRA certificate.
- 14.6. **Legionella** - We continue to be 100% compliant with legionella inspections.
- 14.7. **Asbestos** - We continue to be 100% compliant with the asbestos testing regime.
- 14.8. **Lifts (LOLER)** - We are legally obliged to test our lifts on a six-monthly basis which we do. However, we also undertake a monthly check of all our lifts, and it is this figure that we use to populate our performance updates. Recent access issues and labour shortages within Zurich have led to the drop in compliance levels. This is being addressed and new processes put in place to facilitate the visit by the Compliance team. This will ensure 100% compliance is restored and maintained.

## 15. I.T SYSTEMS

- 15.1. **RISKHUB** continues to be utilised successfully by us and Savills to communicate, record, and manage FRA assessments and subsequent corrective actions with our various compliance, asset, and housing teams. RiskHub is also used to document and provide information on the newly implemented FED and communal fire door inspection programme.
- 15.2. **TRUE COMPLIANCE** continues to be implemented across all compliance areas, and validation and verification of all contractor-provided certificates are verified for completeness (using AI). The FRA and Fire door/Front entrance door (FD/FED) inspection compliance streams are being managed within RISKHUB. Asbestos is managed within our upgraded MICAD.



## 16. Financial Implications

Implications completed by: Joel Gandy, Business Partner

- 16.1. This report focuses on specific aspects of the Compliance responsibility namely electrical testing, fire risk assessments (FRA's), gas servicing, asbestos and legionella testing and finally lift inspections.
- 16.2. FRA's were awarded to two companies in 2022/23 with the majority going to Savill's. The total cost was £663,000 and it would be expected to be a similar annual cost.
- 16.3. Electrical testing and remedials has been undertaken in 3 phases. The first pilot phase is virtually completed which focused on 8 high rise blocks and cost £149,000. Phase 2 focuses on communal areas of the remaining estate and commenced in February 2023 with minimal spend in 2022/23. The estimated contract cost for this is £875,000 with the majority in 2023/24. Phase 3 focuses on dwellings of the remaining estate and is due to commence in May 2023 with an estimated contract value of just over £800,000 for 2023/24. Phase 3 will run for at least 3 years and then electrical testing will switch to a 5-year rolling cycle.
- 16.4. Gas servicing and Lift Inspections are included in the BDMS HRA Contract fixed price for 2023/24 whilst Legionella and Asbestos inspections have less impact with spend at £35,000 in 2022/23.
- 16.5. In addition, investment in Compliance systems has been undertaken with the service now using 3 systems.

| <b><u>Compliance Systems</u></b> | <b>2022/23</b> | <b>2023/24</b> |
|----------------------------------|----------------|----------------|
| True Compliance                  | 55,000         | 55,000         |
| MICAD                            | 28,000         | 28,000         |
| Riskhub                          | 66,000         | 66,000         |
| Riskhub extra module             |                | 5,833          |
|                                  | <b>154,833</b> | <b>184,000</b> |

- 16.6. Overall, Compliance costs are expected to increase significantly for 2023/24 on prior year, mainly related to the impact of Phase 2 and 3 of the electrical testing programmes. The outturn for 2022/23 is being drafted but this will also be considerably higher than 2021/22. This marks an investment in compliance following the self-referral, however, the service needs to manage these rising costs.
- 16.7. 2023/24 Budget

The Compliance Budget is spread across several areas and includes a Capital Programme provision. The authority has estimated rising costs for 2023/24 but the below value should be treated with caution as LBBD will only be clear what the commitment should be once we are fully compliant and have entered into a

consistent annual approach to cyclical and remedial works. The below includes HRA, Reside and Corporate Buildings.

| Budget                    | 2022/23 | 2023/24      |
|---------------------------|---------|--------------|
|                           | £'000   | £'000        |
| Quality & Compliance Team | 1,714   | 7,769        |
| M&E Compliance (HRA)      | 1,400   | 5,000        |
| Capital Compliance (HRA)  |         | <u>2,750</u> |
|                           | 5,864   | 16,469       |

## 17. Legal Implications

Implications completed by: Alison Stuart, Chief Legal Officer

- 17.1 The Regulator of Social Housing's is an executive non-departmental body accountable to the Department of Levelling-Up, Housing and Communities. It is set two specific objectives being:
- Economic objective: to make sure that registered providers (landlords) are well-managed and financially stable and
  - Consumer objective: to make sure that tenants get quality accommodation, have choice and protection, and can hold their landlords to account
- Its role is to set the consumer standards and to intervene where failure to meet the standards has caused, or could have caused, serious harm to tenants.
- 17.2 The Home Standard published in 2012, sets expectations for registered providers of social housing to provides tenants with quality accommodation and a cost-effective repairs and maintenance service. Part 1.2 Provides: 1.2 Repairs and maintenance Registered providers shall:
- (a) provide a cost-effective repairs and maintenance service to homes and communal areas that responds to the needs of, and offers choices to, tenants, and has the objective of completing repairs and improvements right first time.
  - (b) meet all applicable statutory requirements that provide for the health and safety of the occupants in their homes.
- 17.3 The Regulator has a statutory duty to carry out work in a way that minimises interference and, as far as is possible, is proportionate, consistent, transparent and accountable.
- 17.4 It is important that the Council works with the Regulator to ensure that it complies with its statutory obligations.

**Public Background Papers Used in the Preparation of the Report: None**

**List of appendices:**

- Appendix 1 – LBBD – My Place, Review of Compliance position one year on from publishing of regulatory notice
- Appendix 2 – Compliance Performance Data– 2022/23

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**LBBB – My Place,  
Review of Compliance position one year on from publishing  
of regulatory notice**

## Title: Summary of Improvements in the Compliance Workstream

Purpose: To provide a summary of housing compliance improvements undertaken since receiving a regulatory judgement (February 2022) from the Regulator of Social Housing (RSH) . The responses in the 'narrative' column align with the Recommendations in the column entitled 'action.'

| Action  | Narrative   |   |
|---|---|---|
| <p><b>Recommendation 1 – Data validation</b></p> <p>1. (CAP1A) Download the full property asset list from Open Housing into an agreed validation format (for example, a data workbook).</p> <p>2. (CAP1B) Confirm which properties will or will not be subject to each compliance regime, and record as such. All properties should be defaulted to requiring an inspection at the start of the process, until it can be evidenced that they do not need to be on the programme.</p> <p>3. (CAP1C) Where it is established that a property does not need to be included on the programme an</p> | <p><b>Recommendation 1 – Data validation</b></p> <p>1. As recommended the property asset list has been downloaded from Capita Open (Open Housing) into TrueCompliance. The definition of 'Block' within our HMS has been redefined and all properties have been assessed against the revised definition. As a result, indicative analysis shows a decrease to the number of communal areas. 1088 communal spaces in the electrical workstream are now part of testing regime. This is a decrease from over 2000.</p> <p>2. Savills has independently verified the block information whilst working through the FRA program. The final report is overdue but is expected imminently. Once finalised, The Roadmap will be updated as required. At such time, we will reclassify our blocks and properties accordingly.</p> <p>3. This will determine which properties will be subject to the compliance regime, and actions taken to remove or add properties will be recorded to justify the change, and for any future enquiries. With all such changes, the rational for adding or removing shall be</p> | <p>Complete</p> <p>Complete</p> <p>Complete</p> |

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| <p>evidenced based reason should be recorded.</p> <p>4. (CAP1D) Validate a sample of compliance inspection records to check they are valid and in-date.</p> <p>5. Assess the compliance gap in order to formulate an appropriate catch-up programme where required, and to ensure the forward programme captures all required properties over the agreed timeframes.</p> | <p>evidenced. This work continues to be managed by the Head of Compliance.</p> <p>As recommended, all properties default to requiring an inspection at the start of the process. These are changed as required.</p> <p>4. The compliance programmes have been validated and sample checked for each compliance subject area (as per Pennington's audit) and has been validated by the Compliance Team. The data and records in this task are now complete.</p> <p>5. Gap analyses has now been completed for each workstream. This now provides data to advise of required actions and has been built into the action plans. As part of the validation process, the team assessed the compliance gap in line with the inclusion or exclusion of block or properties in the respective programmes.</p> | <p>Complete</p> <p>Complete</p> <p>Complete</p> |
| <p><b>Recommendation 2 – Data reconciliation</b></p> <p>Upon completion of the data validation exercise, implement a formal process to regularly reconcile data between Open Housing, the system (or spreadsheets) being used to manage compliance programmes, and with BDMS and other contractors who are delivering programmes.</p>                                    | <p><b>Recommendation 2 – Data reconciliation</b></p> <p>We currently used three software applications to manage our Compliance workstreams, as outlined below. The adoption of TrueCompliance has delivered improvements and continues to be rolled out to include more of the compliance workstreams. The longer-term objective is to procure a single software solution that will provide one source of truth via a definitive database that</p>  | <p>Complete</p>                                 |

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|   | <p>integrates with asset management capabilities. This is anticipated to be met by December 2025.</p> <p><b>TrueCompliance (gas, electrical, water, LOLER)</b><br/>There is monthly upload from Capita Open into TrueCompliance. TrueCompliance identifies any mismatches and disables properties that are no longer in Capita Open within the TrueCompliance database. Likewise, the data transfer adds new properties into TrueCompliance.</p> <p><b>MICAD (Asbestos)</b><br/>The asbestos register does not require new properties to be added as they will not have asbestos present (all post-2000 property development is without the use of asbestos containing materials (ACMs). Legacy properties remain in the register for future auditing purposes.</p> <p><b>RiskHub (Fire Safety)</b><br/>Work is ongoing with data validation currently being implemented. This will eventually follow the same processes as with TrueCompliance. The same methods would be used by 3PC who will record their actions via the Contractor Portal.</p> | <p>Complete</p> <p>Complete</p> <p>In progress-<br/>expected<br/>completion date<br/>31/8/2023</p> |
| <p><b>Recommendation 3 – Changes to property asset schedules</b></p> <p>Review and strengthen the process add new properties to compliance programmes and to remove them (upon sale / disposal, or demolition) so that the programmes continue to include all</p> | <p><b>Recommendation 3 – Changes to property asset schedules</b></p> <p>Processes exist for adding properties to Capita Open, as well as for removing. This is picked up during the monthly file transfer between Capita Open into TrueCompliance. Since TrueCompliance was introduced to manage the compliance workstreams, the onboarding and offboarding processes have been reviewed and</p>  | <p>Complete</p>  |



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| <p>properties which need to be on them.</p> <p>This should include a clear process for when properties are added and removed from Open Housing, and in turn added to or have their status changed within the compliance programmes, and the triggers and pre-requisites for doing so, in order that properties are not added or removed from programmes too early.</p>  | <p>updated to address Recommendation 3. Properties are first onboarded in Capita Open and then replicated in True Compliance. The compliance statuses are all managed in True Compliance.</p> <p>Future development using an application programming interface (API) code will enable Capita Open and TrueCompliance to communicate automatically so that data updates in Capita Open automatically replicates in TrueCompliance. This new way of working has been recorded in a process map created by Pennington Choices.</p> <p>The new processes have been fully tested and are now part of business as usual.</p>  | <p>Future</p> <p>Future</p>   |
| <p><b>Recommendation 4 – Compliance IT system</b></p> <p>1. (CAP4A) Scope, identify and implement a suitable IT system to manage your compliance programmes, data and records considering the need to:</p> <p>2. Integrate with Open Housing to enable programme reconciliation and ‘single version of the truth’ for assets and compliance.</p> <p>3. (CAP4C) Store compliance data securely, with a clear data hierarchy aligned to that within Open Housing to ensure all properties and component details are classified correctly.</p> | <p><b>Recommendation 4 – Compliance IT system Systems:</b><br/>(Recommendation are responded to holistically as there is crossover).</p> <p>Work began at the beginning of 2022 to check the market for the best solutions for us to manage our compliance workstreams. TrueCompliance was selected and implemented in Q12022/23 it currently includes the management of the electrical, gas, LOLER and water hygiene compliance workstreams. Asbestos continues to be managed in MICAD and Fire Safety in RiskHub.</p> <p><b>Interfacing:</b> At present there is no interfacing between Capita Open and TrueCompliance. However, there are plans to install APIs to facilitate interfacing between the software. This will facilitate consistency of information between the softwares that will ensure</p> | <p>In progress expected completion date 31/8/2023</p> <p>Complete</p> <p>Future</p> |

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| <p>4. (CAP4D) Manage all compliance programmes (including no access processes).</p> <p>5. Increase automation and facilitate real time reporting.</p> <p>6. Streamline operational processes, reduce levels of manual intervention, and therefore human error.</p> <p>7. (CAP4G) Track follow-up actions linked to compliance programmes (fire safety works, asbestos remedial works, and so on).</p> <p>8. Provide an audit trail of events and amendments.</p> <p>9. (CAP4L) Increase data security</p> | <p>a single version of the truth for the assets and compliance.</p> <p><b>Improved data management and validation:</b> Since TrueCompliance was adopted, there has been a marked improvement in both data management and data validation. Following data cleansing activity, (which is ongoing) information and data management has improved which allows the data in Capita Open (and therefore in TrueCompliance once the APIs are installed) to improve data recording with appropriate properties and their components to be correctly classified.</p> <p><b>Dashboard:</b> TrueCompliance provides numerous dashboards that provide up-to-date information, and many of the widgets allow drilling down into the data to provide easy access to trends analysis and data reporting. Officers are now able to run reports that facilitate efficient follow-up actions and to identify any areas of concern.</p> <p><b>Performance:</b> Performance has also improved since the implementation. (See charts). This is also in part due to the new processes, training and increased personnel, but has also been due to the better compliance management that TrueCompliance affords.</p> <p><b>Automation:</b> The software also provides automated, and therefore leaner, streamlined processes. Due to its built-in optical character recognition (OCR), TrueCompliance provides process and certificate validation. This means that workflows and certificates have now been designed to manage much of the work by exception, rather than officers having to manually check thousands</p> | <p>In progress expected completion date 31/8/2023</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> |
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|   | <p>of certificates. This is due to the software's OCR which can read compliance certificates, check dates and signatures, etc., and therefore can interrogate the inputs automatically rather than manually.</p> <p>To offer assurance that system is working as it should, TrueCompliance, flags a random percentage of cases to be checked. The software facilitates manual checking where documents and data warrant further investigation. TrueCompliance also validates officer actions to ensure processes are followed, by mandating officers to confirm staged parts of the process have been verified by a supervisor before further stage actions are permitted.</p> <p><b>Auditing:</b> Finally, TrueCompliance tracks all activity and records timestamps of all activity, against the user's details as changes are made. These time stamps and logs provide auditable features in the event of the need to establish event rationale. This, as well as the automation features, dramatically reduce human error, and therefore provide a more thorough compliance regime.</p> | <p>Complete</p> <p>Complete</p>   |
| <p><b>Recommendation 5 – Compliance awareness training</b></p> <p>1. The My Place Assurance Board and Leadership Team should undertake compliance awareness training to ensure a full understanding of the latest legal and regulatory obligations placed upon them, the common pitfalls to pay attention to, and the</p> | <p><b>Recommendation 5 – Compliance awareness training</b></p> <p>1. Compliance awareness training has been conducted but is also subject to further conversations at executive level. Compliance awareness training is incorporated into new planning as a corporate priority. The Strategic Director regularly provides briefings for members, and other executives. There are plans for such training to become standing agenda items at key meetings and is scheduled for conversation at the monthly leadership</p>  | <p>In progress<br/>expected completion date<br/>31/8/2023/<br/>In progress/<br/>ongoing</p> |

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| <p>sources of assurance they should seek.</p> <p>This session could also incorporate the findings of this Compliance Health Check to provide members with a good understanding of the current position and enable them to provide support for any further action required.</p> <p>2. Awareness training to be conducted for CMCQ, PMCD &amp; Leasehold Teams. This will be conducted along with colleagues from BDMS.</p>   | <p>meeting in April 23. There are currently conversations with the Chartered Institute of Housing to design training that will lead to qualifications, thereby meeting the desire for both operational and executive levels holding the skills and knowledge to professionalise MyPlace in this field. We are currently working with colleagues in our Learning &amp; Development, Corporate Health and Safety and Participation &amp; Engagement teams to devise plans for providing residents with greater knowledge and skills in compliance awareness.</p> <p>Awareness training has been conducted (by Pennington) with members of LBBB teams along with colleagues from BDMS. Departments covered include CMCQ, PMCD &amp; Leasehold (A full list of attendees is available). This was carried out in November 2021.</p> | <p>Complete</p> |
| <p><b>Recommendation 6 – Policy principles workshop and policy development</b></p> <p>Appropriate members of the My Place senior management team (with responsibility and involvement in ensuring compliance), along with managers from the Compliance Team, should attend a facilitated session to agree policy principles (obligations, inspection programmes, follow-up works, contractor competencies, access, KPIs, and so on).</p> <p>The output of this session will be used to draft six separate policy documents (covering the six key areas) which should be approved by the appropriate</p> | <p><b>Recommendation 6 – Policy principles workshop and policy development</b></p> <p>Numerous workshops have been carried out by Pennington Choices with LBBB staff. The following policies currently at draft stage and will replace existing. All policies include version control with name of policy, policy owner, review date, next review date (within two years), resident consultation, Equality Impact Assessment and Board Approval:</p> <ol style="list-style-type: none"> <li>1. Gas and Heating Policy (March 2023)</li> <li>2. Lift Safety Policy (March 2023)</li> <li>3. Asbestos Policy (March 2023)</li> <li>4. Electrical Safety Policy (March 2023)</li> <li>5. Water Hygiene Policy (March 2023)</li> </ol>   | <p>Complete</p> |

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|---|--|---|
| <p>decision-making levels for My Place, subject to version control and reviewed every two years, or sooner, if there is a change in legislation, regulation or other approved guidance."</p>  | <p>6. Fire Safety Policy (March 2023)</p> <p>The drafts are currently with the Head of Compliance for validation. Once these are returned to Pennington Choices, they will produce the final drafts to send to the Strategic Director of My Place. Once approved, these will go to the Assurance Board for sign off. It is anticipated that these new policies will be adopted from May 2023</p>   |   |
| <p><b>Recommendation 7 – Process maps and procedural documents</b></p> <p>Following approval of the newly developed compliance policies, My Place should develop supporting process maps and procedures to set out how the compliance policies are to be delivered.</p> <p>This should include a ‘back to basics’ approach to where duties and responsibilities lie, and ensure functions are undertaken by the appropriate correctly assigned to the relevant person and/or organisation.</p> <p>These documents will enable anyone who may be required to support the delivery of compliance activity to easily understand where they fit in and what they should do.</p> | <p><b>Recommendation 7 – Process maps and procedural documents</b></p> <p>Pennington Choices has been employed to provide comprehensive process maps across the six compliance workstreams. These include easy to follow processes, that clearly outline the team/officer/third-party responsible for each action. Once adopted the maps will be stored electronically for easy access to the stakeholders to review for clarity and correctness of actions.</p> <p>Once the policies (Recommendation 6) and the processes have been fully adopted and embedded, Pennington Choices will be invited to carry out a Health Check Review to ensure that all the areas which were evaluated as providing no assurance and rag-rated red on the dashboard will be rated as full assurance and green. This is scheduled for the end of May 2023</p> | <p>Complete</p> <p>In progress – Expected completion date 31/05/2023.</p> |
| <p><b>Recommendation 8 – Reporting</b></p>  | <p><b>Recommendation 8 – Reporting</b></p>   | <p>Complete</p>   |

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| <p>Develop a standardised compliance scorecard report for reporting performance across each of the six areas of compliance, as a minimum. The scorecard should be driven by the numbers of assets held in Open Housing, with a standard approach across each property type (domestic, communal and others) and compliance area. To provide full assurance we recommend the following indicators:</p> <p>Data - total number of:</p> <ul style="list-style-type: none"> <li>• (1) Properties – split by domestic, communal and others.</li> <li>• (2) Properties on the programme.</li> <li>• (3) Properties not on the programme (2 and 3 should equal 1).</li> <li>• Properties with a valid/satisfactory and in date record (level of compliance) – shown as a number and a percentage.</li> <li>• Properties without a valid/satisfactory and in date record (level of non-compliance) – shown as a number and a percentage.</li> <li>• Properties due to be tested/inspected within 30/60/90 days (early warning).</li> <li>• The number of follow up works/actions arising from any tests/inspections, and the numbers ‘completed’, ‘in time’ and ‘overdue’.</li> </ul> | <p>As part of the service review, performance management dashboards have been developed for all six compliance workstreams. There is in place standard scorecards that are published monthly. They cover both communal blocks and residential properties and are separated by compliance area.</p> <p>The purpose of the reporting and performance management framework is to ensure that performance is robust and that all identified remedial actions are completed. Further down the line, specific, individual performance dashboards and score cards will be developed to allow individuals to self- manage their performance.</p> <p>The scorecards currently in use include the following:</p> <ul style="list-style-type: none"> <li>• Properties – split by domestic, communal and others.</li> <li>• Properties on the programme.</li> <li>• Records of properties not on the programme are recorded.</li> <li>• Properties with a valid/satisfactory and in date record (level of compliance) – shown as a number and a percentage. This is being captured in TrueCompliance.</li> <li>• Properties without a valid/satisfactory and in date record (level of non-compliance) – shown as a number and a percentage. This is being captured in TrueCompliance</li> <li>• Properties due to be tested/inspected within 30/60/90 days (early warning). This is being captured in TrueCompliance. However, we do not currently utilise the 90-day target.</li> <li>• The number of follow up works/actions arising from any tests/inspections, and the numbers ‘completed’, ‘in time’ and ‘overdue’ is captured in True Compliance.</li> </ul> <p>Narrative – an explanation of the:</p> | <p style="text-align: center; color: green;">Complete</p> |
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| <p>Narrative – an explanation of the:</p> <ul style="list-style-type: none"> <li>• Current position.</li> <li>• Corrective action required.</li> <li>• Anticipated impact of corrective action.</li> <li>• Progress with completion of follow-up works</li> </ul> | <ul style="list-style-type: none"> <li>• Current position is captured.</li> <li>• Corrective action required is captured.</li> <li>• Anticipated impact of corrective action is captured.</li> <li>• Progress with completion of follow-up works is captured.</li> </ul> <p>In addition, the following measures relating to the six compliance areas are also captured:</p> <ul style="list-style-type: none"> <li>• A compliance performance report by compliance area. These show the percentage of properties that are in time or overdue inspections. These are for all six of the compliance areas.</li> <li>• Overall Compliance Position. This shows the total number of properties on the programme split by domestic and communal for all six of the compliance areas for communal blocks and for gas and electrical for residential properties.</li> <li>• FRA Action Table. This shows the number of FRA actions by priority and lists the number of actions that are overdue for that month. This is then compared with the previous month to demonstrate any change in performance.</li> <li>• FRA Action Table shows the action type, the action count and provide an update or comments to the current status.</li> <li>• FRA Open Remedial Actions. This shows the number of FRA actions and also lists the number of FRA actions that are overdue, as well as showing these as a percentage. These are compared to the previous month.</li> <li>• FRA Remedial Actions - This shows the volume of tasks by priority and date over a five-year period to 2027.</li> <li>• FRA Overdue Remedial Actions by Category. This is a table that shows the months remedial actions and are rag rated. They show the number by quantity and by category.</li> </ul> |  |
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|  | <ul style="list-style-type: none"> <li>Upcoming FRA Remedial Actions by Priority. This is a RAG rated table that shows upcoming remedial actions for the next 12-month period. Properties with a valid/satisfactory and in date record (level of compliance) – shown as a number and a percentage.</li> </ul>   |                                 |
| <p><b>Recommendation 9 – Structure and operational delivery</b></p> <p>1. Undertake a ‘back to basics’ review of the functions, roles and responsibilities that lie with the My Place directorate, driven by the duties that the relevant legislation places upon the Council as the organisation which owns and manages your properties.</p> <p>2. Redefine the role and function of the compliance team, using the ‘form follows function’ principle to ensure that the Council’s legal and regulatory duties can be met.</p> <p>3. Develop and implement an appropriately</p> | <p><b>Recommendation 9 – Structure and operational delivery</b></p> <p>Following the audit report by Pennington Choices, we reviewed our services, systems, data, policies and procedures which has resulted in the creation of an extensive Service Recovery Plan with a goal for delivery of full compliance across all six compliance areas by August 2023 (except for the electrical testing program which is scheduled to complete by March 2026).</p> <p>At the time of writing, we have completed all Legionella requirements, undertaken all full Cat B inspections for fire safety and completed all of our communal asbestos surveys and associated remedial works. All homes now have smoke and carbon monoxide alarms. Good progress continues in other areas against set timelines.</p> <p>2/3. We have reviewed the structure of the Compliance Team in terms of resourcing and capacity. As part of this review, we have created a new service head role focusing entirely on compliance (this role previously had additional duties). In addition to this, three compliance officers have been added to the team to focus with the onboarding of compliance areas into TrueCompliance. A full, service restructure will take place in the medium-longer term plans. Responsibility of the medium long-term review and</p> | <p>Complete</p> <p>Complete</p> |



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| <p>resourced compliance team, with sufficient personnel capable of managing and overseeing programmes to ensure their successful delivery to achieve compliance.</p>   | <p>structure of the compliance team will sit with then newly created Strategic Head of Assets Management – currently being recruited.</p> <p>The Strategic Director of My Place will continue to lead the reviews and audits including an internal audit review of progress following previous audits in early summer 2023 and will repeat internal audits at key milestones across all compliance areas on rotation. A forward plan for the year 2023/24 is currently being agreed between My Place and the internal audit team</p>  |   |
| <p><b>Recommendation 10 – Training and competence</b></p> <p>1. Build the competence and capabilities of the Compliance Team through appropriate compliance management courses applicable to their roles. This should include, as a minimum, Level 4 VRQ Diploma in Asset and Building Management Compliance, BOHS P405 Management of Asbestos in Buildings, NEBOSH National Certificate in Fire Safety and Risk Management, and BOHS P901 Management and Control of Building Hot and Cold-Water Services for those who have responsibilities for managing each of the compliance programmes.</p> <p>2. Review the training that has been provided to those outside of the Compliance Team who are carrying out compliance related activities, to ensure they have the required level of training for the activities they undertake.</p> | <p><b>Recommendation 10 – Training and competence</b></p> <p>1. A training provider has been approached to provide indicative dates for undertaking ongoing training of the Compliance Team. This will result in the officers becoming accredited with the Level 4 VRQ Diploma in Asset and Building Management Compliance. The same is also true for BOHS P405 Management of Asbestos in Buildings. We will continuously review the training needs of the Compliance Team to include the intended professionalism requirements being introduced by the Government and will follow up on all certification that is due for renewal.</p> <p>2. Compliance Awareness Training was rolled out to the Compliance Team in November 2021 and will also be rolled out to other Stakeholders once dates have been received from the Training Company. Further training will be provided for Stakeholders relevant to their roles. This training is being arranged by Sue Cooper &amp; Jenny O'Hanlon in our learning &amp; Development team Compliance awareness also forms the basis of our next</p> | <p>In progress &amp; ongoing</p> <p>In progress &amp; ongoing</p> |

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| <p>3. Create a suitable training register which details key information on what qualifications are held by internal members of staff and external contractors, when the qualification is due for renewal and what (if any) CPD requirements are needed. Any training identified should align with your newly developed policies and procedures and revised operational delivery and management arrangements.</p> <p>4. Create a contractor competence register, which details the qualifications and accreditations required of the contractor for each compliance area, and implement an annual review process to check and evidence that each contractor holds what is required of them. Where a contractor does not meet the requirements, they should not be issued any further work until they can meet the requirements, and alternative service delivery arrangements should be put in place.</p> | <p>leadership event in April 2023. The leadership event is attended by all of the executive leadership team and directors and heads of service across the organisation. (Top 70)</p> <p>3. The Learning &amp; Development Team holds a register of training. This register contains the qualifications of the holders, and the dates they will expire. The L&amp;D Team arrange for the renewals of certificates. The L&amp;D Team use the register to ensure that appropriate CPD courses are kept up to date. The training is aligned to the requirements of the six main compliance workstreams' new policies and procedures and all conducted by the officers as part of the revised operational delivery and management arrangements.</p> <p>4. We have developed a register of qualifications held by our contractors for all six workstreams. This register is checked annually to ensure that all operatives hold up to date qualifications. The updating schedule to the register will be reduced from 12-monthly to six-monthly in the near future. Contractors not holding the correct qualifications are denied work until this is addressed.</p> | <p>Complete</p> <p>Complete</p> |
| <p><b>Recommendation 11 – Procurement and contract management</b></p> <p>1. Implement a thorough approach to manage all contractor performance (both Council owned subsidiaries / companies and external contractors), including robust KPI's, clear expectations, challenge, scrutiny and consequences in the event of poor</p>   | <p><b>Recommendation 11 – Procurement and contract management</b></p> <p>1. We have adopted a two-phase approach to procurement and contract management with phase 1 looking at improving the performance of its contractors via the Initial Recovery Plan. Phase 2 will create a client-side team that will focus on embedding sustainable improvements contract and procurement management.</p>   | <p>In progress/ongoing</p>      |

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| <p>performance.</p> <p>2. Review the delegated authority limits for follow on work across each compliance area, to ensure appropriate scrutiny of costs and value for money.</p> | <p>We do have an SLA with BeFirst. Agreed Performance Indicators (PIs and Key Performance Indicators (KPIs) have been communicated and performance is monitored against these. A revised SLA with BDMS is in current development. Monthly strategic meeting and operational meetings are used to manage performance against the PIs and KPIs. Project managers and major works managers attend this meeting to discuss the performance of their workstreams. The meetings also examine the projects and value for money.</p> <p>2. The delegated authority limits were reviewed in Q1 2022/23, and after careful consideration limits will remain the same. A new governance framework has been established and scrutiny is provided by a compliance board and an assurance group. Quarterly performance information is provided to cabinet for scrutiny and oversight. Workshops will be provided to refresh delegated authority limits, and projects are also used to refresh this knowledge.</p> | <p>Complete</p> |
| <p><b>Recommendation 12 – Quality Assurance</b></p>  | <p><b>Recommendation 12 – Quality Assurance</b></p> <p>One of the key features in both phases of the improvement plan has been our openness and willingness to learn in order to deliver robust strengthening of our assurance frameworks. We are keen to ensure we are transparent and provide a high level of visibility and oversight in our risks and performance management. To achieve this, we are creating a system of checks and challenges from both within and outside the organisation.</p>   | <p>Complete</p> |

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| <p>1. Implement a strengthened internal audit regime to have an independent review of all compliance areas at least once every two years. As a minimum this should be to establish whether My Place is ensuring compliance with legal and regulatory obligations.</p> | <p>Risks are managed via the improvement plan and a monthly report is generated that demonstrates compliance with the Council's statutory health &amp; safety requirements. This report measures the impact and likelihood of the risks. The report outlines the controls and specifies the required follow up actions, as well as indicating who the action owners are.</p> <p>1. we have carefully considered our position regarding audits and have decided that to provide assurance to the organisation and our residents all audits will be carried out by third-party external companies. These have previously been undertaken by PWC and Deloitte. The last audit was carried out by Pennington Choices in 2021. The next review is due in 2023.</p> | <p>Complete</p> |
|   | <p>A new governance framework (Compliance Board) has been created that meets quarterly and is chaired by the LBBDD Chief Executive Officer. The purpose of this is to review compliance performance, with the power to make decisions and provide instructions. This compliments the previously stated monthly meetings and the Assurance Group meetings.</p>   | <p>Complete</p> |
| <p>2. Ensure that any person/organisation who undertakes the independent review of compliance areas has the required competencies and knowledge of legal, regulatory and best practice compliance obligations to perform this function and provide an</p>             | <p>2. We decided to forego internal auditing and instead chose to employ Savills to carry out the Fire Safety compliance checks. This provides assurance that the compliance auditing will be carried out by officers with the knowledge, expertise and experience to help us meet our regulatory and statutory obligations. Savills are also able to advise on best practice. Savills' Safety team specialises in all operational areas of compliance and risk management. All of its team members are experienced professionals in their specialist areas and have a broad range of expertise covering compliance</p>   | <p>Complete</p> |

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| <p>accurate assurance report.</p> <p>3. Ensure all areas of compliance are subject to consistent external technical auditing, in the form of quality checks of fieldwork by third party technical auditors. This should be supplemented by desktop reviews of compliance documentation.</p>                       | <p>areas requiring improvement.</p> <p>3. Procurement of a third-party to audit the gas service has been completed with the award of the contract going to Pennington Choices. This contract will commence in March 2023.</p> <p>Auditors are currently being sought for the electrical workstream, followed by FRAs, WRAs, Lifts and then asbestos.</p> <p>The Council will continue to build upon its third-party auditing arrangements to ensure that the work being conducted by inhouse, and sub-contractor operatives is post-inspected and assessed to ensure the quality of the completed work as well as the certification used for reporting.</p> <p>In September 2023, we will commission a full external review of our compliance management and operations to determine whether the measures we have implemented have resulted in the embedding of a compliant and safety-first culture, and to also establish if we are delivering full compliance.</p> | <p><b>Complete</b></p> <p><b>In progress – expected completion date end of June 2023</b></p> <p><b>In progress – expected completion date end of September 2023</b></p> |
| <p><b>Recommendation 13 – Resident communications</b></p> <p>1. Compile a comprehensive tenant engagement pack, informing tenants of the risks within their property and how they are often best placed to mitigate these. Include key numbers and agencies for tenants to contact in the event they have any</p> | <p><b>Recommendation 13 – Resident communications</b></p> <p>The Participation and Engagement Team are currently working on a comprehensive tenant engagement pack as per the recommendation, to ensure that residents understand the risks within their properties and how to manage these. Key information will be provided in these packs including which agencies to contact (with contact details) so residents can quickly access any required</p>  | <p><b>In progress – expected completion date end of June 2023</b></p>   |

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| <p>queries around safety within their home.</p> <p>2. Ensure that tenants are provided with all legal documentation in relation to Gas and Electrical safety records. Where possible, provide asbestos survey information to tenants.</p> | <p>advice.</p> <p>Tenants are supplied with all legal documentation, with gas and electrical documentation being provided in Welcome Packs at new tenancy sign ups and mutual exchanges, or whenever new checks are carried out (EIPC, LGSR).</p> | <p>Complete</p> |
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| SUBJECT SPECIFIC RECOMMENDATIONS  |   | SU  |
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| <p><b>Recommendation 14 – Properties with capped gas supply</b></p> <p>Implement a process to manage properties and tenancies where the gas supply has been capped off, to:</p> <ol style="list-style-type: none"> <li>1. Receive notification from BDMS where they identify a property where the gas supply has been capped off, or to record where the gas supply is capped as the tenant will not provide access.</li> <li>2. Share information on all properties where the gas supply has been capped off with the Landlord Services Officer, and ensure that regular face-to-face welfare checks are completed and the resident is provided with appropriate welfare advice.</li> <li>3. Write to the tenant every six months to remind them to contact My Place if they have the gas supply reconnected, so that BDMS can be instructed to carry out a new gas safety check when the supply is reinstated and records updated.</li> </ol> | <p><b>Recommendation 14 – Properties with capped gas supply</b></p> <ol style="list-style-type: none"> <li>1. The process for LGSRs was created in 2022 and included the rules to be followed for the capping of gas meters. BDMS must contact us in order to acquire approval to cap meters.</li> <li>2. When we receive such requests, it's our Landlord Services Officers (LSOs) who are notified of the request. They then carry out welfare and affordability checks to fully understand why access has not been provided. This is embedded in the new process.</li> <li>3. Whenever operatives uncap a gas meter, a gas check is carried out. The LGSR certificate is then uploaded into TrueCompliance by the operative, with a copy provided to the tenant. This means we do not need to rely on our tenants to tell us that that the gas meter has been uncapped to trigger a new LGSR action.</li> </ol> <p>TrueCompliance notifies BDMS when the next LGSR is due 60 days ahead of that date. This is done by an automated email. BDMS can also access gas data from the TrueCompliance dashboard/widgets.</p> | <p>Complete</p><br><p>Complete</p><br><p>Complete</p> |

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| <p><b>Recommendation 15 – FRAs of high-risk buildings</b></p> <p>1. Procure a fire risk assessor consultant or resource that has the required levels of competency to undertake FRAs to high-risk buildings, and have them carry out new FRAs for your high-risk buildings.</p> <p>2. Fire risk assessor consultant to undertake FRAs to high-risk buildings, and have them carry out new FRAs for your high-risk buildings.</p>  | <p><b>Recommendation 15 – FRAs of high-risk buildings</b></p> <p>1. Savills was commissioned to conduct FRAs on all our residential stock. All required Fire Risk Assessments have been carried out and there is no outstanding or overdue work on high rise blocks</p> <p>2. A programme was formulated by Savills in November 2022 to reassess all blocks within our management, ordered by priority and have since all been completed. The 45 high-rise tower blocks will be the first of our residential stock to be reassessed.</p>   | <p>Complete</p> <p>Complete</p> |
| <p><b>Recommendation 16 – FRA planning and resource</b></p> <p>1. Review the required level of resource needed to deliver the FRA programme, and the most appropriate way of delivering this (in-house and / or contractor), and take such steps as are necessary to put this in place.</p> <p>2. Procure and instruct an appropriately qualified and competent contractor to assist with the delivery of the programme to catch up with the current backlog of FRAs.</p> <p>3. Undertake FRAs to the rest of the LBBD stock (excluding high-rise blocks, covered above).</p> | <p><b>Recommendation 16 – FRA planning and resource</b></p> <p>1 &amp; 2. This was previously being done inhouse by trained compliance officers. However, to provide additional assurance, the decision was taken to appoint external experts to provide this function. A recent decision has also been made not to bring this service back in-house. Savills were appointed as the experts to carry out this work. The Savills contract expires in February 2024. The procurement process will commence in Q1 2023/24.</p> <p>3. A programme has been formulated to reassess all blocks within our management in order of priority. The programme is almost complete. However, an internal review has identified discrepancies with the data held in Savills system, which uncovered approximately 60</p> | <p>Complete</p> <p>Complete</p> |

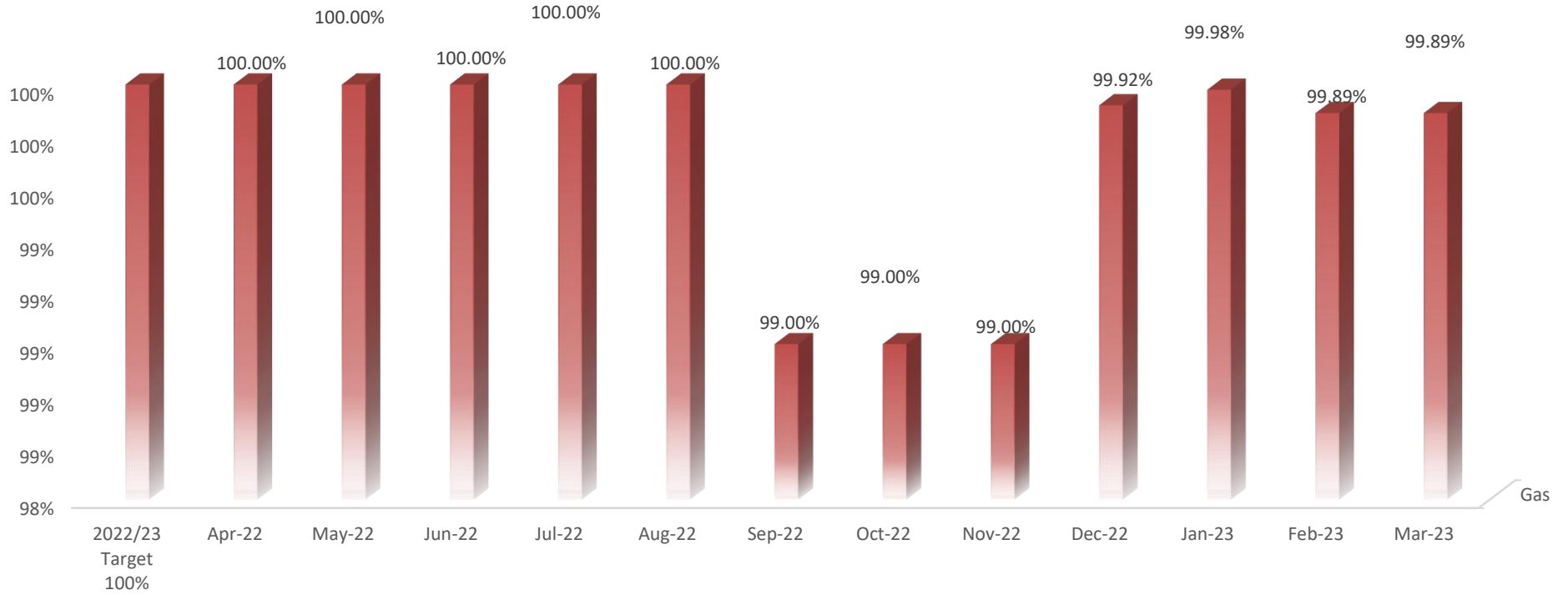


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|   | <p>additional properties that need to be checked. These properties were not captured in the original data sent to Savills. The properties require additional Category B assessments, followed by FRAs if needed. Unfortunately, due to capacity issues within Savills this work has been awarded to an alternative service supplier (FCS) for completion by the end of March 2023. When completed, all LBBB blocks will have an updated FRA.</p>   |   |
| <p><b>Recommendation 17 – Micad availability</b></p> <p>Investigate the root cause of the intermittent unavailability of the Micad system (and any others which are required to deliver the wider compliance programmes) and implement measures to address this and improve resilience.</p>   | <p><b>Recommendation 17 – MICAD availability</b></p> <p>The MICAD upgrade commenced September 2022 and was completed in October 2022. Successful pilot tests were carried out with BDMS and via operatives' PDAs. A new user guide was created and implemented at the launch of the updated system. The upgrade was signed off and the GoLive date was November 2022. This action is complete</p>  | <p style="text-align: center; color: green;"><b>Complete</b></p>  |
| <p><b>Recommendation 18 – Water hygiene contractor</b></p> <p>1. Ensure that there is robust scrutiny and challenge of your water hygiene contractor to ensure the actions they are delivering are appropriate, and that they are being carried out correctly. This should include scrutiny of the monitoring checks and actions, and third-party technical checks to provide assurance.</p> <p>2. Consider procuring separate contractors to undertake the LRAs and the monitoring checks.</p> | <p><b>Recommendation 18 – Water hygiene contractor</b></p> <p>1. My Place has decided to appoint third-party auditors to undertake all audits across its compliance workstreams. Invitations to tender have been sent out. Quotations are currently being received and assessed. The selection will be completed by the end of Q1 2023/24.</p> <p>2. On reflection we have decided to award the contract for the LRA's and monitoring checks to one individual contractor. My Place will continue to manage the existing</p> | <p style="text-align: center; color: orange;"><b>In progress expected completion date of 30/06/2023</b></p> <p style="text-align: center; color: orange;"><b>In progress expected completion date of 31/06/2023</b></p> |

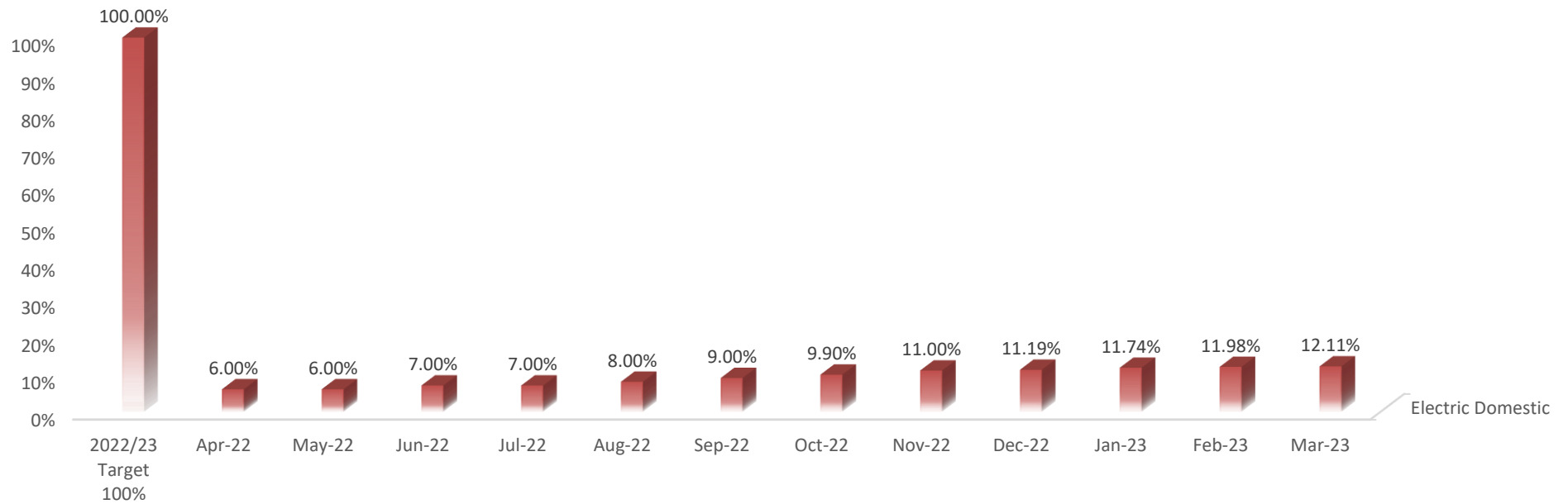
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|   | contracts whose work will be scrutinised by the third-party auditors.   |   |
| <p><b>Recommendation 19 – Lift repair costs</b></p> <p>1. Carry out a review of lift repair costs and review the £500 authorisation limit that is currently in place.</p> <p>2. Obtain lift condition reports for all passenger lifts and develop a programme of planned replacements where this represents better value for money than continual repair.</p> | <p><b>Recommendation 19 – Lift repair costs</b></p> <p>1. The Head of Property Management &amp; Capital Delivery has conducted a review to benchmark costs and deliver value for money. Any costs exceeding £500 are automatically sent to the lift engineer for validation/challenge. Colleagues from asset management and compliance review data and a named officer within the asset team oversees the programme. The review also concluded that we would retain the £500 authorisation limit.</p> <p>2. The Head of Property Management &amp; Capital Delivery has obtained the lift condition reports for all passenger lifts and a Capital Planned programme is in existence through which £2m per year is spent. Lifts are checked every six months.</p> | <p>Complete</p> <p>Complete</p>                           |
| <p><b>Electrical Safety</b></p>   | <p><b>Electrical Safety</b></p> <p>Electrical testing is now subject to a regime that will conclude in 2026. A mini-tender arrangement is currently in progress which will see work commence at the end of Q4 2022/23. Delays have been caused to the commencement of this program due to an unfruitful procurement process and changes to the procurement strategy to reduce the program from 5 to 3-year duration.</p>  | <p>In progress expected completion date of 31/05/2026</p> |

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|  | <p>We have had interest from 5-6 contractors who appear to be attracted to the packaging of the work into smaller geographical areas.</p> <p>All LBBD owned residential blocks with a height of 11m &gt; have had their communal testing and all EICRs have been validated. Remedial actions (C3 – recommendations) are expected to be completed by end of March 2023. (C1 &amp; C2) remedial actions are already completed.</p> <p>Work on the 19 large panel system buildings concluded at the end of December 2022. The remedial works have been completed with all remedial actions classified as C3 (recommendations).</p> <p>In order to mitigate the risk, the outstanding work to the remaining low rise communal testing program has been awarded to two individual contractors. This will also increase the likelihood of completing on schedule. The contractors commenced with testing in February 2023 and completion of the work is expected in February 2024.</p> | <p>Complete</p> <p>Complete</p> <p>In progress expected completion date of 28/02/2024</p> |
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### GAS SAFETY % UNITS CURRENTLY COMPLIANT

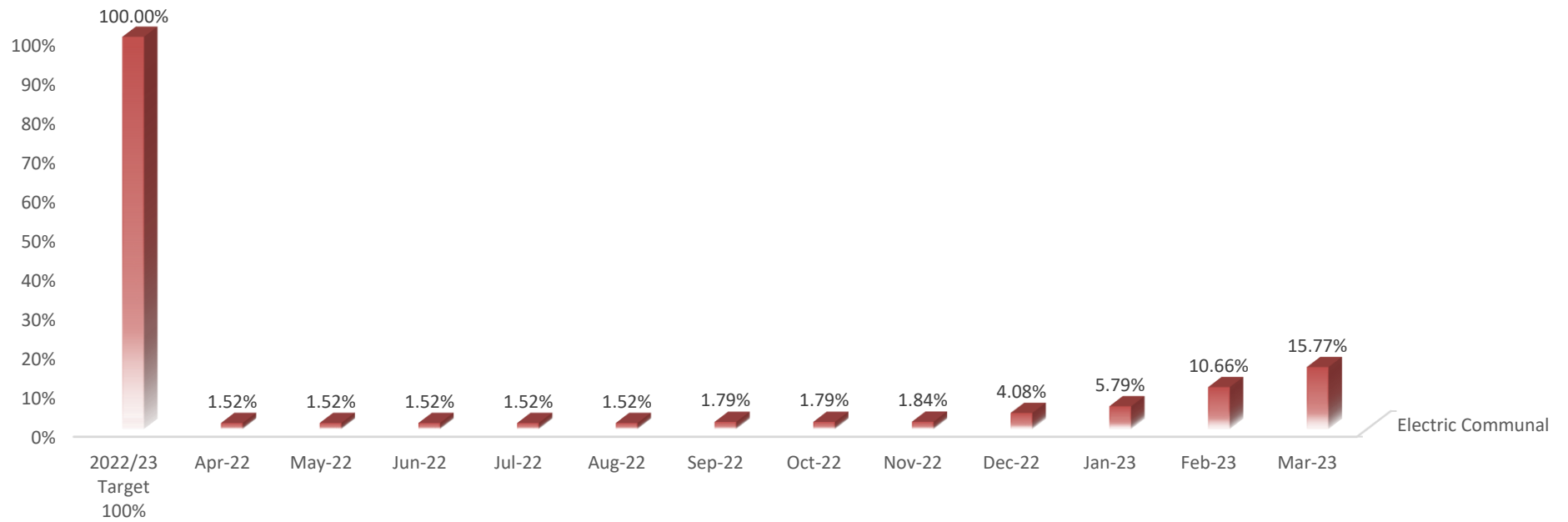


## ELECTRICAL TESTING % UNITS CURRENTLY COMPLIANT (DOMESTIC)

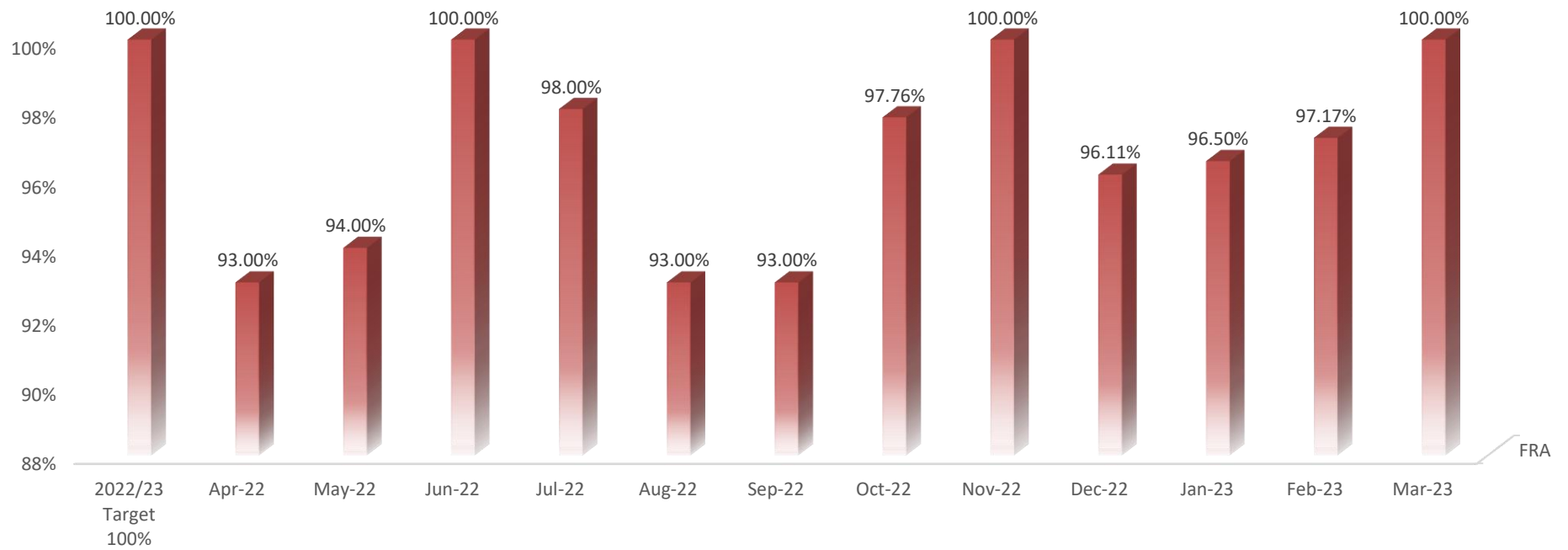


## ELECTRICAL TESTING % UNITS CURRENTLY COMPLIANT (COMMUNAL)

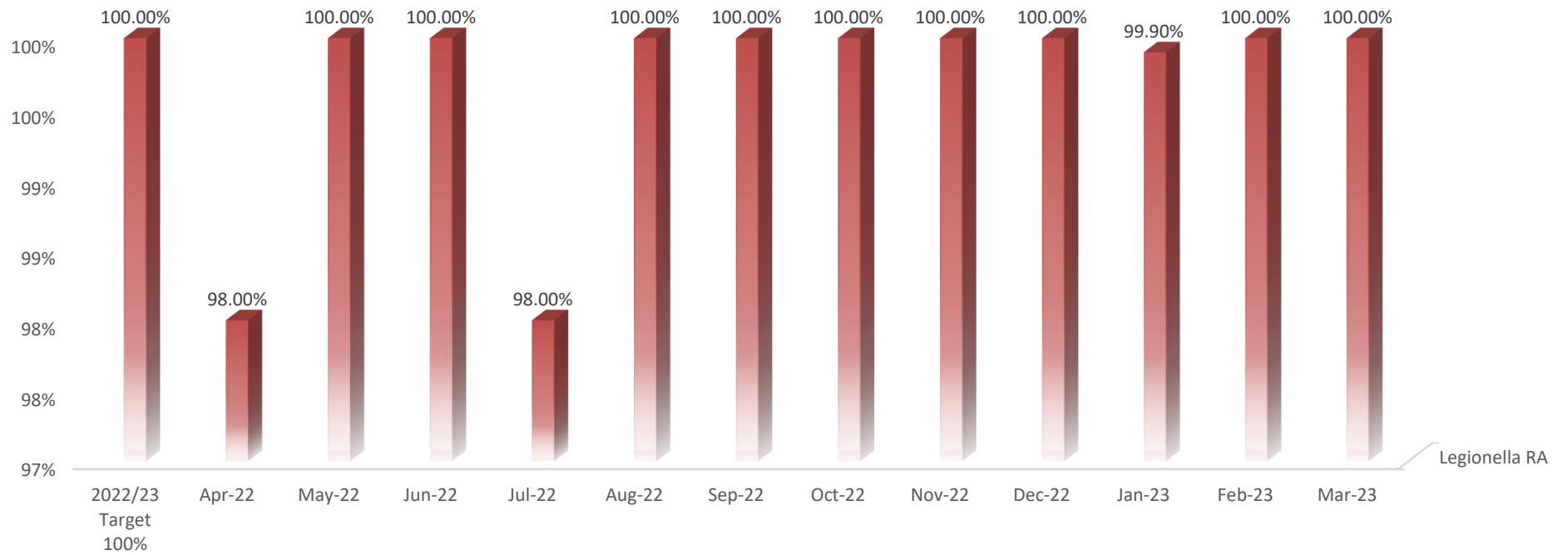
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## FRA % UNITS CURRENTLY COMPLIANT

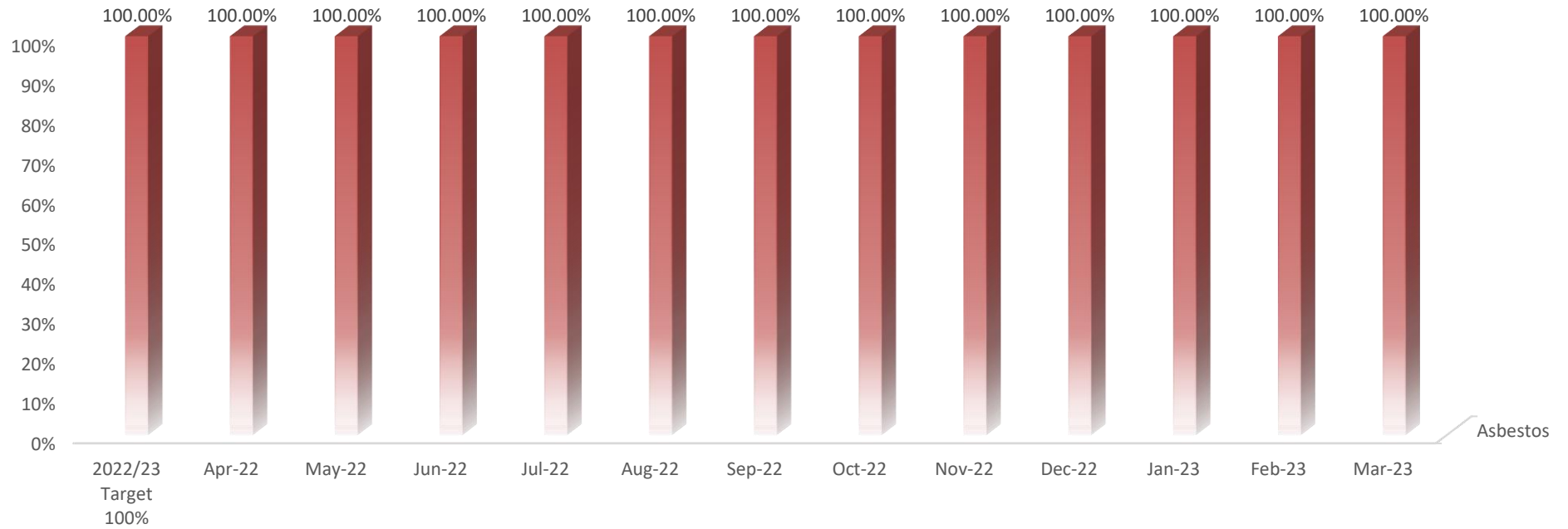


## LEGIONELLA % TOTAL TESTING ACTIONED

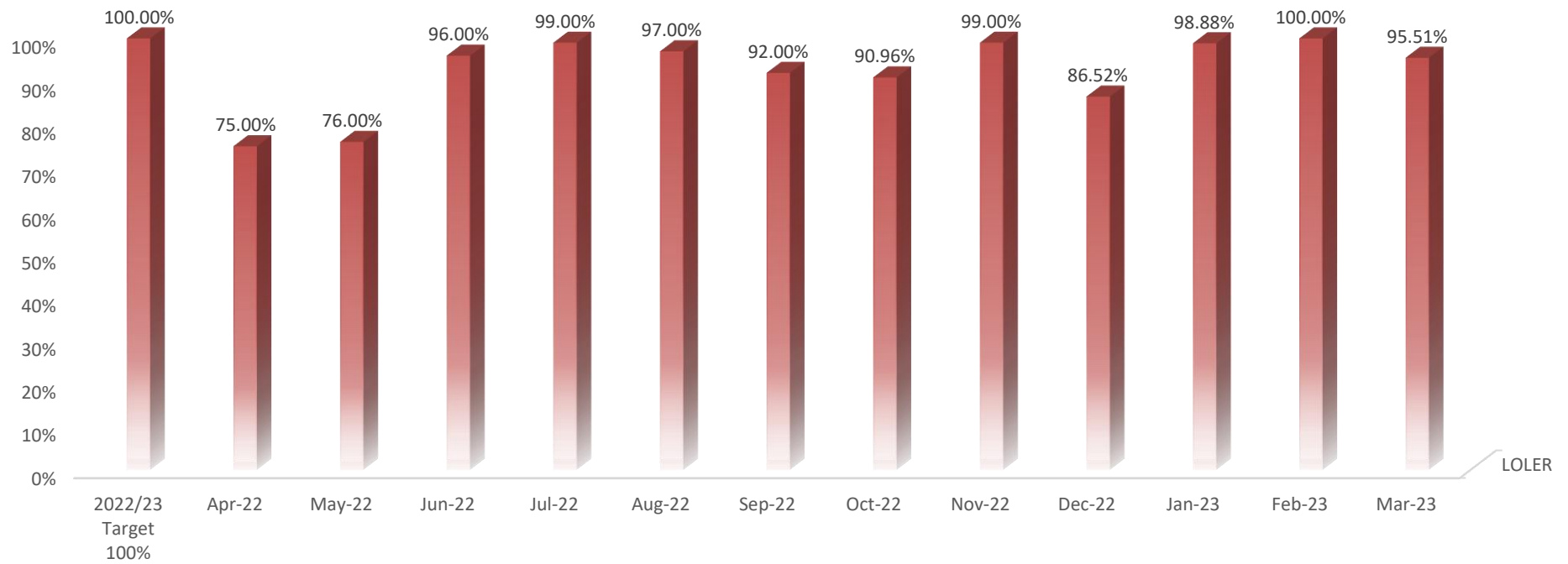




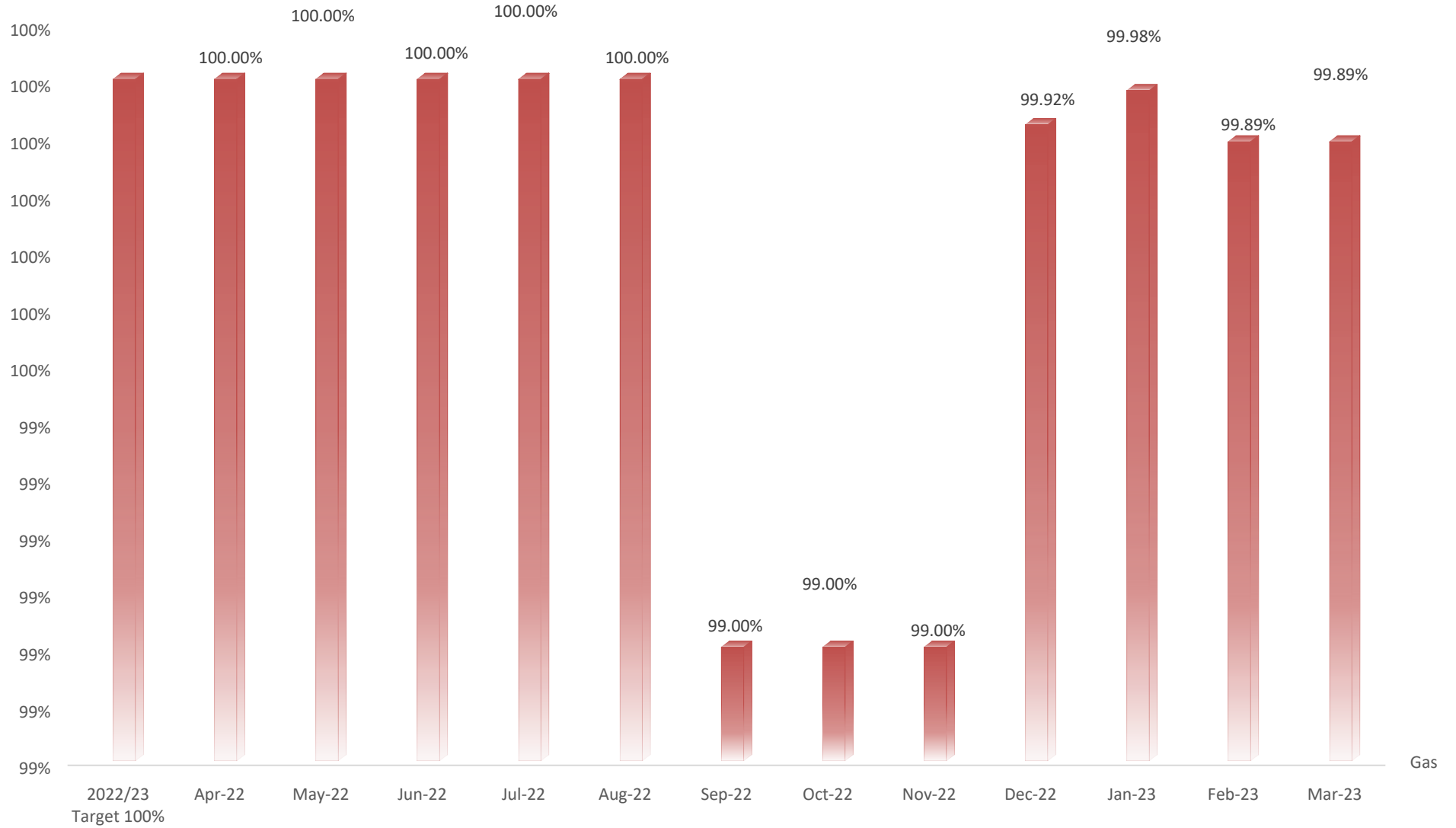
## ASBESTOS % COMMUNAL REINSPECTIONS REGULATION 4 CONTROL



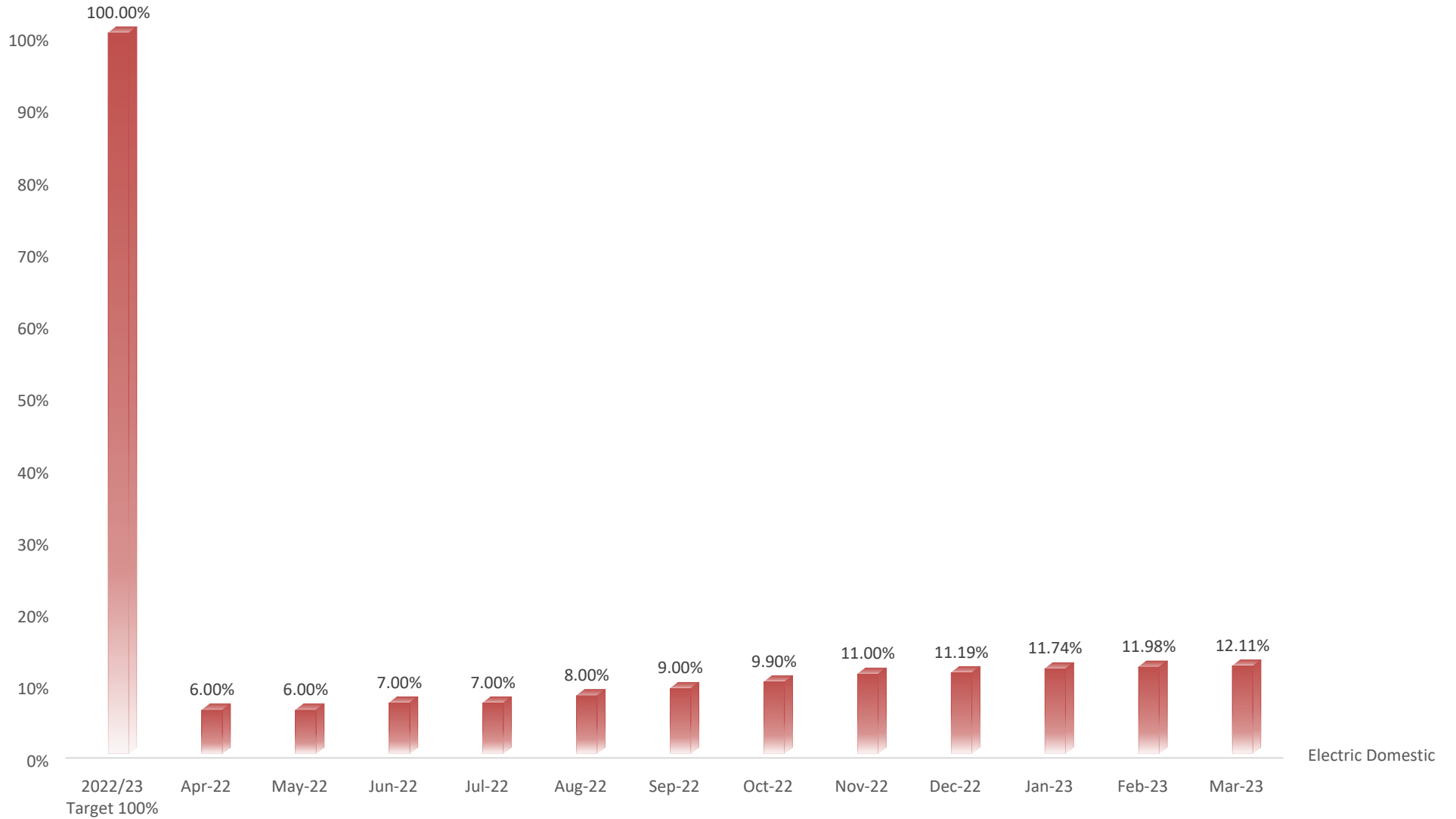
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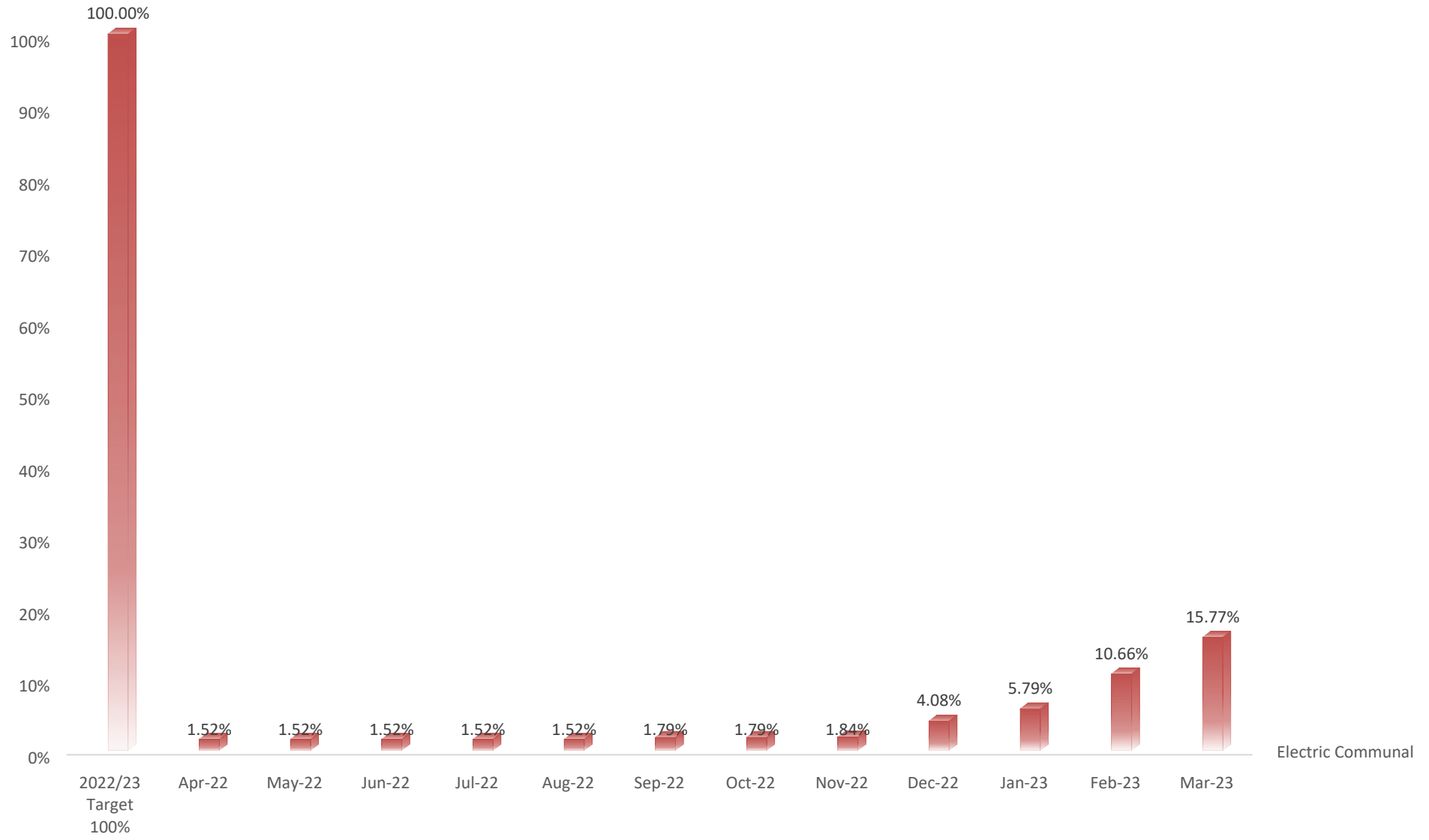
### GAS SAFETY % UNITS CURRENTLY COMPLIANT



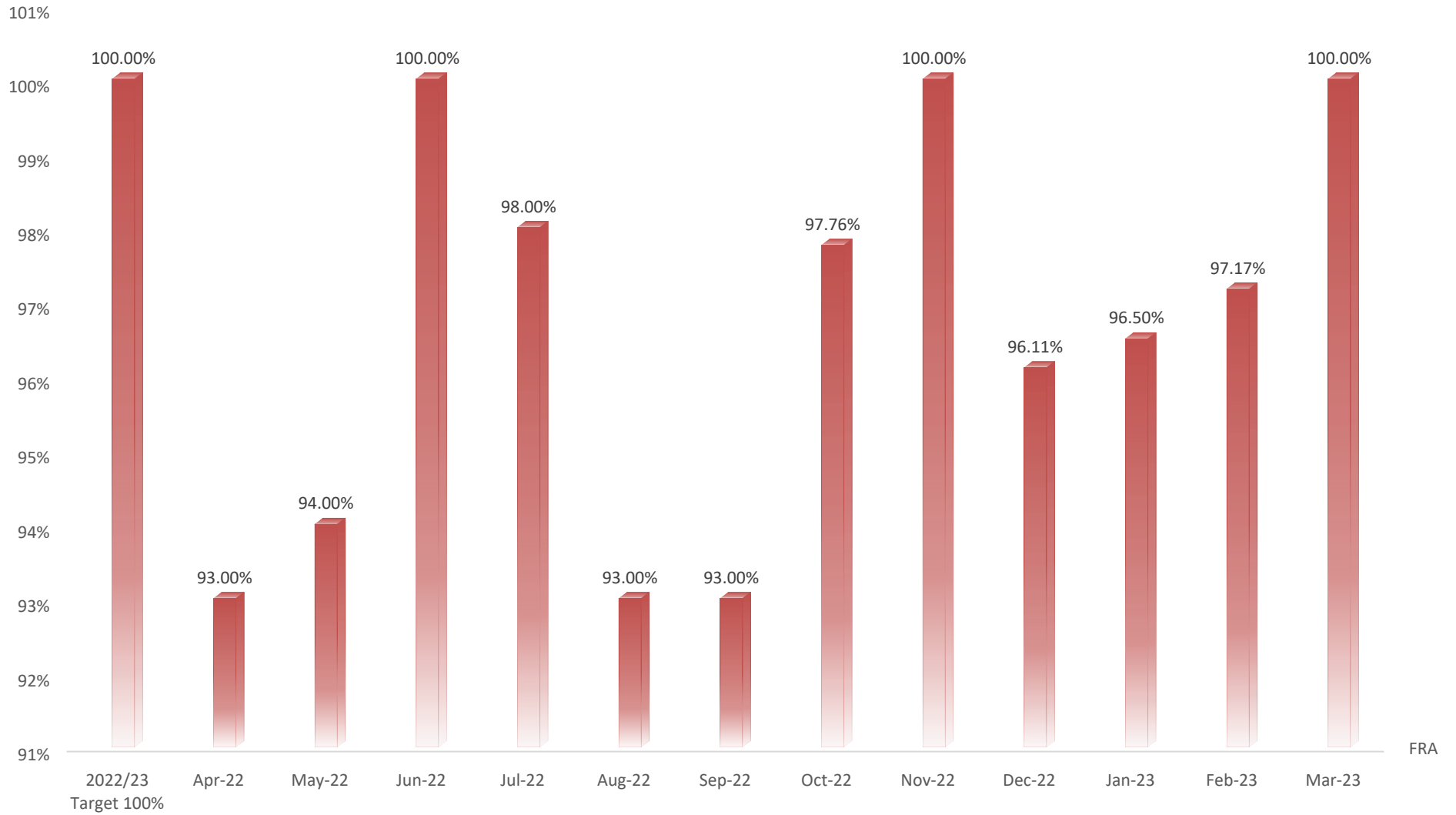
## ELECTRICAL TESTING % UNITS CURRENTLY COMPLIANT (DOMESTIC)



## ELECTRICAL TESTING % UNITS CURRENTLY COMPLIANT (COMMUNAL)

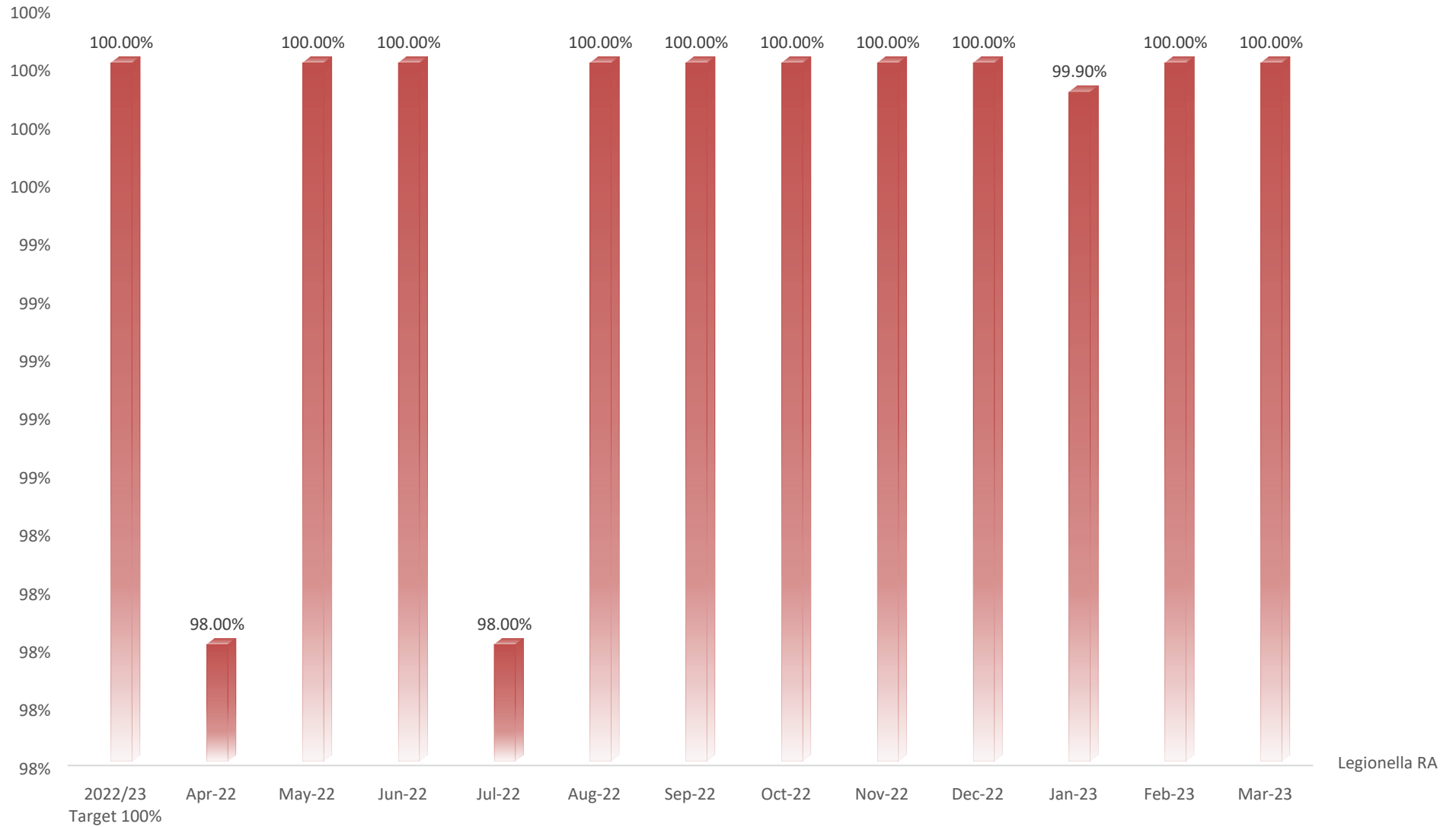


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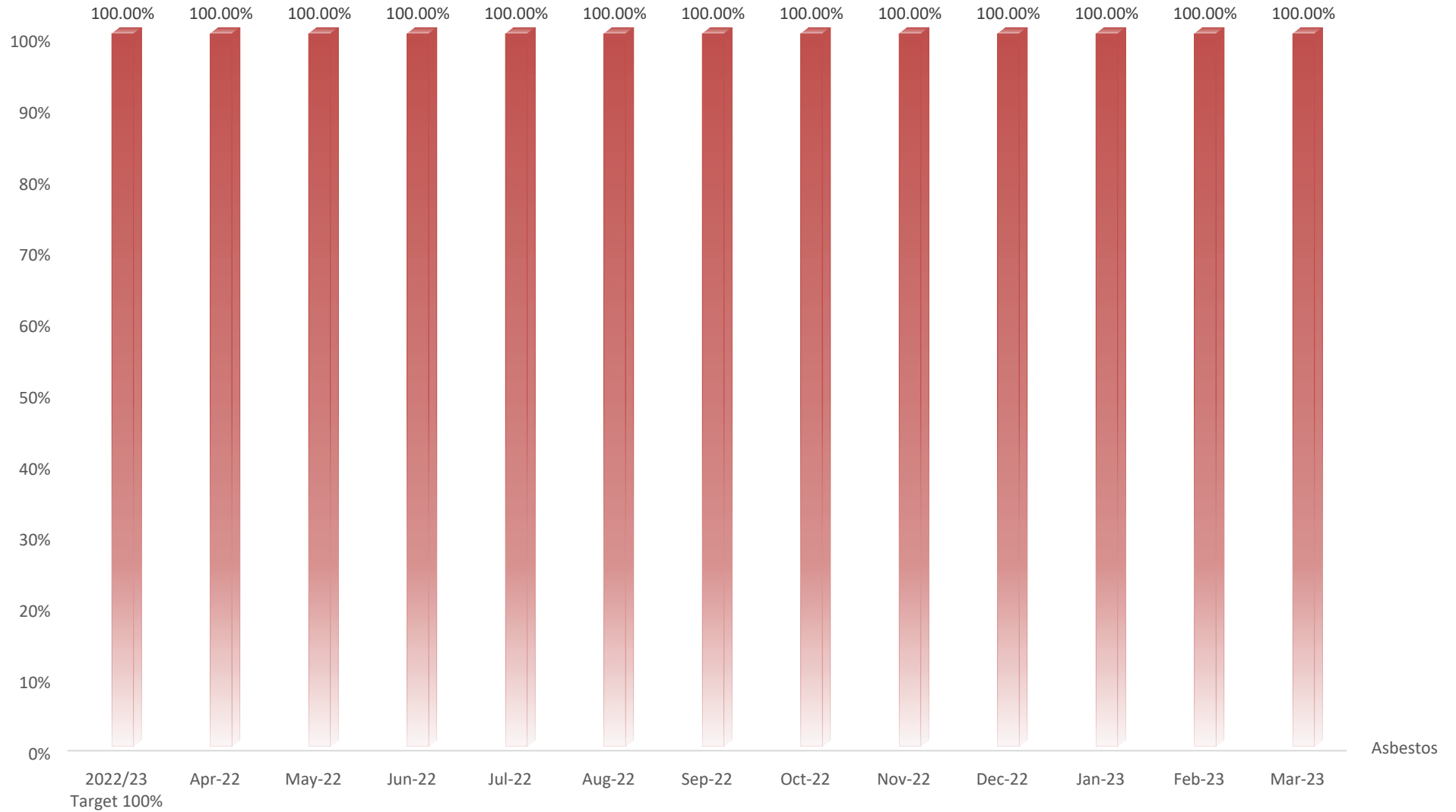


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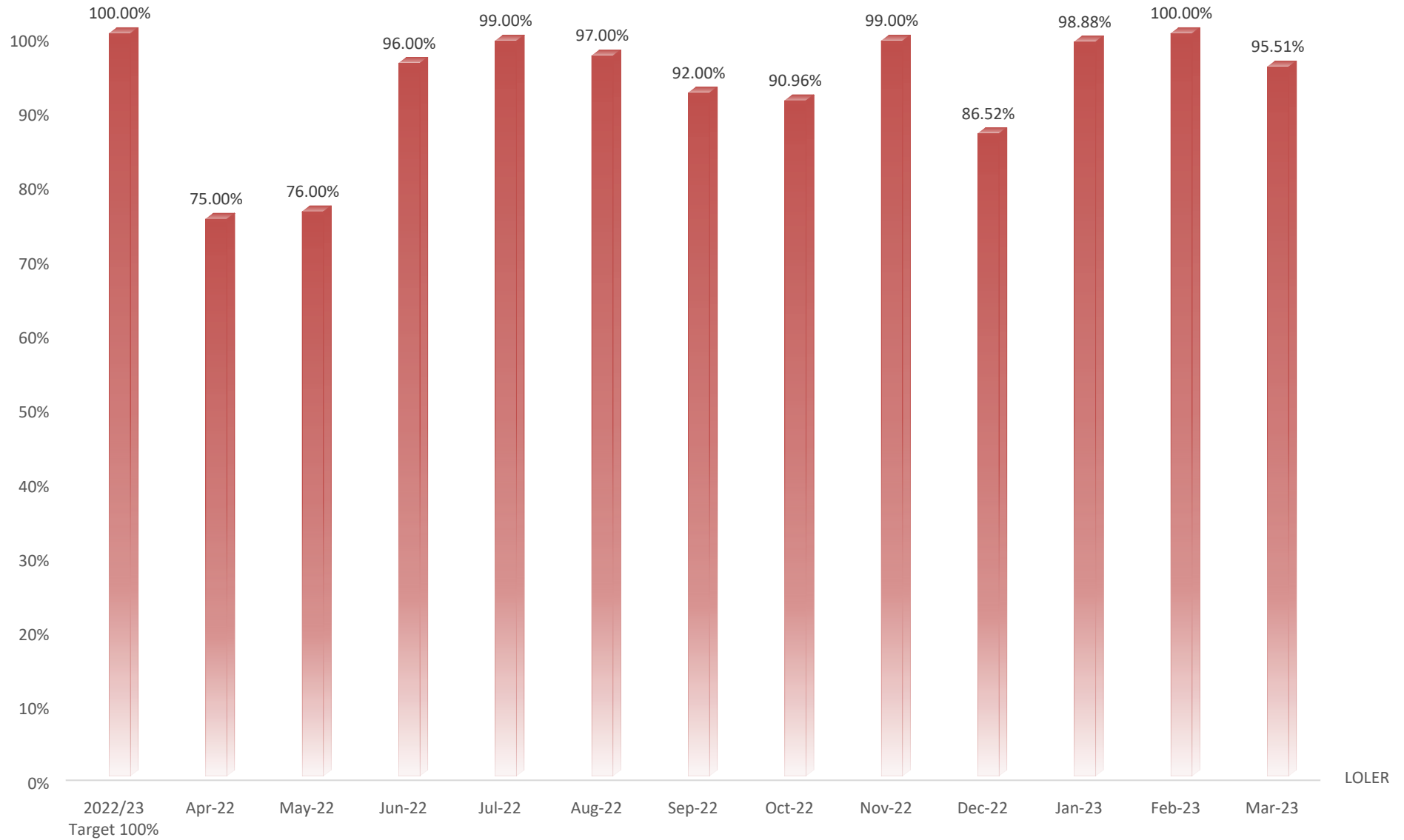


## ASBESTOS % COMMUNAL REINSPECTIONS REGULATION 4 CONTROL





### LIFTS % LOLER COMPLIANT LIFTS IN BOROUGH



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### Overview and Scrutiny Committee: Work Programme 2023/24

Officers must ensure reports are cleared by the Executive Board and include legal and financial implications at least

| Meeting             | Agenda Items  | Officer(s)  | Cabinet Member/ Presenter | Final Executive Board Deadline | Governance Service's Final Deadline |
|---------------------|---|---|---------------------------|--------------------------------|-------------------------------------|
| <b>7 June 2023</b>  | <p>Update: Quality of schools' recovery post Covid-19</p> <p>Update: How are we incorporating Race &amp; Social Justice work into our schools' education programmes?</p> <p>Readiness for inspection of services to support children/young people with SEND</p> | Jane Hargreaves   | Councillor Kangethe       | 12pm, Thursday 11 May          | 12pm, Friday 26 May                 |
| <b>12 July 2023</b> | <p>Employment Support Review</p> <p>Heritage</p>  | <p>Tess Lanning/James Coulstock</p> <p>Ann Marie Peña/James Coulstock</p> | Councillor Bright         | 12pm, Thursday 15 June         | 12pm, Friday 30 June                |

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