

**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>Recommendation 1 – Data validation</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>Recommendation 1 – Data validation</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>

<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>Recommendation 2 – Data reconciliation</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>Recommendation 2 – Data reconciliation</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>

	<p>integrates with asset management capabilities. This is anticipated to be met by December 2025.</p> <p>TrueCompliance (gas, electrical, water, LOLER) 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>MICAD (Asbestos) 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>RiskHub (Fire Safety) 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- expected completion date 31/8/2023</p>
<p>Recommendation 3 – Changes to property asset schedules</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>Recommendation 3 – Changes to property asset schedules</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>

<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>Recommendation 4 – Compliance IT system</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>Recommendation 4 – Compliance IT system Systems: (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>Interfacing: 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>

<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>Improved data management and validation: 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>Dashboard: 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>Performance: 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>Automation: 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>Auditing: 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>Recommendation 5 – Compliance awareness training</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>Recommendation 5 – Compliance awareness training</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 expected completion date 31/8/2023/ In progress/ ongoing</p>

<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 & 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 & Development, Corporate Health and Safety and Participation & 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 & Leasehold (A full list of attendees is available). This was carried out in November 2021.</p>	<p>Complete</p>
<p>Recommendation 6 – Policy principles workshop and policy development</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>Recommendation 6 – Policy principles workshop and policy development</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"> 1. Gas and Heating Policy (March 2023) 2. Lift Safety Policy (March 2023) 3. Asbestos Policy (March 2023) 4. Electrical Safety Policy (March 2023) 5. Water Hygiene Policy (March 2023) 	<p>Complete</p>

<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>Recommendation 7 – Process maps and procedural documents</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>Recommendation 7 – Process maps and procedural documents</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>Recommendation 8 – Reporting</p>	<p>Recommendation 8 – Reporting</p>	<p>Complete</p>

<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"> • (1) Properties – split by domestic, communal and others. • (2) Properties on the programme. • (3) Properties not on the programme (2 and 3 should equal 1). • Properties with a valid/satisfactory and in date record (level of compliance) – shown as a number and a percentage. • Properties without a valid/satisfactory and in date record (level of non-compliance) – shown as a number and a percentage. • Properties due to be tested/inspected within 30/60/90 days (early warning). • The number of follow up works/actions arising from any tests/inspections, and the numbers ‘completed’, ‘in time’ and ‘overdue’. 	<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"> • Properties – split by domestic, communal and others. • Properties on the programme. • Records of properties not on the programme are recorded. • 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. • 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 • 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. • 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. <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"> • Current position. • Corrective action required. • Anticipated impact of corrective action. • Progress with completion of follow-up works 	<ul style="list-style-type: none"> • Current position is captured. • Corrective action required is captured. • Anticipated impact of corrective action is captured. • Progress with completion of follow-up works is captured. <p>In addition, the following measures relating to the six compliance areas are also captured:</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • FRA Action Table shows the action type, the action count and provide an update or comments to the current status. • 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. • FRA Remedial Actions - This shows the volume of tasks by priority and date over a five-year period to 2027. • 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. 	
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	<ul style="list-style-type: none"> 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. 	
<p>Recommendation 9 – Structure and operational delivery</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>Recommendation 9 – Structure and operational delivery</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>

<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>Recommendation 10 – Training and competence</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>Recommendation 10 – Training and competence</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 & Jenny O'Hanlon in our learning & Development team Compliance awareness also forms the basis of our next</p>	<p>In progress & ongoing</p> <p>In progress & ongoing</p>

<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 & Development Team holds a register of training. This register contains the qualifications of the holders, and the dates they will expire. The L&D Team arrange for the renewals of certificates. The L&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>Recommendation 11 – Procurement and contract management</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>Recommendation 11 – Procurement and contract management</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>

<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>Recommendation 12 – Quality Assurance</p>	<p>Recommendation 12 – Quality Assurance</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>

<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>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>Risks are managed via the improvement plan and a monthly report is generated that demonstrates compliance with the Council's statutory health & 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>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>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> <p>Complete</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>Complete</p> <p>In progress – expected completion date end of June 2023</p> <p>In progress – expected completion date end of September 2023</p>
<p>Recommendation 13 – Resident communications</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>Recommendation 13 – Resident communications</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>In progress – expected completion date end of June 2023</p>

<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
<p>Recommendation 14 – Properties with capped gas supply</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"> 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. 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. 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. 	<p>Recommendation 14 – Properties with capped gas supply</p> <ol style="list-style-type: none"> 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. 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. 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. <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> <p>Complete</p> <p>Complete</p>

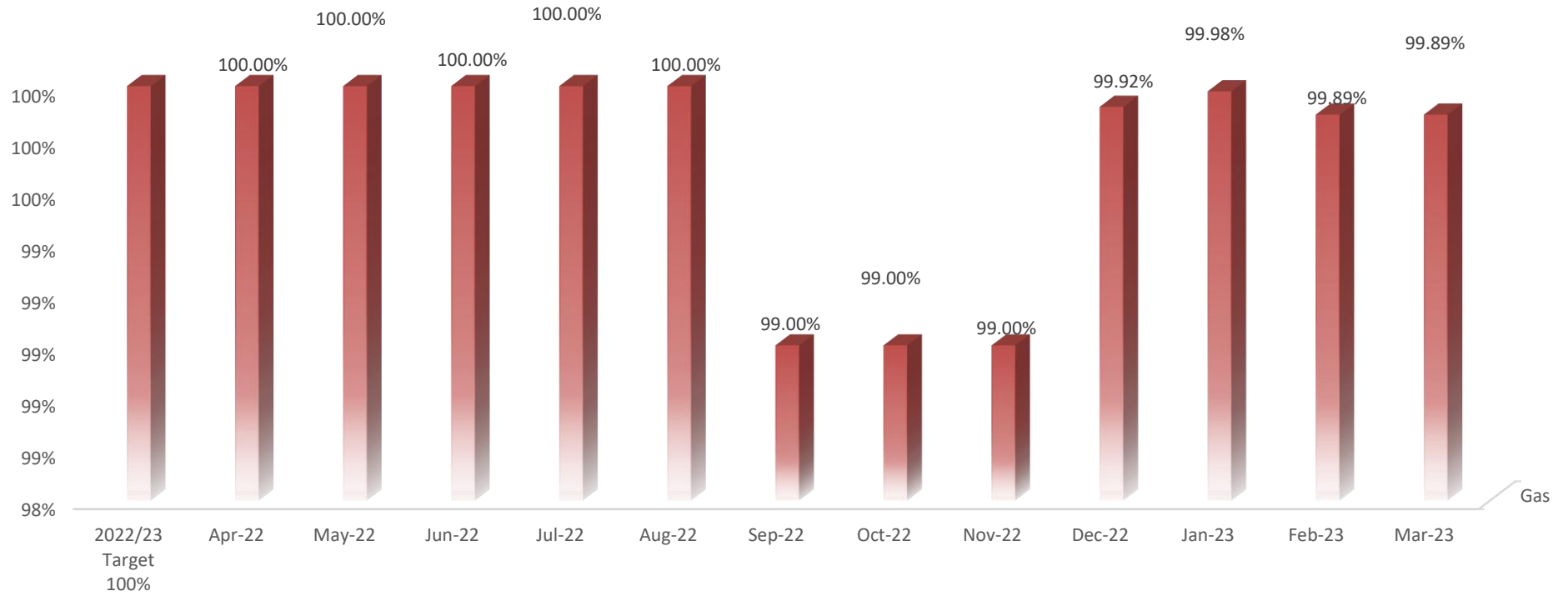
<p>Recommendation 15 – FRAs of high-risk buildings</p> <p>1. Procure a fire risk assessor consultant or resource that has the required levels of competency to undertake FRAs to high-risk buildings, and have them carry out new FRAs for your high-risk buildings.</p> <p>2. Fire risk assessor consultant to undertake FRAs to high-risk buildings, and have them carry out new FRAs for your high-risk buildings.</p>	<p>Recommendation 15 – FRAs of high-risk buildings</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>Recommendation 16 – FRA planning and resource</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>Recommendation 16 – FRA planning and resource</p> <p>1 & 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>

	<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>Recommendation 17 – Micad availability</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>Recommendation 17 – MICAD availability</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>Complete</p>
<p>Recommendation 18 – Water hygiene contractor</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>Recommendation 18 – Water hygiene contractor</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>In progress expected completion date of 30/06/2023</p> <p>In progress expected completion date of 31/06/2023</p>

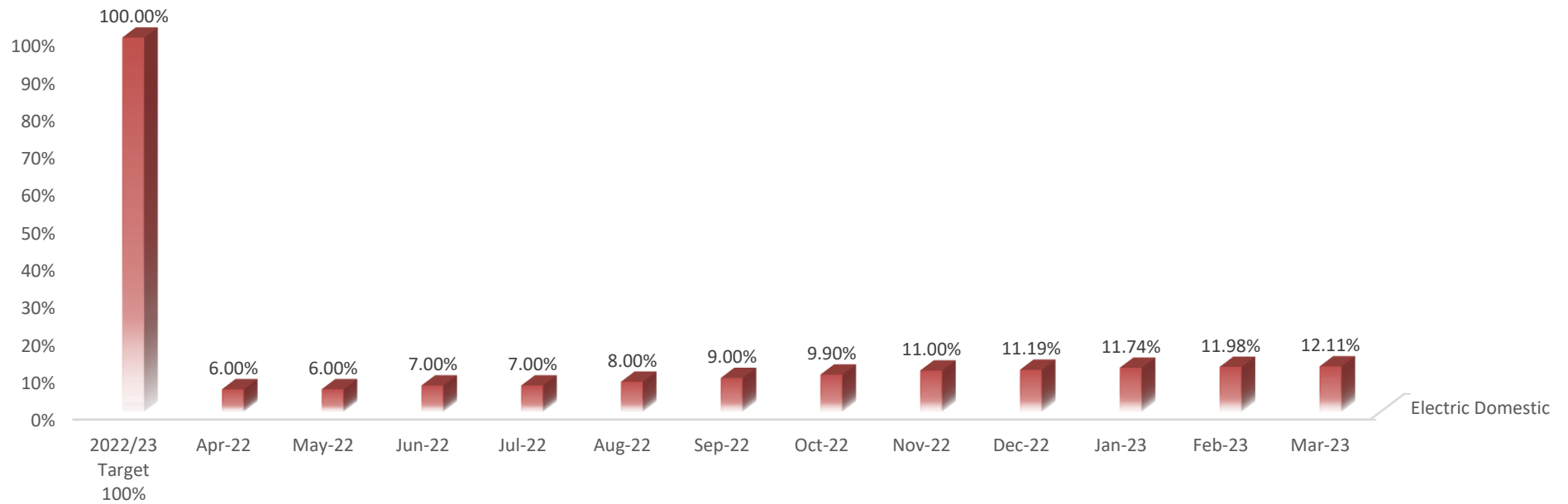
	contracts whose work will be scrutinised by the third-party auditors.	
<p>Recommendation 19 – Lift repair costs</p> <p>1. Carry out a review of lift repair costs and review the £500 authorisation limit that is currently in place.</p> <p>2. Obtain lift condition reports for all passenger lifts and develop a programme of planned replacements where this represents better value for money than continual repair.</p>	<p>Recommendation 19 – Lift repair costs</p> <p>1. The Head of Property Management & 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 & 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>Electrical Safety</p>	<p>Electrical Safety</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>

	<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 > 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 & 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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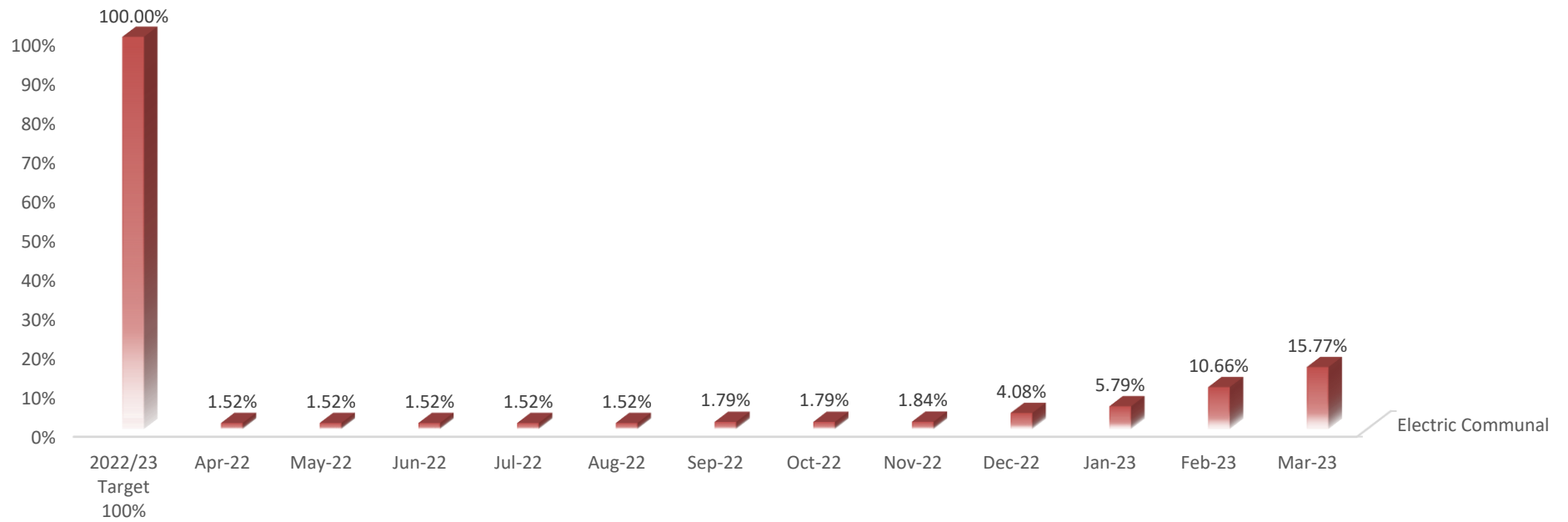
GAS SAFETY % UNITS CURRENTLY COMPLIANT



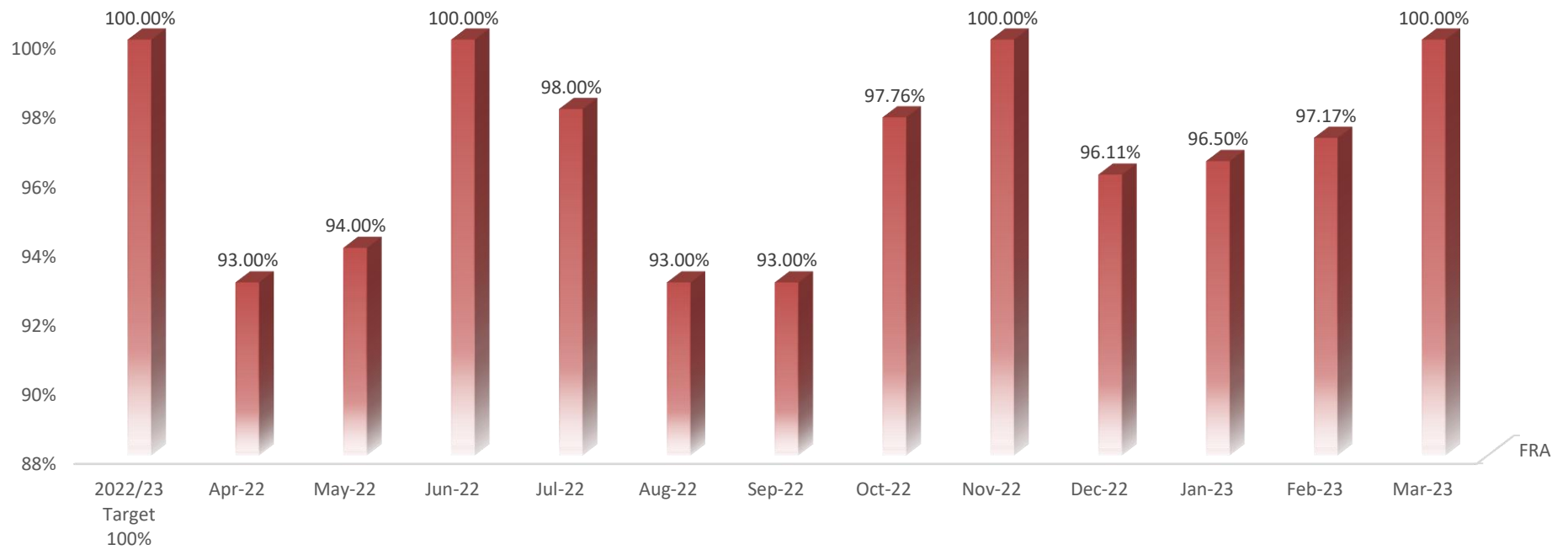
ELECTRICAL TESTING % UNITS CURRENTLY COMPLIANT (DOMESTIC)



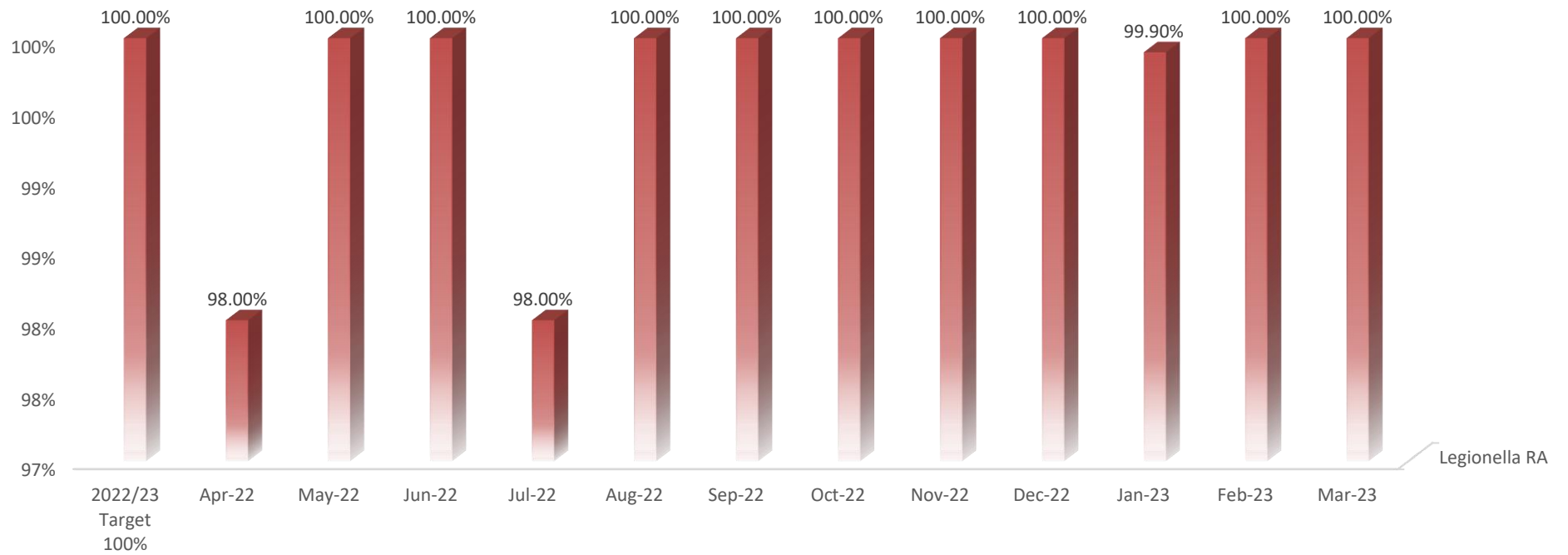
ELECTRICAL TESTING % UNITS CURRENTLY COMPLIANT (COMMUNAL)



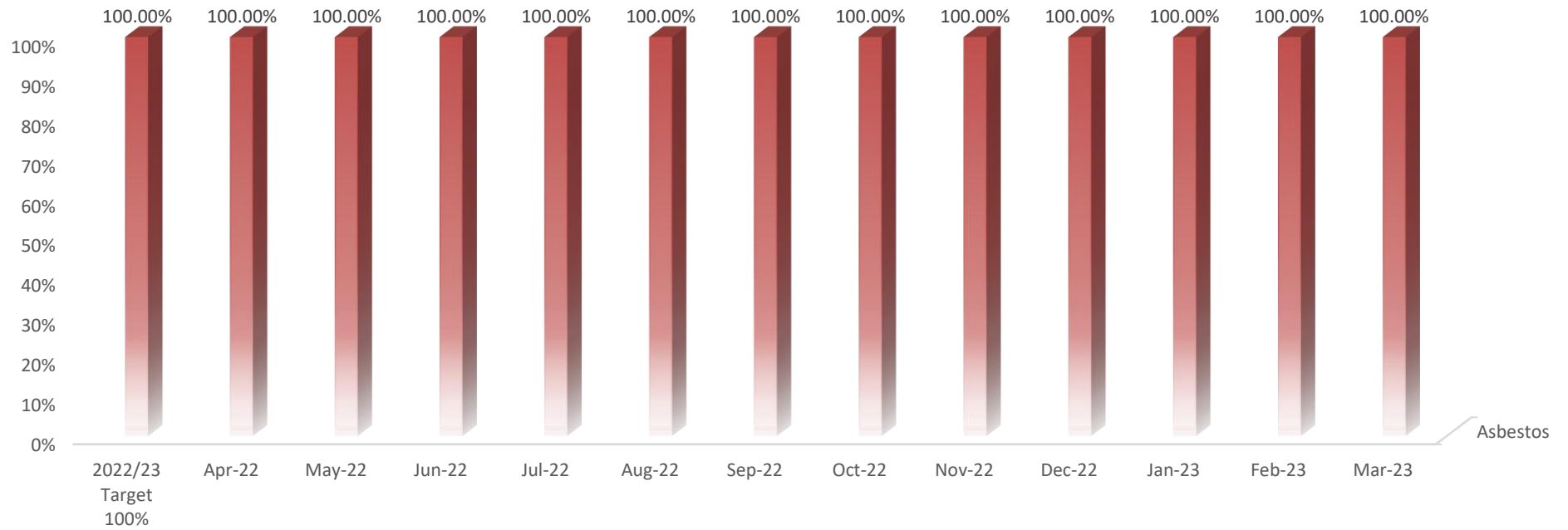
FRA % UNITS CURRENTLY COMPLIANT



LEGIONELLA % TOTAL TESTING ACTIONED



ASBESTOS % COMMUNAL REINSPECTIONS REGULATION 4 CONTROL



LIFTS % LOLER COMPLIANT LIFTS IN BOROUGH

