



NORWICH City Council

Committee Name: Cabinet

Committee Date: 18/10/2023

Report Title: An update on Health, Safety and Compliance in Council Homes and Buildings

Portfolio: Councillor Jones, Cabinet member for safer, stronger neighbourhoods

Report from: Executive director of community services

Wards: All Wards

OPEN PUBLIC ITEM

Purpose

To provide an update to members about health, safety and compliance management and improvement in council homes and buildings.

Recommendation:

It is recommended that members note the content of this report.

Policy Framework

The Council has five corporate priorities, which are:

- People live independently and well in a diverse and safe city.
- Norwich is a sustainable and healthy city.
- Norwich has the infrastructure and housing it needs to be a successful city.
- The city has an inclusive economy in which residents have equal opportunity to flourish.
- Norwich City Council is in good shape to serve the city.

This report addresses the following corporate priorities.

- People live independently and well in a diverse and safe city.
- Norwich has the infrastructure and housing it needs to be a successful city.

The Council's Housing Strategy '*Fit for the Future*' A Council Housing Strategy for Norwich' sets priorities for the Council's homes and estates for the period 2020 to 2026. It identifies four primary goals, these are:

- Delivering new homes
- Maintaining and improving condition of existing housing
- Improving the use and management of our existing housing stock
- Improving our neighborhoods

The Council's Strategic Asset Management Framework 2022 sets out six policy themes including 'compliant and financially resilient management of assets'.

Report Details

1. Norwich City Council (NCC) is landlord of approximately 14,500 council homes and the freeholder for the buildings in which approximately 3,000 leaseholder homes are situated. It also owns over 300 non-housing assets in the general fund, some of which are let to multiple tenants and others which include multiple buildings within the asset (e.g., Eaton Park).
2. Registered providers of social housing (including councils and housing associations) are governed by the Regulator of Social Housing (RSH). The objectives of the RSH are set out in the Housing and Regeneration Act 2008. At the core of the RSH regulation is a set of standards which registered providers' landlords must comply with.
3. In November 2021, members considered the outcomes of a review by the RSH following the self-reporting by NCC on 28th July 2021 of a breach of the home standard. The RSH found that NCC had breached the Homes Standard and published a Regulatory Notice. The RSH did not feel it necessary to take enforcement action against NCC because they were assured of NCC's plans to improve services and return to full compliance.
4. It was agreed in November 2021, that whilst the regulatory notice remained in place, a quarterly progress update would be provided to Cabinet. This is the sixth update and includes information up to the 31st of August 2023.

Governance

5. Senior officers meet with the RSH monthly, to report and discuss progress. The RSH continues to be satisfied with the progress being made and the arrangements in place. A member of the Compliance Delivery Group (CDG) also attends the meetings. This committee update report is shared with the RSH to further validate reporting and information.
6. The Council is anticipating the imminent removal of the regulatory notice and a further update will be provided as it becomes available.
7. Internal governance and assurance are provided through the following framework:

The Health, Safety and Compliance Board - the Board has been established since November 2021 and meets monthly to receive updated information, to consider progress, and agree further actions to be taken. The Board has oversight of both housing, and non-housing property compliance within the NCC property estate. Board members include the portfolio holders of both social housing and resources, the Executive Directors of Communities and Development and City Services, the Monitoring Officer and, if requested the s.151 Officer or their Deputy.

The Compliance Delivery Group (CDG) - NCC entered a voluntary undertaking with the RSH in July 2022. This is an agreement which confirms

the steps that will be taken to achieve full compliance and will help to inform the RSH in their decision to lift regulatory supervision.

The delivery of the voluntary undertaking is supported by the CDG which includes three independent experts from outside the Council. This group meets monthly to consider operational detail and monitor progress. The CDG advises the Health, Safety and Compliance Board in delivering the compliance improvement plan.

Quarterly update reports to Cabinet – reports have been provided to Cabinet on a quarterly basis since November 2021 to update on progress.

Compliance Improvement Plan

8. The compliance improvement plan (CIP) has been separated into housing and non-housing areas to support focused engagement with the RSH on housing matters and provide clear internal reporting of progress against identified actions across both areas.

Housing Compliance Improvement Plan

9. The table below provides a summary of progress for the Housing CIP which has two phases with activity prioritised based on risk assessment. The first phase was planned for completion by the 30.11.22 and the second by the 31.05.23.

Housing CIP Summary	Phase 1 – 30.11.22	
Activity	RAG September 2023	Update
Policies, procedures	100%	Final version of key compliance policies created and adhered to by staff.
Strategic oversight and governance	100%	Ongoing and meeting monthly to monitor progress.
Financial resources	100%	Complete
Staff and contractors	100%	Interim specialist resourcing in place.
Data management	95%	A project has commenced to review the block structures in NEC Housing and is due to complete by the end of October 2023.
KPI reporting and performance	100%	Business as usual reporting is in place.

Housing CIP Summary	Phase 2 – 31.05.2023	
Activity	RAG September 2023	Update
Staff and contractors	71%	A national campaign has launched to recruit senior leadership roles. Interim senior management staffing arrangements have been extended to December 2023.

		Implementation of the Property Services function is on-going, and due to conclude in October 2023.
Data management	81%	A project has commenced to review the block structures in NEC Housing' and is due to complete by the end of October 2023. After completion, the build of compliance programmes can continue.
KPI reporting and performance	100%	Business as usual reporting is in place.
Requirements of the Building Safety Act	95%	A project has been initiated to review and recommend engagement forums for Higher Risk Residential Buildings (HRRBs).
Information and advice to residents	88%	A project has been initiated to review and recommend engagement forums for Higher Risk Residential Buildings (HRRBs).
Information, advice, and training to Members*	20%	Training is planned for October 2023 for newly elected representatives, and currently serving Councilors.

10. The actions outstanding are reliant on several workstreams which have taken longer than originally anticipated.
11. To ensure the outstanding actions on the Housing CIP remain subject to scrutiny, the Compliance Delivery Group meetings have been extended to December 2023 and will continue to advise on progress to the Health and Safety Compliance Board.

General Fund Compliance Improvement Plan

12. General Fund (non-housing) properties were prioritised to ensure that resource is focused on high risk, high liability assets first. Assets have been split into one of the following groups:
 - High priority – properties we occupy or use for delivery of services or where we have full repairing and insuring liabilities (typically where the asset is multi-tenanted) or general fund properties with sleeping accommodation above.
 - Medium priority – tenanted properties where some repairing liabilities fall to us as the landlord, or low risk operational assets which have limited compliance requirements (e.g., surface car parks).
 - Low priority – tenanted properties where no repairing liabilities fall to landlord or unoccupied assets such as land / statues etc.
13. Non-housing properties are split between assets where the council is the responsible person for compliance and assets where the tenant is the responsible person for compliance. High priority assets are assets which are operational or vacant and therefore the Council is the responsible person and multi-tenanted assets where there is joint responsibility between the council and tenant. Most of the non-housing stock is tenanted, and statutory compliance responsibilities fall on the tenants. These assets are in the medium and low priority risk area. For high priority assets the compliance improvement plan is around 95% complete. Work is in progress to move towards BAU on high priority assets, this includes gaining new fire risk assessments, compartmentation, and fire door surveys on some assets,

these have generated some new remedial actions on high priority assets which are being progressed (and fall outside the baseline figures used to calculate the 95% figure). The team are now focusing efforts on lower risk operations assets, for example surface car parks and tenanted assets.

14. An initial letter and escalation letters (if required) were sent to tenanted assets asking tenants to supply compliance documentation, but the response rate was poor.
15. Therefore, a policy has now been adopted to manage compliance in tenanted properties and to provide escalation of tenant compliance issues. In summary, this involves:
 - a. Providing guidance and information to tenants on how to meet their compliance obligations and seeking confirmation from tenants that compliance documentation and remedial actions are up to date.
 - b. Undertaking visits to tenants (at least every other year) in order to improve tenant liaison and undertake a visual inspection of the property.
 - c. Escalate tenant compliance matters where there is evidence, following inspection, of compliance issues, initially via correspondence with tenants and then escalation via enforcing lease provisions. Not to take further actions where visual inspections do not identify evidence of compliance issues.
16. A summary of the non-housing compliance improvement plan and progress is outlined below, which is planned for completion by the 31.01.2024:

Non-Housing CIP Summary – 31.01.2024		
Activity	RAG April 2023	Update
Asset prioritisation	100%	Complete
Staff and contractors	100%	Complete
High priority compliance mapping	100%	Complete
High priority landlord remedial works	95%	There are a small number of remaining remedials which are ordered with contracts and some new policies and procedures due to be adopted and rolled out shortly to allow completion.
High priority tenant letters	100%	Complete
High priority tenant responses and action	50%	Where responses have been received these are being worked through and dialogue continuing with tenants to establish a compliant situation. Further action will follow the new tenant compliance policy.
Medium & Low Priority Compliance Mapping	60%	Revised dashboard to be created to capture medium & low priority operational assets

Medium & Low Priority Landlord Remedial Works	40%	Now that high priority actions are almost complete resource is to focus on medium & low priority assets
Medium & Low Priority tenant letters	100%	Complete
Medium & Low priority tenant responses and action	50%	Where responses have been received these are being worked through and dialogue continuing with tenants to establish a compliant situation. Further action will follow the new tenant compliance policy.
Legal Review of Leases	100%	Complete
Dashboard	90%	The dashboard is in place however is to be revised to capture medium and low priority operational assets
Commercial tenant guide update	100%	Complete
Programmed maintenance review	100%	Programme is a live working document
Financial resources and controls	100%	Complete but subject to review and monitoring
Tenant escalation policy	100%	This is now complete


Housing Compliance Dashboard


17. To enable progress to be reported and monitored effectively, a compliance dashboard has been developed. The dashboard is updated monthly and reported to the Compliance Delivery Group and the Health, Safety and Compliance Board.
18. Overdue work and current work are monitored separately. All inspections and remedial works outstanding as of the 31st of December 2021 are 'overdue works. All actions since that date are monitored to be completed within required timescales and are termed 'business as usual.' This approach has been agreed with the RSH.


Overdue Works







19. All works outstanding as of the 31st of December 2021, where access has been gained, have been completed across the following areas: gas safety; water hygiene; electrical safety, lifts, and asbestos.
20. Where access to a home has not been possible and has prevented work being completed the appropriate tenancy support/action is being taken to enable completion of works as swiftly as possible. The housing teams are undertaking this work.
21. The fire programme was due to be completed by September 2023. However, problems were identified with the quality of fire risk assessments, and it was agreed to commission new assessments to ensure work is done to the required standard and quality.

22. The decision to commission new assessments meant that contractors reported capacity issues and as a result, a revised fire programme was submitted.
23. The revised fire programme will be completed by the 16th of October 2023 and contractors have appointed additional resources to ensure the target is met.
24. The position as of the 31st of August 2023 is set out in the tables below:

	Position in Nov 2021	August 2023	RAG
Gas Safety	Compliant**	Compliant **	
	Additional comments: All safety inspections have been completed as required		

	Position in Nov 2021	August 2023	RAG
Lifts	Compliant**	Compliant**	
	Additional comments: All safety inspections have been completed as required		

	Position in Nov 2021	August 2023	RAG
Water Hygiene	Up to 500 Water Hygiene surveys required	Compliant **	
	Additional comments: All safety inspections have been completed as required		

	Position in Nov 2021	August 2023	RAG
Asbestos	68 inspections required in communal areas	Compliant** HRRB management Surveys	
		Compliant** SpH management Surveys outstanding	
		Compliant ** LRB management surveys outstanding*	
	Remedial actions - position unknown	Compliant** HRRB remedial actions	
		Compliant** SpH remedial actions	
		Compliant** LRB remedial actions	
	Additional comments: All safety inspections have been completed as required		

	Position in Nov 2021	August 2023	RAG
Electrical Safety	105 Communal EICR's overdue	Compliant **	☑
	806 Domestic EICR's overdue	2 HRRB inspections overdue	↑
		Compliant** SPH inspections	☑
		24 LRB inspections overdue	↑
	Remedial actions position to be confirmed.	Compliant ** HRRB remedial actions	☑
		Compliant ** SpH remedial actions	☑
		9 LRB remedial actions overdue	↑
	Additional comments: The HRRB inspections outstanding are all cases where the contractor has not been able to gain access to the property; these are being progressed through the housing team where additional focused resources are now in place. Legal action to gain access will be taken where necessary.		
	All priority 1 and 2 remedial actions arising from inspections are now being completed at the time of the inspection to enable certification to be achieved without delay. Overdue remedial actions in all areas are reducing.		

	Position in Nov 2021	August 2023	RAG
Fire Safety	All HRRB FRA's completed.	Compliant** HRRB inspections	✓
	2 SpH overdue FRA's	Compliant ** SpH inspections outstanding	✓
	650 LRB FRA's outstanding (Please note, incorrect number was initially reported)	883 LRB inspections outstanding	↑
		3 HRRB remedial actions overdue	➡
		5 SpH remedial actions overdue	➡
		111 LRB remedial actions overdue	➡
	Additional comments Fire risk assessments (FRA) for all high-risk residential buildings and specialist housing have been completed.		
Contractors have been appointed to undertake the outstanding remedial works and these are gradually reducing, but there are some access issues to individual properties.			
Contractors have appointed additional resources to ensure targets are now met and there is a daily update on progress.			

	<p>In addition to the original 1700 FRAs required, a further 570 sites require an external wall assessment but no FRA (as no communal area). These have now all been assessed by the contractor.</p> <p>There have been 4 additional operational assets identified and added into the contract, along with 3 commercial sites where NCC are the landlord and responsible for the communal areas/means of escape.</p> <p>All HRRBs have now been registered with the Building Safety Regulator (BSR) and work is ongoing preparing building safety cases for all in scope premises.</p> <p>As part of the fire risk assessment process, we have commissioned surveys of some of the fire doors within our blocks. These surveys highlighted some concerns with the quality of the installation and the materials that had been used. After further specialist assessment and testing, we have identified that some doors may not perform as required in the event of a fire. We have updated our fire risk assessments to reflect this and shared our findings with the Norfolk Fire and Rescue Service (NFRS). We have put in place a series of measures to mitigate the risks associated with the doors and have written to our affected residents to share some updated advice and to arrange to visit their home. We are working closely with NFRS to assist any vulnerable residents that we identify, and NFRS have been supportive of the approach that we have taken so far. We have also shared information with the RSH and will continue to share our progress with them during our monthly meetings.</p>
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Please note the following abbreviations:

HRRB	High Risk Residential Building
SpH	Specialised Housing
SpH LL	Specialised Housing Landlord service
SpH Dom	Specialised Housing domestic property
LRB	Lower risk Buildings
FRA	Fire risk assessment

** Properties are compliant if they have a safety certificate or are being managed in accordance with the council's no access process.

Non housing assets data

25. To enable progress to be reported and monitored effectively, a non-housing compliance dashboard has been developed. The dashboard is updated monthly and reported to the Health, Safety and Compliance Board.
26. Progress against the non-housing compliance dashboard has accelerated in the last two months following the improvement of data. However, that data is still currently held in shared folders and spreadsheets. In the long-term an improved IT system will be required and is being scoped at the present time.
27. A programme for replacement of all FRA's (by the end of summer) has now been completed. FRA's completed are identifying remedial actions and resources are being aligned to ensure that these can be actioned in a timely manner.

28. Significant progress has been made in all compliance areas for both operational and shared responsibility buildings (Community Centres) and the current position is recorded in the table below and outlined in the improvement plan section earlier in this report.

29. High risk operational building compliance:

Fire	1 high risk and 2 medium risk actions remain, orders and action plans are in place to resolve this last remaining actions.
Electrical	All condition reports are up to date 1 remaining remedial with order raised to resolve.
Water	All buildings have an up-to-date risk assessment with no outstanding actions
Asbestos	All buildings have been surveyed and no high-risk material outstanding.
Gas	Gas servicing is up to date
Lifts	All lifts have up to date service records and are on a service/inspection plan.
Fire Installations	All up to date

30. Community Centre Compliance:

31. All risk assessments and remedials for community centres were completed, however new fire risk assessments have now been carried out on all centres. These have generated a new suite of fire risk remedial works, the details of these are being discussed with the fire risk contractor. The majority of these are site management actions and the compliance team will be liaising with centre operators to ensure actions are completed by the centre operators.

Independent Review of Progress by Campbell Tickell

32. Norwich City Council have commissioned Campbell Tickell to conduct an independent review of the progress made to date against the voluntary undertaking (VU), which the Council have given to the Regulator of Social Housing (RSH).

33. The independent review of progress has been undertaken in two phases, which were as follows:

- Phase one: to provide assurance that work to enact the VU was progressing in line with the planned timetable.
- Phase two: to provide assurance on two aspects -
 - The compliance position in the six key areas of health and safety
 - The delivery of the VU

34. In June 2023, members considered the findings, risks, and recommendations of phase one of the 'Independent Review of Progress'.

35. The second phase of the independent review commenced in July 2023 and Campbell Tickell undertook a desktop review, discussions with staff and sample checks.
36. Campbell Tickell published their findings and recommendations in September 2023, which is attached in Appendix 1.
37. They identified three key areas for Norwich City Council to focus on, which were as follows:
 - Data management and the use of NEC
 - Fire as properties are waiting for works to be completed.
 - Restructure and Recruitment
38. It was stated that the risks highlighted were acknowledged in most interviews and are discussed at all levels.
39. In summary they recommended the following:
 - Consider other methods of bringing expertise with a mix of permanent staff and long-term consultants for all key roles.
 - Consider an onboarding approach for new staff and staff in new roles which both sets out the new 'way things are done' and is clear in the role requirements to continue the on-going improvement project. This should cover both the new policies and management plans, and the new problem solving, risk-aware culture.
 - Maintain the Compliance Delivery Group until the restructure is concluding or a long-term mitigation plan is agreed, the data project is completed and there is assurance the FRA programme is on track.
 - Commission a data audit and a review of data governance upon completion of the NEC project.
 - Commission a review of the NCC fire safety compliance once programmes are underway. This will check that FRA, remedial works, and fire door programmes are on schedule, and that the data management is sufficient and increasingly automated.
40. Campbell Tickell felt that *'The pace and amount of progress against the action plan remains impressive. There is clear drive across everyone we spoke to, to not only hit the deadlines but embed a sustainable approach to ensure ongoing compliance. The shift in culture to a pro-active, problem solving one is clear and this will be key to ensuring sustainable compliance beyond this project.'*
41. In conclusion, they stated that *'Understandably the RSH will need assurance that should they no longer have NCC under review, the remaining actions from the VU will be completed to ensure current compliance and the long-term sustainability of compliance. The improvement in culture and NCC's demonstrable commitment to uncovering all issues, together with the commissioning of further audits to check all issues have been resolved, and the retention of the Compliance Delivery Group to oversee the project to conclusion will give assurance that progress will continue and the project will not drift into increased delays and decreased importance'.*

42. The report has been shared with our internal governance and assurance structure and recommendations will be implemented accordingly.

Compliance Risk Register

43. The Health, Safety and Compliance Board has developed a risk register that is reflected through into the Council's corporate risks. The register is regularly reviewed and has been updated and approved by the CDG, whilst the HSCB reviewed the risk register in September 2023.

Next Steps

44. Implement and plan the recommendations from Phase 2 of the independent review of progress.
45. The compliance team will continue to collaborate closely with colleagues in housing management and tenancy support to ensure access is gained to properties to conduct the necessary inspections and works, whilst minimising inconvenience to residents.
46. Outstanding actions on the Housing CIP, which have not been completed in line with deadlines will be addressed. Please note, the deadlines will remain subject to scrutiny by the Compliance Delivery Group and the Health and Safety Compliance Board to ensure progress is made.
47. A training programme will continue and is being developed for all with responsibility and accountability for compliance.
48. Work is continuing to secure appropriate permanent staff for senior management roles to ensure the long-term sustainability of compliance.

Engagement

49. Web content has been kept up to date to provide additional information and helpful FAQ's relating to the key issues.
50. Residents have several different options to contact us about compliance and to raise any questions or concerns.
51. In November 2023, Senior Management will inform the Tenant Involvement Panel of key aspects of the programme of works where applicable.
52. For tenanted non-housing properties, tenants have been contacted to ensure they are familiar with their compliance responsibilities and that these are aligned with the Council's responsibilities as landlord.

Implications

Financial and Resources

53. This report is to provide an update on the expenditure against the additional resources allocated to the compliance budgets.
54. On 12th November 2021, Cabinet approved budget virements to create additional 2021/22 revenue budgets of £1.272m to support the CIP and approved the creation of a new HRA Compliance earmarked reserve that enabled any unspent revenue budgets at the end of 2021/22, to be carried forward and utilised in 2022/23. In addition, on 30th November 2021, Council approved an increase to the 2021/22 HRA capital programme of £1.000m, with the intention that approval would be sought for any underspend to be carried forward through the usual capital carry-forward process for utilisation in 2022/23.
55. The revenue underspend of £0.840m in 2021/22 was moved to an earmarked reserve to support additional expenditure in 2022/23. The capital underspend of £1.000m was carried forward and to enable further capital expenditure in 2022/23. In addition, HRA revenue budgets totaling £0.662m plus an HRA capital budget of £1.000m were approved as part of the 2022/23 HRA budget.
56. At the end of 2022/23, the compliance revenue outturn was £0.662m leaving £0.713m remaining in the compliance earmarked reserve and the capital underspend of £1.3m was carried forward to enable further expenditure in 2023/24. In addition, £0.459m of revenue budgets and a £1.000m capital budget were approved for 2023/24 to support ongoing compliance work.
57. The 2023/24 budget position as at period 5 (31st August 2023) is shown in the tables below:

Revenue Cost	Compliance Earmarked Reserve £	2023/24 Compliance Budget £	2023/24 Current Actuals £	Remaining Revenue Funding £
Additional Specialist Resource	408,387	258,505	151,826	515,065
Compliance Remedial works	304,561	200,000	84,046	304,561
Total	712,948	458,505	235,873	819,626

Revenue Cost	Compliance Earmarked Reserve £	2022/23 Compliance Budget £	2022/23 Provisional Outturn £	Remaining Earmarked Reserve £
Additional Specialist Resource	535,348	312,000	438,962	408,387
Compliance Remedial works	304,561	350,000	223,425	304,561
Total	839,909	662,000	662,387	712,948

Capital Cost	2022/23 Underspend Brought Forward	2023/24 Compliance Budget £	2023/24 Current Actuals £	Unspent Budget to date
HRA Major compliance upgrades	1,300,000	1,000,000	85,570	2,214,431

Legal

58. The legal implications of the RSH notice and process were established in the report to Cabinet on 12 November 2021. The position remains unchanged for the purpose of this update report.
59. Legal advice has been obtained with regards to the respective Council and tenant responsibilities relating to leased properties in the general fund. We are continuing to review the position and take further advice regarding responsibilities based on individual responses from tenants and the relevant lease terms.

Statutory Considerations

Consideration	Details of any implications and proposed measures to address
Equality and Diversity	None
Health, Social and Economic Impact	None
Crime and Disorder	None
Children and Adults Safeguarding	None
Environmental Impact	None

Risk Management

60. The critical risk register for this project is attached in Appendix 2.

Other Options Considered

61. This is an update report following decision made by cabinet in November 2021.

Reasons for the decision/recommendation

62. No decision is required.

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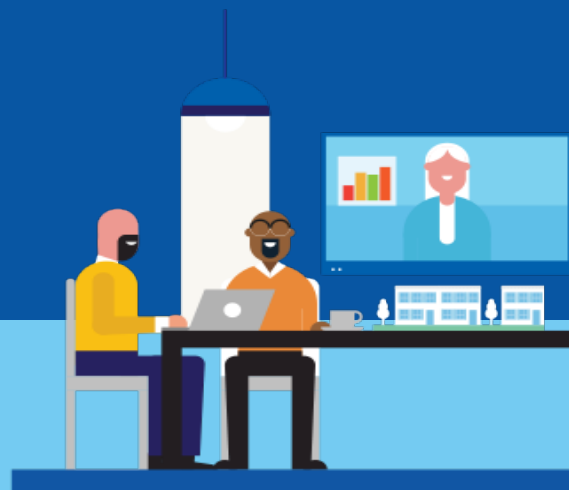
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Independent Review of NCC Delivery of RSH Voluntary Undertaking – Second Review Report

August 2023



1. Introduction

1.1 Campbell Tickell has been commissioned by Norwich City Council (NCC) to conduct a two-part independent review. The first part, completed February 2023, looked at the progress made to date against the voluntary undertaking (VU) given to the Regulator of Social Housing (RSH). The second part is to give assurance that the VU is complete and is serving its purpose of getting NCC to compliance and ensuring compliance can be maintained. This second review includes assurance on the current compliance position across the six main areas of: Gas, Electric, Asbestos, Fire, Water Hygiene and Lifts.

1.2 This report sets out findings and recommendations of the second review.

2. Headline Findings

2.1 There has been a considerable amount of progress on all relevant areas including performance, process, structure and management. We can not sign off the VU as complete, due to the issues relating to data and fire outlined below. However, our view is that the vast majority of the VU is complete and the trajectory of the outstanding issues has been planned and is being executed.

2.2 **Data** – NCC has found inconsistencies with the unique property reference numbers (UPRNs) and this has delayed the migration on to the NEC system. The current position makes it difficult to provide assurance that all properties for which NCC is responsible are on all necessary programmes of work, necessitating extensive manual cross-checking and reviewing (which is in place).

2.3 This project is overrunning the original timeline, though it is currently on track with the revised committed timeline. Two operational challenges further complicate matters: The delay in the staffing restructure and: The Compliance Delivery Group is currently scheduled to conclude in September 2023. The absence of the group overseeing the overall improvement at the final stages of the project could risk reducing the corporate focus on ensuring successful completion.

2.4 **Fire** – an internal review of the existing fire risk assessments (FRAs) found them to be below the standard NCC required. New assessments were commissioned but these are in progress and are not all completed. Contractors are working through the original outstanding actions as well as actions resulting from new assessments, and as such are not on target to meet the VU's commitment. We view this position positively. Sub-standard existing work was identified and the additional remedial work necessary has lengthened the timescale to achieve full coverage. We are satisfied that approach being taken manages the interim risks is appropriate.

2.5 **Restructure and Recruitment** – There continues to be a reliance on interim expertise to cover key roles. Whilst this is a deliverable in the VU, the larger risk is to NCC's ability to sustain the improvement made to the compliance culture and performance as the transition is made to a permanently employed team.

3. Brief

3.1 Norwich City Council (NCC) is landlord of approximately 14,500 council homes and approximately 3,000 leaseholder homes. In July 2021, NCC self-reported a possible breach of the Home Standard. Upon review, the RSH found that NCC had breached the Homes Standard and published a Regulatory Notice.

3.2 In May 2022, NCC agreed a VU to ensure a return to, and then ongoing, full compliance.

3.3 Campbell Tickell was commissioned to carry out a review of the progress of the delivery of the VU to give assurance that actions would be completed by the agreed dates. This review was completed in February 2023, and found that NCC were largely on track to meet their timelines. A second review, to give assurance all actions are complete and compliance is achieved, has now been carried out.

4. Methodology

4.1 Our work was conducted remotely. We were impressed with NCC's agility and responsiveness to our requests for information and meetings. We thank everyone we met during this assignment, and especially Gemma Sharp, for their support and for encouraging staff to have an honest dialogue with us.

4.2 We began the exercise by understanding how complete NCC believed the VU to be and what current performance against KPIs was. We followed this up with validation of that position. Our tasks included:

- a. Reading documents set out in Appendix 1.
- b. Group interview with Interim Head of Asset Management and Compliance, and Interim Project Manager Compliance.
- c. Individual interviews with officers covering gas, electrical, asbestos, M&E/lifts, water hygiene and fire.
- d. Group interview with the data project team.
- e. Group interview with two independent members and the Chair of the Compliance Delivery Group.
- f. Individual interview with the Interim Head of Housing.
- g. Reality checks – shared screen demonstration of live systems and spreadsheets, random property sample checks, following through the documented processes.

4.3 The results of this review are based on a triangulation of the desk-top review, discussions with staff and sample checks.

5. Findings

5.1 The Voluntary Undertaking is phased, with the most urgent actions coming due 30th November 2022, and the second phase due by 31st May 2023. These deadlines have been extended, with the first review taking place in February 2023, and the second in August 2023. The table below shows the progress against each action.

Area	Action/Outcome	Timescale
Policies and Procedures	1. Policies, procedures, and associated management plans Phase 1	1. Policies, procedures and associated management plans are updated and being actioned. Now agreed and circulated.
Staff and Contractors	2. Staff with required H&S competencies in place. Phase 1 3. Specialist contractors appointed. Phase 1 4. Staff restructure Phase 2 5. Staff training on H&S delivered. Phase 2	2. In place but heavily reliant on interims. 3. In place. 4. This has started, may have challenges around recruitment. Further details below. 5. Completed for immediate need. Further training rolled out as restructure completed. Training for members to commence October 2023.

Area	Action/Outcome	Timescale
Data Management	<p>6. Complete property compliance data audit. Phase 1</p> <p>7. Complete the annual data validation check. Phase 2</p> <p>8. All record keeping to be within the NEC system. Phase 2</p>	<p>6. All data input and review being carried out</p> <p>7. Issues found with data. First tranche (10%) of stock condition surveys with FFT, due back September 2023.</p> <p>8. In progress but bigger project due to data issues. Further details below.</p>
Gas	<p>9. 100% coverage of Gas Safety Certificates (or demonstrable 'no access' process in place). Phase 1</p>	<p>9. In place. At time of audit, no outstanding checks or certificates.</p> <p>The No Access process is within the gas policy.</p>
Legionella	<p>10. Risk assessments and management plans completed and in place for Specialist Housing and High Risk sites. Phase 1</p>	<p>10. In place</p>
Fire	<p>11. Fire Risk Assessments completed for all required properties. Phase 1</p> <p>12. High Risk Actions all completed. Phase 1</p> <p>13. Medium/Low risk actions progressing to schedule Phase 2</p>	<p>11. Completed originally, new FRAs commissioned. Further details below.</p> <p>12. Completed other than fire doors which are on a programme.</p> <p>13. In progress with contractors, behind original target.</p>

Asbestos	<p>14. Production of risk based removal programme. Phase 1 (for required properties)</p> <p>Phase 2 (for all other properties)</p> <p>15. Resurvey program on schedule for completion Phase 2</p>	<p>14. Yes and removals happening</p> <p>Programme in place</p> <p>15. On schedule</p>
Electrics	<p>16. EICR's in place for all required properties. Phase 1 (for all required properties)</p> <p>Phase 2 (for all other properties)</p>	<p>16. Completed for both phases – either in place or going through the no access process</p>
Lifts/ME Installations	<p>17. Full survey of sites completed Phase 1</p> <p>18. Programme of inspections in place and being delivered. Phase 1 (for required properties)</p> <p>Phase 2 (for all other properties)</p>	<p>17. Completed</p> <p>18. In place for both phases.</p>
KPI Reporting and Performance	<p>19. Agreed KPIs in place for all H&S areas. Phase 1</p> <p>20. Quarterly reporting to Cabinet in place until such time as full compliance is reached. Phase 1</p> <p>21. Performance meets targets in all areas Phase 2</p>	<p>19. In place and being reported</p> <p>20. In place</p> <p>21. Not yet met for fire. Further details below.</p>

Independent validation of delivery of Voluntary Undertaking	22. Independent validation of completion of the two phases of this Voluntary Undertaking.	22. First phase to reported end of Feb 2023. Second phase to report by end of August 2023, covered by this report.
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Progress

5.2 All action points have seen significant progress, with many completed. Our assurance is based on a desktop assessment, triangulated in meetings with relevant officers. We have seen the data at source with the officers talking through the progress, current state and next steps. For the six areas of compliance we have carried out sample checks, on properties chosen at random, tracking them through the process, reviewing certification, evidence of any works, and recording of information. We have seen evidence of explanations for instances of noncompliance, for example no access. We have then cross referenced this information with the reporting dashboard which is now in place. We have found the following areas to be compliant:

5.3 **Gas** – at the time of auditing this is 100%, with no overdue inspections or certificates. This has been the position consistently for a number of weeks. There has been a marked change in NCC's approach to access issues, with a focus now on overcoming the issues rather than seeing them as a legitimate explanation for non-compliance. This attitude is demonstrated in a situation we have seen during the audit where a property about to fall overdue was worked on by the team over a weekend to get access and ensure 100% compliance. CO monitors are in 99.84% of properties which require them, with 19 properties still to have monitors installed. 12 of these are booked in with the next gas inspection and 7 are being worked on jointly with the housing team as customers have refused installation.

5.4 **Legionella** – at the time of auditing this is 100% with no overdue risk assessments or P1 or P2 works.

5.5 **Asbestos** – at the time of auditing this is 99.3% with 11 surveys due but booked in, and no outstanding works. Reinspection surveys on track.

5.6 **Electrics** – at the time of auditing this is 99.8% with 29 properties overdue due to historic access issues. NCC has just successfully completed a test injunction case for access for EICR inspection and will now be using this process to gain access to the 29 outstanding properties. NCC employs Gasway for both LGSRs and EICRs and therefore is utilising access for gas checks to get electrical checks done at the same visit where appropriate. Certificates have been reviewed by NCC and they have worked with Gasway to ensure that all works required are captured on the certificate and marked as 'info' to show they have been completed at the inspection visit. This means there is a clear audit trail of all faults found and marked as rectified.

5.7 **Lifts/M&E** – at the time of auditing this is 100% with no outstanding inspections or works. There has been a review of the flow of information from the contractor, as there

has been a lack of reporting from the contractor beyond completion of individual jobs. This has led to NCC having to carry out a very manual process of recording all the information sent in a way that can then be reported on across the stock. This is now back with the contractor to provide programme plans and reports on progress against them, with evidence, with the first reports due in September.

Areas of Risk – VU commitments not met

Data Management and the use of NEC

5.8 NCC have not yet completed the annual data validation and not all records are on NEC. When NCC reviewed the data and programmes of work across the compliance areas, it became clear there were inconsistencies with the unique property reference numbers (UPRNs) and how these had been applied to the structure of the data (blocks, dwellings etc). It has also been found that NEC does not have in-built forms which sufficiently deal with risk assessments, which the teams dealing with water hygiene, asbestos and fire have been working with NEC to redesign. Asbestos programme information is kept on TEAMS Enterprise and work is underway to link this to NEC.

5.9 **Risk:** Until the UPRN issue is resolved assurance for reporting is reliant on manual checks and full automation is not possible. Performance information on EICRs for reporting is still input manually. The data risk is compounded by the risks of delays relating to the NEC system, delay to posts filled following the restructure and the impending conclusion of the Compliance Delivery Group.

5.10 **Mitigation:** The RSH has been informed of the situation and kept informed of the progress. NCC have committed to the project to get all data cleansed and on to NEC to conclude in October 2023. Following this, there will need to be a full data audit to both verify accuracy and completeness of data held in NEC, and confirm robust data governance being in place. A combination of new starters and crucial final stages of a major transformation project will need careful and consistent management to ensure momentum is maintained whilst enabling people to settle in to new roles. Extending the Compliance Delivery Group until sign off of the final data audit would provide strong oversight of the project to completion and serve to maintain the raised profile of compliance within NCC as it is being embedded in business as usual.

5.11 Data is only of use if it is clean and maintained. Often when an organisation starts to review its data, many issues are revealed and the implementation of a new system does typically bring out data structure issues. These are difficult to effectively mitigate without carrying out a full review and cleanse as NCC are currently doing. The requirement for time to allow this exercise to be carried out thoroughly and accurately does mean a delay to the original timeline commitment. Though the further delay is regrettable it is our view that NCC's approach has been reasonable and that they are taking all reasonable steps to manage risks arising.

Fire

5.12 Problems were identified with the quality of some pre-existing FRAs. The risks arising from the identified problems were considered and a catch up programme of new FRAs planned and implemented. NCC considered the interim risks and have managed these through ensuring all high-risk actions were completed and prioritising high-risk buildings for re-assessment. There has been no material increase in risk to customers. As part of the new programme of FRAs, NCC commissioned testing on a selection of fire doors which highlighted failings in installation and materials. The relevant FRAs were updated to reflect this, and NCC worked with Norfolk Fire and Rescue Service to ensure the risk to customers was minimised.

5.13 The position now is that:

- All required properties have a fire risk assessment and all necessary actions are on a programme of works, with all high-risk actions, other than fire door replacement, being completed.
- The fire door replacement programme is now agreed and about to commence.
- The decision to commission new assessments means contractors are stretched with assessments, original actions and additional actions from higher standard FRAs.

5.14 **Risk:** Unable to sign off the fire action listed in the VU. Properties are waiting for works to be completed.

5.15 Mitigation: All high-risk residential buildings were prioritised for new FRAs and these have been completed. Buildings remain operating on current FRA until new ones are produced. All remaining actions from the original FRAs are being addressed and are integrated in to the contractor's programme of works along with actions resulting from new assessments.

5.16 The RSH has been informed of the situation and approach, and whilst they initially asked for quicker resolution, NCC is committed to ensuring FRAs are of the necessary quality and work is done to the standard required. A reasonable but strict timeframe is in place for the new assessments and actions. High risk buildings are being closely managed. There is both awareness of, and commitment to, achieving the required position.

5.17 A follow up review to ensure both the FRA action and fire door replacement programmes are on track would provide assurance that the re-doing of FRAs is not leading to drift in the programme.

5.18 Whilst it is unfortunate that NCC found their FRAs did not meet their requirements, it is not uncommon. As more organisations are reviewing and quality checking their fire safety information, there is a growing need for improved assessments which is resulting in increased demand for high quality fire safety contractors. It is our view that an improved fire safety approach is in keeping with the culture change NCC is implementing and this is a reasonable approach.

Resourcing following restructure

5.19 The service is highly dependent on interims. There could be challenges filling these roles permanently with candidates with appropriate qualifications and experience. It is a competitive jobs market and NCC's location puts it in direct competition with other, larger local authorities and with London employers. A recruitment campaign for the high-level roles is underway in August. The internal recruitment process has suffered delays due to some long-term sickness and some resistance, which has slowed down the consultation and resulting interview process. This has inevitably resulted in team members covering areas which either is not their area of expertise, or which is their area, but without the security of officially having the role. This is being addressed with the Human Resources team to ensure key roles which can filled are and delays are kept to a minimum whilst adhering to the restructure and consultation process.

5.20 **Risk:** Inability to meet the first action of the second section – Staff with required H&S competencies in place – in the long term, and therefore maintain the new compliance culture.

5.21 **Mitigation:** This is a known risk and is discussed at the Board and Group. Medium-term mitigation is in place through extension of contracts until December 2023. There is an understanding that a longer extension may be required to ensure recruitment and sufficient hand over time. Long term mitigation is still to be decided but will be reviewed in light of the response to the August recruitment campaign.

5.22 Although the delays to the restructure were broadly predicted, the issues were difficult to mitigate ahead of them starting to materialise. Large restructures often have an unsettling affect on teams and it is not always possible to predict how each individual will react. Whilst the challenges of recruiting to roles which are in demand nationally, in a location surrounded by competitors, were clear at the outset of the VU, these were also difficult to mitigate. NCC's approach of internal and external recruitment whilst maintaining current interim resource is reasonable in our view.

6. Recommendations

1. Consider other methods of bringing in expertise with a mix of permanent staff and long-term consultants for all key roles.
2. Consider an onboarding approach for new staff and staff in new roles which both sets out the new 'way things are done' and is clear in the role requirements to continue the on-going improvement project. This should cover both the new policies and management plans, and the new problem-solving, risk-aware culture.
3. Maintain the Compliance Delivery Group until the restructure is concluding or a longterm mitigation plan is agreed, the data project is completed and there is assurance the FRA programme is on track.
4. Commission a data audit and a review of data governance upon completion of the NEC project.

5. Commission a review of the NCC fire safety compliance once programmes underway. This will check that FRA, remedial works and fire door programmes are on schedule, and that the data management is sufficient and increasingly automated.

7. Conclusion

7.1 The pace and amount of progress against the action plan remains impressive. There is clear drive across everyone we spoke to, to not only hit the deadlines but embed a sustainable approach to ensure ongoing compliance. The shift in culture to a pro-active, problem solving one is clear and this will be key to ensuring sustainable compliance beyond this project.

7.2 The risks highlighted above were acknowledged in most interviews and are evidently discussed at all levels.

7.3 NCC has largely met its targets, and in some cases completed ahead of deadline. In both the cases of data and fire, work undertaken early on found further challenges and the current situation reflects NCC's commitment to resolve these absolutely and ensure no fundamental issues will surface in the future.

7.4 Understandably the RSH will need assurance that should they no longer have NCC under review, the remaining actions from the VU will be completed to ensure current compliance and the long-term sustainability of compliance. The improvement in culture and NCC's demonstrable commitment to uncovering all issues, together with the commissioning of further audits to check all issues have been resolved, and the retention of the Compliance Delivery Group to oversee the project to conclusion will give assurance that progress will continue and the project will not drift into increased delays and decreased importance.

Appendix 1

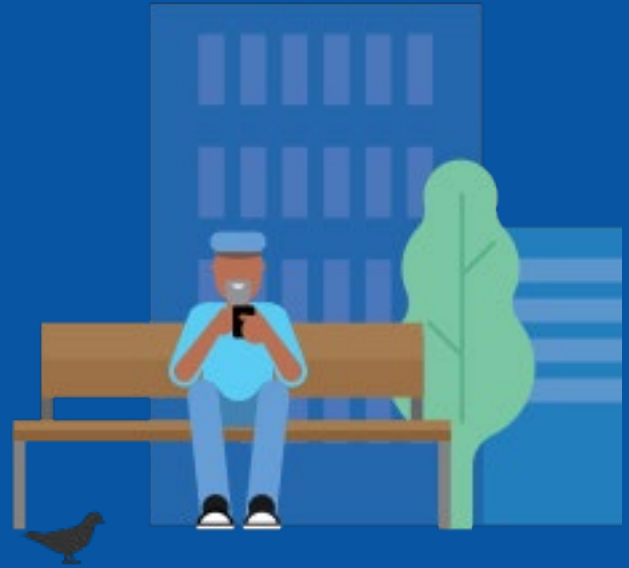
VOLUNTARY UNDERTAKING REVIEW

List of key documents considered in this review

1. Policy, process, contractor documents for gas, electric, lifts, water hygiene, fire and asbestos
 2. Work plans/programmes for gas, electric, lifts, water hygiene, fire and asbestos
 3. Compliance dashboard
 4. Reports to Cabinet and Board
 5. Risk register
 6. Compliance improvement plan
 7. KPIs
 8. No access policy and procedure
 9. Quality assurance and governance plan
 10. Structure chart
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Appendix 2

Risk Management

A detailed project risk register has been developed. Set out below are the overarching and critical risks to the compliance programme.

Risk	Consequence	Controls Required
Inadequate systems to record and manage data.	Inaccurate information resulting in insufficient progress in key areas and ineffective management of Health and Safety Compliance. Serious detriment to tenants/ leaseholders.	Risk based programme in place. NEC system implementation. Skilled additional capacity.
Lack of contractor supply chain capacity.	The CIP cannot be delivered swiftly, and tenants remain at risk for an extended period.	Widen the pool of contractors being used. Work with EPL to identify potential contractors.
Skills and expertise not sufficient to manage the program in NCC.	Delayed decision making and inability to progress the work required. Tenants remain at risk for an extended period.	Skilled temporary resources to oversee the programs of works are in place. Undertake permanent recruitment of key posts.
Loss of experienced staff currently delivering compliance activity.	Compliance catch up works not progressed in a timely way.	Review the roles and implement a new structure as required. Undertake required training of key staff.
Incomplete or out of date policies and procedures.	Actions are incorrect, not meeting statutory requirements. Inadequate support for staff.	Policies and procedures updated and being adhered to by staff.
Undertake a quality review, back 5 years, of all Fire Safety improvement works	Poor quality work does not meet the required standard. Tenants remain at risk	Validation of existing data through the annual inspection programme. Targeted surveys by specialist Fire safety contractor.