



# NORWICH City Council

**Committee Name:** Cabinet

**Committee Date:** 14/06/2023

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

**Portfolio:** Councillor Jones, Deputy leader and cabinet member for housing and community safety

**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 fifth update and includes information up to the 30<sup>th</sup> of April 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. 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 when completed 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

7. 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

8. 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 31.5.23.

Housing CIP Summary	Phase 1 – 30.11.22	
Activity	RAG April 2023	Update
Policies, procedures	100%	Final version of key compliance policies created and adhered to by staff.  The consultation and approval process has been scheduled for the 12 <sup>th</sup> of June 2023.
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%	On-going work to review data and continue functionality testing.
KPI reporting and performance	98%	As reported in January 2023, the completion date has been extended to the 31.05.2023 to ensure data meets the required standard.

Housing CIP Summary	Phase 2 – 31.05.2023	
Activity	RAG April 2023	Update
Staff and contractors	66%	Implementation of the Property Services function is on-going.  Interim senior management staffing arrangements extended to October 2023.  Permanent recruitment is due to commence in May 2023.
Data management	69%	On-going work to review data and continue functionality testing.
KPI reporting and performance	73%	Under review to ensure data meets the required standard and complies with the Tenant Satisfaction Measures set by the RSH.

Requirements of the Building Safety Act	95%	Consultations being planned regarding the wider resident engagement strategy.
Information and advice to residents	88%	Consultations being planned regarding the wider resident engagement strategy.
Information, advice, and training to Members*	20%	Training is planned for September 2023 for new elected representatives, and currently serving Councillors.

9. The actions outstanding are reliant on several workstreams which have taken longer than originally anticipated. Outstanding actions on the Housing CIP, which have not been completed in line with deadlines are being addressed and remain subject to scrutiny by the Compliance Delivery Group and the Health and Safety Compliance Board.

### **General Fund Compliance Improvement Plan**

10. 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.
11. 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 90% complete. The team are now focusing efforts on lower risk operations assets, for example surface car parks and tenanted assets.
12. Letters have been sent to tenanted assets asking tenants to supply compliance documentation. The response rate has been poor and therefore chaser letters have been sent and a further letter is due to be sent towards the end of May. A policy is being pulled together to agree an approach on how to approach tenanted property compliance and consider next steps and how tenants can be assisted to meet their responsibilities.

13. A summary of the non-housing compliance improvement plan and progress is outlined below, which is planned for completion by the 31.01.2024:

<b>Non-Housing CIP Summary – 31.01.2024</b>		
<b>Activity</b>	<b>RAG April 2023</b>	<b>Update</b>
Asset prioritisation	100%	Complete
Staff and contractors	100%	Complete
High priority compliance mapping	100%	Complete
High priority landlord remedial works	90%	There are some 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	15%	Response rate has been poor, chaser letters are to be sent and a policy developed to consider how to escalate such matters and assist tenants in compliance
Medium Priority Compliance Mapping	60%	Revised dashboard to be created to capture medium priority operational assets
Medium Priority Landlord Remedial Works	40%	Now that high priority actions are almost complete resource is to focus on medium priority assets
Medium Priority tenant letters	100%	Complete
Medium priority tenant responses and action	10%	Response rate has been poor, chaser letters are to be sent and a policy developed to consider how to escalate such matters and assist tenants in compliance
Low Priority Compliance Mapping	40%	Revised dashboard to be created to capture low priority operational assets
Low Priority Landlord Remedial Works	40%	For operational assets these are to be captured and taken forward alongside the medium priority assets
Low Priority tenant letters	100%	Complete
Low priority tenant responses and action	10%	Response rate has been poor, chaser letters are to be sent and a policy developed to consider how to escalate such matters and assist tenants in compliance
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	10%	To be drafted and taken to board based on legal advice and feedback
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## Housing Compliance Dashboard


14. 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.
15. Overdue work and current work are monitored separately. All inspections and remedial works outstanding as of the 31<sup>st</sup> 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 Work





16. All works outstanding as of the 31<sup>st</sup> of December 2021, where access has been gained, have been completed across the following areas: gas safety; water hygiene; electrical safety and lifts.
17. 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.
18. The asbestos programme and fire programme are within targets set by the RSH. The asbestos survey programme will be completed by August 2023 and our fire risk assessment programme will be completed by September 2023.
19. Detailed programmes have been received from both contractors and are reviewed regularly with progress scrutinised by the Compliance Delivery Group and the Health, Safety and Compliance Board.
20. The position as of the 30<sup>th</sup> of April 2023 is set out in the tables below:



	Position in Nov 2021	April 2023	RAG
<b>Gas Safety</b>	Compliant**	Compliant **	
	Additional comments: All safety inspections have been completed as required		







	Position in Nov 2021	April 2023	RAG
<b>Lifts</b>	Compliant**	Compliant**	
	Additional comments: All safety inspections have been completed as required		

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

	Position in Nov 2021	April 2023	RAG
<b>Electrical Safety</b>	105 Communal EICR's overdue	Compliant **	
	806 Domestic EICR's overdue	5 HRRB inspections overdue	
		Compliant** SPH inspections	
		47 LRB inspections overdue	
	Remedial actions position to be confirmed	Compliant ** HRRB remedial actions	
		Compliant ** SpH remedial actions	
		23 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	April 2023	RAG
<b>Asbestos</b>	68 inspections required in communal areas	Compliant** HRRB management Surveys	
		Compliant** SpH management Surveys outstanding	
		33 LRB management surveys outstanding*	
	Remedial Actions - position unknown	Compliant** HRRB remedial actions	

		Compliant** SpH remedial actions	
		Compliant** LRB remedial actions	
<p>Additional comments: *Good progress has been made and all asbestos management surveys of communal areas. Originally 1650 surveys were thought to be required for communal areas and building externals (those parts of buildings subject to regulation 4 of the Control of Asbestos Regulations). These areas were surveyed by the end of April 2023. A further 138 areas were identified as requiring Management surveys. Of these 107 have been completed and the remainder are programmed in.</p> <p>Asbestos survey recommendations are reviewed, and remedial actions are programmed in to be undertaken by the NCCs Licensed Asbestos Removal Contractor on a risk basis.</p> <p>All asbestos data is held on the surveyors TEAMS asbestos database and will be transferred to the Councils own TEAMS Enterprise asbestos Management system in the summer of 2023.</p> <p>The interim asbestos compliance officer is leading the programme to undertake the surveys and management in the LRB.</p>			

	Position in Nov 2021	April 2023	RAG
<b>Fire Safety</b>	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)	1381 LRB inspections outstanding	
		3 HRRB remedial actions overdue	
		5 SpH remedial actions overdue	
		111 LRB remedial actions overdue	
	<p>Additional comments: Fire risk assessments (FRA) for all high-risk residential buildings and specialist housing have been completed.</p> <p>Contractors have been appointed to undertake the outstanding remedial works and these are gradually reducing, but there are some access issues to individual properties.</p> <p>Contractors have appointed additional resources to ensure targets are now met and there is a daily update on progress.</p> <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 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> <p>NCC and NFRS are carrying out a joint high-rise exercise at one of the highest tower blocks in the city. The purpose of this is to enable NFRS to test their operational response and high-rise tactics incorporating latest guidance post Grenfell Tower tragedy. NCC will also be testing their out of hours response to such an incident, this will include the immediate response, onsite support to residents and NFRS. Silver and Gold (tactical and strategic) command will be implemented. Emergency planning teams will be recalled, and rest centres set up, followed by virtual rehousing for all those displaced from their homes.</p> <p>A joint debrief will be held to ascertain any learning points, what went well and what can be improved, this will be fed into the national database for best practice.</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**

21. 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.
22. 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.

23. A program is in place to update all FRA's by the end of Summer. FRA's completed are identifying remedial actions and resources are being aligned to ensure that these can be actioned in a timely manner.
24. 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.
25. High risk operational building compliance:

Fire	1 risk assessment is outstanding which is programmed in. All high-risk actions have been addressed. Fresh fire risk assessments are being undertaken on operational assets programmed in with an aim to complete by end of August 2023. These may lead to further remedial works being identified.
Electrical	All condition reports are up to date with 1 building isolated pending electrical upgrades.
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	1 test document is outstanding (a satisfactory test has been carried out) and is with NCSL

26. Community Centre Compliance:

Fire	All risk assessments are complete, and all outstanding actions have been raised with NCSL to address. Although risk assessments were in place a program has commenced to replace these later this year at which point any further remedials will be captured and acted on.
Electrical	All condition reports are up to date.
Water	All Risk Assessment are up to date with no actions
Asbestos	All asbestos surveys are up to date with no outstanding actions.
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 fire alarm systems are serviced and up to date.

27. Tenants of high-risk properties have been written to on the 4<sup>th</sup> of October 2022. The response rate has been relatively poor with 11 replies received

out of 37 recorded delivery and hand delivered letters sent. A further chaser letter was sent on the 4<sup>th</sup> of November 2022 and a further 2 responses received. Where a response has been received communication is continuing with tenants. Legal advice is being sought ahead of taking any further steps for those tenants who have not responded. A policy is being drafted to consider how and when tenant compliance is escalated and how the council can assist tenants in complying with their responsibilities.

28. Given high priority, asset compliance is progressing well, resource is now focusing on medium and low priority assets where the Council is the responsible person for compliance.

### **Independent Review of Progress by Campbell Tickell**

29. 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).
30. The independent review of progress will be undertaken in two phases, which are as follows:
- The first phase will provide assurance that work to enact the VU is progressing in line with the planned timetable.
  - The second phase will provide assurance on two aspects:
    - The compliance position in the six key areas of health and safety
    - The delivery of the VU
31. In November 2022, the first phase of the independent review commenced, and Campbell Tickell undertook a desktop assessment, triangulated in meetings with relevant officers. This information was cross compared through the various stages of reporting to the Compliance Delivery Group, The Health Safety and Compliance Board and Cabinet.
32. Campbell Tickell published their initial findings in February 2023, which is attached in Appendix 1.
33. They identified three key areas for NCC to focus on, which are:
- Resourcing following the restructure.
  - Training plan for all with responsibility and accountability for compliance
  - Signing off reviewed policies and processes
34. It was stated that the risks highlighted were acknowledged in most interviews and are discussed at all levels.
35. In summary, they recommended the following:
- Consider recruitment approaches and incentives ahead of advertising. Consider other methods of bringing in expertise with a mix of permanent staff and consultants.

- Develop a rolling compliance training plan for relevant roles outside the immediate compliance team.
  - Sign off and publish revised policies and processes as a priority.
36. Campbell Tickell stated that *'the pace and amount of progress against the action plan is impressive'* and confirmed that *'NCC is currently largely on schedule to meet its targets, and in some cases complete ahead of deadline.'*
37. The report has been shared with our internal governance and assurance structure and the risks and recommendations will be monitored accordingly.
38. The next phase of the independent review of progress is planned to commence in July 2023.

### **Compliance Risk Register**

39. 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 May 2023.

### **Next Steps**

40. Work is planned to commence in July 2023 on phase 2 of the independent review, which forms part of the voluntary undertaking with the RSH. The purpose of this review is to provide assurance on the compliance position in the six key areas of health and safety and the delivery of the VU.
41. 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.
42. 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.
43. A training programme will continue and will be developed for all with responsibility and accountability for compliance.
44. Work is continuing to secure appropriate permanent staff for senior management roles to ensure the long-term sustainability of compliance.

## Engagement

45. Web content has been kept up to date to provide additional information and helpful FAQ's relating to the key issues.
46. Residents have several different options to contact us about compliance and to raise any questions or concerns.
47. 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

48. This report is to provide an update on the expenditure against the additional resources allocated to the compliance budgets.
49. On 12<sup>th</sup> 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 30<sup>th</sup> 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.
50. 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.
51. 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 to support the ongoing additional compliance work.
52. The 2022/23 provisional outturn budget position (31<sup>st</sup> March 2023) is shown in the tables below:

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
<b>Total</b>	<b>839,909</b>	<b>662,000</b>	<b>662,387</b>	<b>712,948</b>

<b>Capital Cost</b>	<b>2021/22 Underspend Brought Forward</b>	<b>2022/23 Approved Compliance Budget £</b>	<b>2022/23 Provisional Outturn £</b>	<b>Unspent Budget Available to Carry-Forward into 2023/24</b>
HRA Major compliance upgrades	1,000,000	1,000,000	250,600	1,749,400

53. This shows that £0.127m of the compliance earmarked reserve has been utilised to fund expenditure (£0.439m) in excess of the 2022/23 approved budget (£0.312m) for additional specialist resource, but expenditure on compliance remedial works (£0.223m) was within the 2022/23 approved budget (£0.350m) and did not require any further utilisation of the reserve.
54. The remaining compliance earmarked reserve of £0.713m remains available to support further revenue expenditure in 2023/24 and the unspent £1.749m capital budget may be requested to be carried forward through the usual capital carry-forward process for utilisation in 2023/24.
55. In November 2021, the Cabinet approved, the remit of the General Fund Commercial Property Reserve and General Fund Repairs Reserve be extended to enable the funding of any necessary compliance works to General Fund properties. During 2022/23, £0.071m of the General Fund Repairs Reserve was utilised to support these works.

## **Legal**

56. 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.
57. 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**

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

## **Risk Management**

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

## **Other Options Considered**

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

## **Reasons for the decision/recommendation**

60. No decision is required.

## **Appendices:**

Appendix 1: Independent Review of NCC Delivery of RSH Voluntary Undertaking

Appendix 2 Risk Management

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Contact Officer: Interim Head of Building Safety and Compliance

Name: Paul Cook

Telephone number: 01603 989570

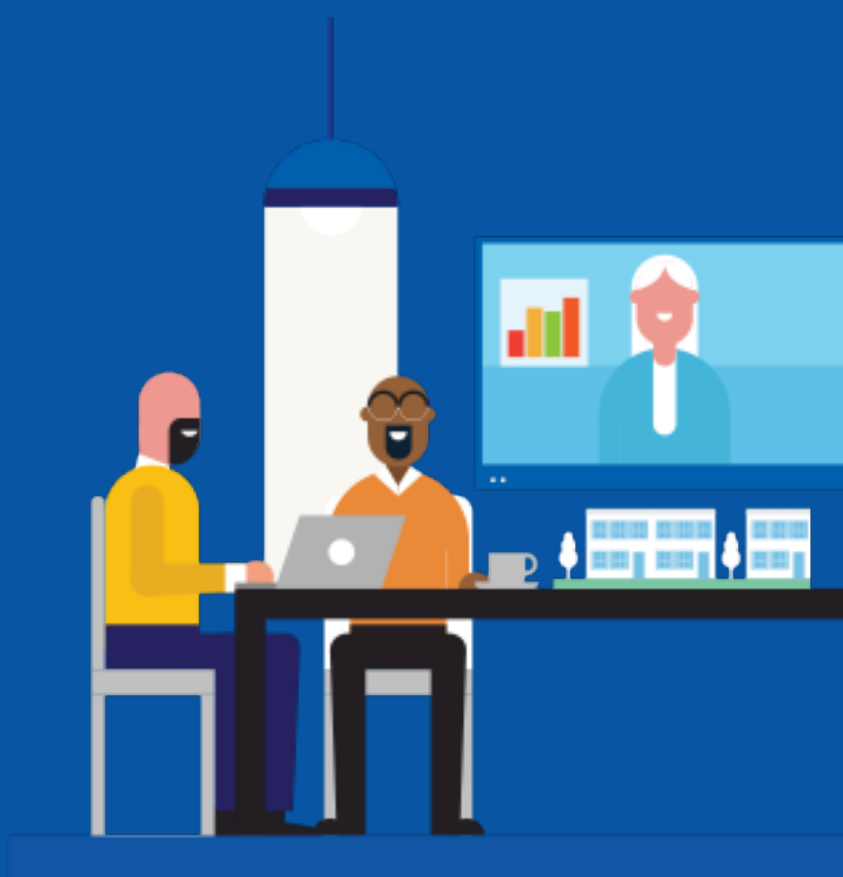
Email address: [paulcook@norwich.gov.uk](mailto:paulcook@norwich.gov.uk)

# Independent Review of NCC Delivery of RSH Voluntary Undertaking

– Initial  
Report

February  
2023

DRAFT





## **1. Introduction**

1.1 Campbell Tickell has been commissioned by Norwich City Council (NCC) to conduct an independent review of the progress made to date against the voluntary undertaking (VU) they have given to the Regulator of Social Housing (RSH).

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

## **2. Brief**

2.1 Norwich City Council (NCC) is landlord of approximately 14,500 council homes and approximately 3,000 leaseholder homes.

2.2 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. 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.

2.3 In May 2022, NCC agreed a voluntary undertaking to ensure a return to, and then ongoing, full compliance.

2.4 Campbell Tickell was commissioned to carry out a review of the progress of the delivery of the voluntary undertaking to give assurance that actions would be completed by the agreed dates. A second review will take place to give assurance all actions are complete, and compliance is achieved.

## **3. Methodology**

3.1 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.

3.2 We began the exercise by understanding how far NCC believed they had progressed and 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, data, and fire.
- d. Individual interviews with two independent members and the Chair of the Compliance Delivery Group.
- e. Individual interviews with Interim Head of Housing and Executive Director of Communities.

- f. Reality checks – shared screen demonstration of live systems and spreadsheets.

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

## 4. Findings

4.1 The Voluntary Undertaking is phased, with the most urgent actions coming due 30<sup>th</sup> November 2022, and the second phase due by 31<sup>st</sup> May 2023. The table below replicates the layout in the Voluntary Undertaking and shows the progress against each action.

Area	Action/Outcome	Timescale
<b>Policies and Procedures</b>	1. Policies, procedures, and associated management plans <b>Phase 1</b>	1. Policies, procedures and associated management plans are updated and being actioned.  Awaiting final sign off and publication.
<b>Staff and Contractors</b>	2. Staff with required H&S competencies in place. <b>Phase 1</b>	2. In place but heavily reliant on interims.
	3. Specialist contractors appointed. <b>Phase 1</b>	3. In place.
	4. Staff restructure <b>Phase 2</b>	4. This has started, may have challenges around recruitment.
	5. Staff training on H&S delivered. <b>Phase 2</b>	5. All staff in relevant teams have received training. Training for members to commence following elections.

<b>Data Management</b>	<p>6. Complete property compliance data audit. <b>Phase 1</b></p> <p>7. Complete the annual data validation check. <b>Phase 2</b></p> <p>8. All record keeping being within the NEC system. <b>Phase 2</b></p>	<p>6. All data input and review being carried out.</p> <p>7. To be completed in second phase</p> <p>8. In progress</p>
<b>Gas</b>	<p>9. 100% coverage of Gas Safety Certificates (or demonstrable 'no access' process in place). <b>Phase 1</b></p>	<p>9. In place. At time of audit, 6 outstanding all following no access process. The no access process can take up to 5 weeks before going to legal. This is within the 8 weeks allowed by a 10-month programme. The No Access process is within the gas policy.</p>
<b>Legionella</b>	<p>10. Risk assessments and management plans completed and in place for Specialist Housing and High-Risk sites. <b>Phase 1</b></p>	<p>10. In place</p>
<b>Fire</b>	<p>11. Fire Risk Assessments completed for all required properties. <b>Phase 1</b></p> <p>12. High Risk Actions all completed. <b>Phase 1</b></p> <p>13. Medium/Low risk actions progressing to schedule. <b>Phase 2</b></p>	<p>11. Completed</p> <p>12. Completed</p> <p>13. In progress and target is phase 2.</p>

<b>Asbestos</b>	<p>14. Production of risk-based removal programme. <b>Phase 1</b> (for required properties)</p> <p><b>Phase 2</b> (for all other properties)</p>	<p>14. Yes and removals happening</p> <p>On track</p>
	<p>15. Resurvey program on schedule for completion <b>Phase 2</b></p>	<p>15. Started on schedule</p>
<b>Electrics</b>	<p>16. EICR's in place for all required properties. <b>Phase 1</b> (for all required properties)</p> <p><b>Phase 2</b> (for all other properties)</p>	<p>16. Completed – either in place or going through the no access process</p> <p>On track</p>
<b>Lifts/ME Installations</b>	<p>17. Full survey of sites completed. <b>Phase 1</b></p> <p>18. Programme of inspections in place and being delivered. <b>Phase 1</b> (for required properties)</p> <p><b>Phase 2</b> (for all other properties)</p>	<p>17. Completed</p> <p>18. In place</p> <p>On track</p>
<b>KPI Reporting and Performance</b>	<p>19. Agreed KPIs in place for all H&amp;S areas. <b>Phase 1</b></p> <p>20. Quarterly reporting to Cabinet in place until such time as full compliance is reached. <b>Phase 1</b></p> <p>21. Performance meets targets in all areas. <b>Phase 2</b></p>	<p>19. In place and being reported</p> <p>20. In place</p> <p>21. On track</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 report by end Feb 2023, covered by this report.  Second phase to report by end of August 2023.
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## Progress

4.2 All action points have seen significant progress, with the majority completed or on track. 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. We have seen evidence of explanations for instances of noncompliance, for example no access. We have then tracked this information through the various stages of reporting to Compliance Delivery Group, The Health, Safety and Compliance Board, and Cabinet.

4.3 There are still some large numbers of works – notably on areas such as CO monitor installation – left to do until the end of March 2023, however, as there has been a consistent delivery of a high volume of works over the past months, the rate of progress required to complete on schedule is achievable.

## Areas for focus Resourcing following restructure.

4.4 There is great reliance on interim expertise in key roles. Interims have made a fundamental contribution to improvements achieved so far. 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. NCC salaries will struggle to compete for candidates for whom London is an option.

**Risk:** Inability to meet the first action of the second section – Staff with required H&S competencies in place – in the long term. This is a known risk and is discussed at the Board and Group. Medium term mitigation is in place through extension of contracts. Long term mitigation still to be decided.

## Training plan for all with a responsibility and accountability for compliance

4.5 Whilst training plans for staff filling the roles in the new structure will have to wait until those roles are permanently filled, current post holders have received necessary training. With rolling elections approaching, no training has been rolled out to members. It would be worth getting this programme designed ahead of potentially new members coming in.

**Risk:** Appropriate compliance related capability and capacity across senior management and in governance has a crucial role to play in ensuring that compliance is achieved and maintained. Some mitigation is in place with the move of the current ED for Communities to the CEO role.

## **Signing off reviewed policies and processes**

4.6 New policies and processes have been written and are in use but still require formal sign off and publishing. The delay in closing out the approval process risks embedding suboptimal administration into the improved ways of working.

**Risk:** Unable to sign off the first action listed in the Voluntary Undertaking. Mitigation is that the policies and processes are going through the approval process and are in use. There is both awareness of and commitment to achieving the required position.

## **5. Recommendations**

1. Consider recruitment approaches and incentives ahead of advertising. Consider other methods of bringing in expertise with a mix of permanent staff and long-term consultants.
2. Develop a rolling compliance training plan for relevant roles outside the immediate compliance team.
3. Sign off and publish revised policies and processes as a priority.

## **6. Conclusion**

6.1 The pace and amount of progress against the action plan is 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.

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

6.3 NCC is currently largely on schedule to meet its targets, and in some cases complete ahead of deadline. We look forward to carrying out the completion assessment in due course.

6.4 Understandably the focus thus far has been on remediating practical matters and creating the paperwork and processes that can contribute to maintaining compliance moving forward. As these tasks are completed the relative importance of people issues will increase. It is in these issues, of securing appropriate permanent staff, reducing the reliance on interims, and ensuring/assuring appropriate knowledge across senior management and governance, that the long-term sustainability of compliance can be achieved.

## **Appendix 1**

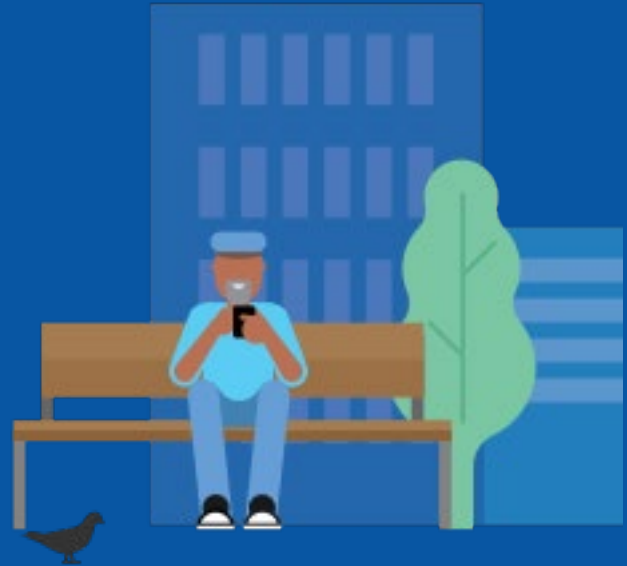
### **VOLUNTARY UNDERTAKING REVIEW**

#### **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.

<b>Risk</b>	<b>Consequence</b>	<b>Controls Required</b>
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.	The consultation and approval process is due for completion by June 2023.
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.