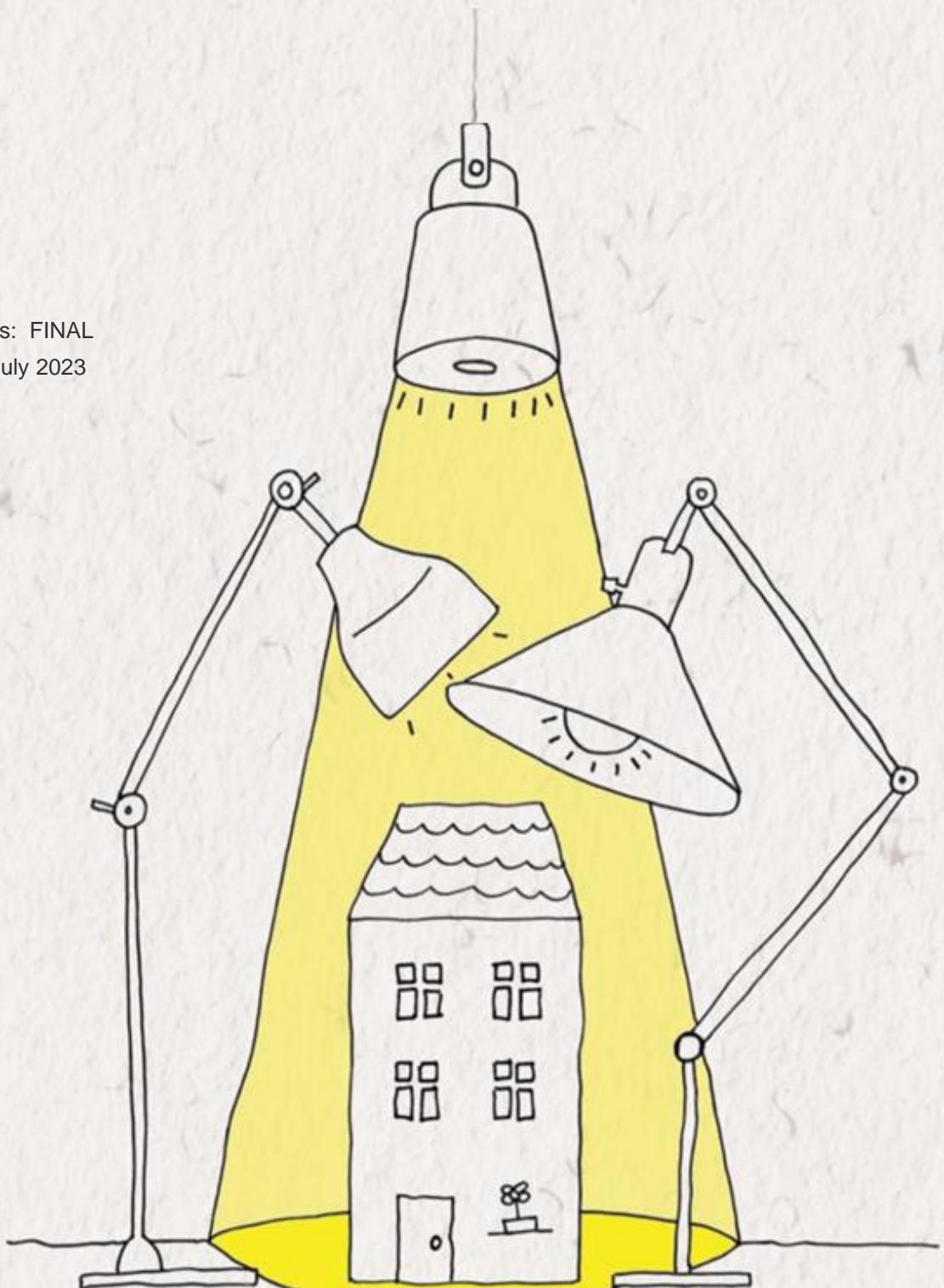


COMPLIANCE REVIEW

Report Status: FINAL
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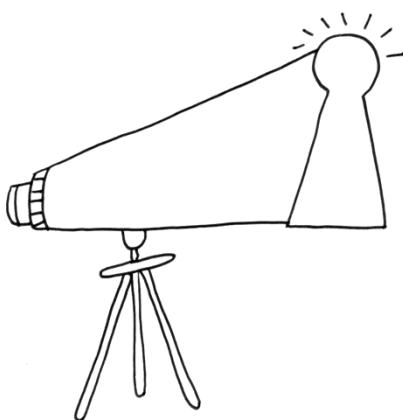


SOUTH
KESTEVEN
DISTRICT
COUNCIL

BEEVER
AND
STRUTHERS
SOCIAL HOUSING

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INTRODUCTION AND BACKGROUND

- 1.1 We were requested to review the data integrity, procedures and controls in place to ensure that all of the landlord mandatory and good practice health and safety compliance functions are operating as intended and that this is sufficient to meet the Regulator of Social Housing's Regulatory Standards.
- 1.2 South Kesteven District Council (SKDC) owns over 6,000 homes across Lincolnshire.
- 1.3 SKDC self-referred to the Regulator of Social Housing regarding a breach of the Home Standard in 2021 and a regulatory notice was issued. Since then, SKDC has been working towards a compliant position.
- 1.4 Propeller (Housing Management System) and Apex (Asset Management System) are used to hold core property and asset data; SKDC has stock condition surveys for roughly 80% of stock completed in the previous 18 months.
- 1.5 A large data project has been embarked upon to cleanse and ensure that data is reliable and accurate; historical working arrangements has resulted in Propeller and Apex becoming unwieldy; in some areas (such as Fire Safety), spreadsheets are currently used to manage compliance programmes due to the configuration of these systems as set up by previous staff.
- 1.6 SKDC plans to change both the Housing Management and Asset Management system in the next 12 months.
- 1.7 All areas of property compliance are overseen by the Acting Director of Housing, with operational management by the Health and Safety Manager, supported by the Head of Housing.
- 1.8 Monthly Internal Compliance reports are generated, which are seen by the Regulator of Social Housing. These key performance indicator (KPI) reports cover the 'big six' compliance areas, as well as smoke and carbon monoxide and damp and mould.
- 1.9 Performance as at the end of March 2023 (for the areas under our review) was reported as follows:

Compliance Area	Number of applicable units	Number compliant	Number non-compliant	% Compliant
Legionella	33	33	0	100%
Gas	4,626	4,589	37	99.20%
Electrical	6,049	5,304	745	87.68%
Asbestos (re-inspections)	259	259	0	100%
Fire Risk Assessments	146	146	0	100%
Lift inspections	13	13	0	100%
Smoke and Carbon Monoxide	5,865	5,845	20	99.66%

OBJECTIVES AND OUR APPROACH

Objectives

2.1 The objective of this work was to review the processes to manage the 'big six' compliance areas, as well as compliance with Smoke and Carbon Monoxide Regulations, and to validate the figures reported as part of the 'Internal Compliance Reports'. Our assessment included a review of the appropriateness and effectiveness of the systems and processes in place to manage these compliance areas and produce reports – our recommendations will help support the establishment of a more comprehensive control environment.

Approach

3.1 Our approach to reviewing the management of the compliance areas under scope was to assess Policies, Procedures and working practices followed by staff in the management of data and contractors (where appropriate), as well as the processes to gather and report on data. This included the following steps:

3.2 Review and validation of reporting: We reviewed the current format of reporting and validate reported figures to data held within systems or spreadsheets.

3.3 Review of documentation: We reviewed Policies and Procedures as appropriate to each compliance area under review. Our focus was to ensure that relevant legislation was referenced, responsibilities are clearly outlined, controls for the management of data are recorded and that other controls referenced are in line with legislative requirements and sector practices.

3.4 Approaches to data quality: We reviewed of all processes and practices across the organisation to ensure the consistency and reliability of data used in the management of compliance, and whether these processes are operating effectively.

3.5 Approaches to contractor management: We reviewed the processes in place to manage contractors, and whether SKDC receives necessary assurances over contractor performance, and holds contractors to account where poor performance is highlighted.

3.6 Review of legislative compliance: We reviewed the processes undertaken by SKDC to ensure that legislative compliance is maintained with the following legislation for each applicable area of the 'big six' compliance areas:

- A. Housing Act 2004.
- B. Regulatory Reform (Fire Safety) Order 2005.
- C. Fire Safety Regulations (England) 2022.
- D. Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022.
- E. Control of Substances Hazardous to Health Regulations (COSHH) 2022.
- F. L8 Approved Code of Practice (Legionella)
- G. Control of Asbestos Regulations (CAR) 2012.
- H. Gas Safety (installation and use) Regulations 1998.
- I. IEE Wiring Regulations BS7671:2008.
- J. Electricity at Work Regulations 1989.
- K. Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

FINDINGS AND RECOMMENDATIONS

Accuracy of Reporting

4.1 Accuracy and validity of reported compliance figures

- 4.1.1 We were provided with copies of 'Internal Compliance Reports' covering December 2022 to March 2023.
- 4.1.2 We reviewed source data held within Apex, Propeller, and spreadsheets (as appropriate) and used the methodologies for calculating each KPI, as undertaken by SKDC, to confirm that the percentage of compliance was reported accurately.
- 4.1.3 We were able to validate the reported figures for gas safety, electrical safety, fire safety, legionella, lift safety, smoke and carbon monoxide, and asbestos management to source data held.
- 4.1.4 The calculation of electrical safety performance is a highly manual process which involves cross referencing to multiple data sources (including contractor programmes and void lists), as well as a review of source certificate data. Currently this is performed solely by one individual, although SKDC has appointed an Electrical Safety Contract Manager who will take responsibility for compliance reporting in this area.

Recommendations

- 4.1.5 SKDC should document the process to calculate electrical safety KPIs until such a point that data is deemed more reliable and compliance can be calculated on date-related data alone.
- 4.1.8 SKDC should establish a quality assurance process to internally validate KPI figures prior to reporting.

Other Control Matters

5.1 Gas Safety

- 5.2.1 At the time of the review, Liberty Gas were contracted to complete gas servicing checks as part of the annual compliance programme and at void properties. Contract meetings with Liberty Gas should be held monthly but were held irregularly prior to the review taking place. We confirmed that Liberty Gas operatives are Gas Safe registered.
- 5.2.2 The Gas Programme is held on a spreadsheet outside of Apex and Propeller. There are plans to reconcile this data annually (which was last performed in February 2022), although this is not in line with sector practices.
- 5.2.3 Liberty have a schedule for the whole gas servicing contract and use their own system to schedule visits based on information provided by SKDC. SKDC has no access to this system directly but can access a web-based portal. This portal does not allow for a data extract to be taken so that SKDC can reconcile data held by the contractor to data in Propeller.
- 5.2.4 We understand the contract with Liberty Gas will end in 2024.
- 5.2.5 Data analysis of the varying data sets for gas safety (including the separate no access tracker) highlighted 11 properties with a boiler in Apex that does not appear in the gas programme.
- 5.2.6 Testing of no access procedures, confirmed for a sample of properties that all stages were completed, although there were delays in issuing letters. We understand that Liberty was responsible for the issuing of initial no access documentation, before passing the property to SKDC for escalation.
- 5.2.7 We were informed by Management that SKDC has a process to highlight where gas supplies are capped for an extended period of time so that temporary heaters can be provided, and these residents monitored. However, this process is not formally documented.
- 5.2.8 Discussion with Management highlighted that SKDC does not receive (or require) responsive repairs or planned maintenance contractors to complete a risk assessment (as outlined in Regulation 8 of the Gas Safety Regulations), prior to starting any works that may impact upon the integrity of the gas system and surrounding environment.

FINDINGS AND RECOMMENDATIONS

Other Control Matters (continued)

5.1 Gas Safety

5.2.9 Sample testing of void procedures highlighted one property where Liberty visited four times in a two month period. One to cap the supply at void, one to service the boiler whilst capped, one to complete a turn on and test prior to reletting, and a further annual service two months after the void period ended. Management confirmed that no request was made for a further annual service, but it was unclear if the fourth visit was in relation to a quality assurance review from CORGI requiring further work to be undertaken.

5.2.10 Whilst we confirmed that CORGI complete monthly audits of gas servicing undertaken by Liberty Gas, we were unable to ascertain that any actions highlighted by CORGI had been addressed by Liberty Gas, as these are not raised in contract management meetings during October – December 2022 (in this three-month period, 19 work failures were highlighted in CORGI audits) although we received evidence that these were raised directly with Liberty via email, and confirmed meeting minutes confirm these discussions to place in March and April 2023.

Recommendations

5.2.11 SKDC should liaise with relevant contractors for responsive and void works and request suitable risk assessments be completed prior to undertaking qualifying works.

5.2.12 SKDC should formally document the process to highlight residents without a connected gas supply and put in place suitable alternative heating methods.

5.2.13 SKDC should investigate the property outlined above to understand why multiple visits were undertaken; a monitoring process should be established to highlight further instances and raise with gas contractors as appropriate in contract management meetings. A quality assurance process should be established around certificates received so that any anomalous dates can be investigated and corrected.

5.2.14 SKDC should as part of monthly contract meetings receive assurance that CORGI quality assurance failures are addressed appropriately.

5.2.15 SKDC should increase the frequency of reconciliations of the gas programme to quarterly.

5.2.16 SKDC should as part of planned data projects, review component data within Apex and ensure that this reflects the current make up of stock.

5.3 Electrical Safety

5.3.1 Our review of SKDC's Electrical Safety Policy highlighted that it does not refer to no-access procedures, or SKDC's approach to remedial actions arising from electrical safety inspections.

5.3.2 We understand that following the self-referral to the Regulator, that a contractor, UK Gas, was brought on to retest every property's electrical installation, and that regular monthly reconciliations have been conducted to ratify programme numbers. UK Gas has gained access to 80% of stock to complete works, the remaining properties are in no-access stages and have been reported as non-compliant where data does not exist to confirm a valid inspection took place.

5.3.3 We further understand that over 50% of stock are programmed for a new inspection in the current financial year, which is anticipated to provide more reliable data.

5.3.4 We sample tested the dates of 20 EICRs as recorded in Apex, to source certificates and noted that eight properties were recorded in this system incorrectly; for three properties the date difference was between 4-6 months; the certificates were dated between May and July 2022, Apex had dates of November 2022. These discrepancies do not necessarily impact upon the accuracy of current compliance figures as the inspections are in date.

5.3.5 Data analysis of compliance data provided by SKDC identified:

- One property where the last completed date was 11/03/2105, with a deadline of 11/3/2110; we understand that this was a typo in the upload and has been addressed.
- 186 properties not scheduled for a 5-year EICR; of these eight had no future due date.

FINDINGS AND RECOMMENDATIONS

Other Control Matters (continued)

5.3 Electrical Safety (continued)

- 5.3.6 Whilst SKDC is monitoring properties with access issues, the tracker used only outlines the refusal date and a single notes column. Typically, we see trackers used that outline the dates of all attempts at access and contact.
- 5.3.7 We confirmed that there is a register for recording the due dates for portable appliance tests at all 30 sites where this has been identified by SKDC as required. Based on the data provided, all 30 sites had an in-date PAT certificate and are scheduled to next be undertaken in September 2023.

Recommendations

- 5.3.8 SKDC should update its Electrical Safety Policy to include approach to void works, approach to remedial actions, reporting arrangements and no-access processes.
- 5.3.9 SKDC should as part of planned data projects review the accuracy of EICR data to source records through either sample testing a percentage per month. A quality assurance process should be established to check input compliance data monthly. The use of data integrity tools should be investigated and configured to highlight data anomalies for investigation.
- 5.3.10 SKDC should develop a more comprehensive no-access tracker.

5.4 Fire Safety

- 5.4.1 Whilst SKDC has a Fire Safety Management Plan, our review found that it had not been updated to reflect changes required from the Fire Safety (England) Regulations and the necessary controls to ensure compliance with new requirements.
- 5.4.2 Due to the configuration of Apex by previous responsible staff within SKDC, this system is not used for monitoring the Fire Risk Assessment (FRA) programme or any remedial actions. Spreadsheets are used. No reconciliations have taken place to confirm that the spreadsheets are consistent to communal spaces in Apex or Propeller.
- 5.4.3 All FRAs in the FRA tracker are configured to an annual review; the Fire Management Policy states that General needs properties are to be reviewed every 2 years (Band B) and three years (Band A). The Fire Management Policy also references HMOs, Sheltered, Offices and buildings over four storeys; the FRA Tracker does not distinguish between these stock types.
- 5.4.4 We confirmed that there are programmes to maintain and test fire doors, emergency lighting and fire alarms and that these are consistent with the number of properties in the FRA programme. SKDC has one building over 11m, and we confirmed that a property information box is in situ, which includes building drawings, a summary of resident mobility issues and the current evacuation stance.
- 5.4.5 We confirmed that FRA remedial actions are being monitored through separate spreadsheets. At the time of the review, there were 2 high priority actions overdue, 27 medium priority actions overdue and 9 low priority actions overdue; Management confirmed that remedial actions assigned to the previous FRA contractor had historically not been completed and so a programme has been in place over the previous 10 months to clear the backlog.

Recommendations

- 5.4.6 SKDC should make a decision over the priority of FRA reviews, and update the Fire Management Policy accordingly, and reflect the frequency of FRAs accurately within the tracker (or systems as appropriate).
- 5.4.7 SKDC should establish regular reconciliations of the FRA programme to system data to ensure no properties are missed from the programme.
- 5.4.8 SKDC should review the Fire Safety Management Plan and make sure that the requirements of the Fire Safety (England) Regulations are reflected within.

FINDINGS AND RECOMMENDATIONS

Other Control Matters (continued)

5.5 Asbestos Management

5.5.1 Whilst we note that there are several process flowcharts for Asbestos Management, one of which is termed 'Asbestos Management Plan', these documents are not consistent with Asbestos Management Plans across the sector – namely, the following is not documented:

- A. Applicable legislation to which SKDC act under (e.g., CAR2012).
- B. Approach to surveys
- C. Approach to reinspection of known or presumed asbestos.
- D. Approach to remedial works / removal works.
- E. Approach to contractor appointment / management.
- F. Data management and responsibilities.
- G. Reporting arrangements.

5.5.2 Apex is currently used as the asbestos database and the Asbestos Register. However, external contractor portals are also a source of data.

5.5.3 There is a programme for SKDC operatives for asbestos awareness eLearning, and 15 officers are to be enrolled on more complex classroom training sessions.

5.5.4 Testing confirmed that for a sample of properties where asbestos has been removed that consignment notes were held by SKDC and air tests had been completed where required.

5.5.5 Risk Assessments and Method Statements are held for contractors working on asbestos.

Recommendations

5.5.6 SKDC should develop a detailed Asbestos Management Plan as outlined above.

5.6 Legionella (Water Hygiene)

5.6.1 SKDC has a Water Management Protocol, review of which references all relevant legislation, and includes responsibilities for key staff, and emergency procedures to follow in the event of a confirmed outbreak.

5.6.2 Reconciliations of the legionella programme, and any control scheme programmes (e.g., temperature checks, tank cleaning) are not undertaken at a regular frequency, or evidence of these retained. Typically, such reconciliations occur every six months to ensure that all properties are included within all relevant compliance regimes.

5.6.3 Management advised that regular contractor meetings are not established with Second Element.

5.6.4 We confirmed through sample testing that SKDC has complied with its Policy approach of review risk assessments every two years.

Recommendations

5.6.5 SKDC should increase the frequency of reconciliations of the legionella programme and supporting control scheme programmes. Evidence of reconciliations should be retained.

5.6.6 SKDC should establish regular contract management meetings and use these to monitor completion of controls scheme actions at all sites.

FINDINGS AND RECOMMENDATIONS

Other Control Matters (continued)

5.7 Lift Safety

- 5.7.1 The lift programme is monitored through spreadsheets, not systems. Reconciliations have been undertaken recently but is not established as an ongoing control. However, there are only 13 passenger lifts across SKDC stock.
- 5.7.2 It was identified during the audit that there may be stairlifts at domestic stock across SKDC. Whilst SKDC has no requirement under LOLER to maintain these lifts, if installed by tenants, there is an overarching obligation to ensure that SKDC tenants are safe. Some Registered Providers across the sector have taken the maintenance of these assets in-house to ensure that they are serviced regularly.

Recommendations

- 5.7.3 SKDC should determine where it holds responsibilities for the maintenance and inspection of stairlifts in domestic stock and put in place a programme to inspect these assets. A decision should be made whether SKDC should maintain stairlifts in private stock at Board-level.

5.8 Smoke and Carbon Monoxide Regulations

- 5.8.1 SKDC has been using stock condition data surveys and gas & electrical servicing inspections to ensure that there is a suitable (and functioning) smoke alarm and carbon monoxide alarm across its stock. A tracker spreadsheet is maintained of properties where access has yet to be granted, and an escalation process (including legal injunctions) is being followed for properties where access cannot be granted.
- 5.8.2 Guidance is in place as part of the tenant handbook to remind residents of the importance of testing these devices regularly, though this advice is due to be reviewed and reissued along with new fire safety guidance to residents in the summer of 2023.
- 5.8.3 There are processes in place to attend the same day for a repair relating to smoke or carbon monoxide alarms, even if out of hours.
- 5.8.4 There is a contractual clause in the new heating contract (following the decision to move away from Liberty Gas) which will ensure that smoke and carbon monoxide alarms are tested as part of each annual gas service.

5.9 General

- 5.9.1 Our review of the internal compliance reports noted that there were omissions when this report was compared to peer organisations in the housing sector. Namely, the following KPIs are not included:
 - A. Properties within the no-access process (separate KPIs for gas and electrical safety).
 - B. Gas compliance (communal boilers)
 - C. Number of gas services non-compliant in period but completed by time of report.
 - D. Number of electrical inspections non-compliant in period but completed by time of report.
- 5.9.2 A review of all Policies provided highlighted that none currently make reference to any controls to maintain data quality (e.g., management review, reconciliations).

Recommendations

- 5.9.3 SKDC should develop KPI reporting frameworks to include the areas highlighted above.
- 5.9.4 Policies should be updated to reference controls in place to maintain data quality.

CONCLUSION

- 6.1** Whilst we were able to validate KPIs relating all compliance areas, the process to calculate the electrical safety KPIs is not documented. There is no quality assurance process to validate both compliance data and internal reporting which may result in further reporting inaccuracies.
- 6.2** Due to a lack of confidence in data, SKDC relies on spreadsheets largely to manage compliance areas. This is a process that inherently includes more risk from a data perspective than using systems. Whilst we accept that there are plans to review compliance data across SKDC and that this includes possible new systems, the implementation of these systems can take months to complete and are only as reliable as the data which is input. We take the view that a complete review of compliance data should be undertaken, with data cleansing where necessary, prior to any system migration.
- 6.3** We highlighted several further areas for improvement in relation to gas safety, which may take time to implement, but also includes strengthening processes around data reconciliation and contractor management. Whilst we note there have been issues with contractor performance and a new contractor is likely to be procured following expiry of the contract, the processes to manage contractor performance require strengthening.
- 6.4** We note some improvements are required to manage remaining compliance areas (Fire Safety, Lift Safety, Legionella, Electrical safety, and Asbestos Management), but these are not as extensive as those raised in relation to gas safety. There are, however, thematic recommendations relating again to data quality.

APPENDIX 1: MATTERS ARISING – ACCURACY OF REPORTING

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Through walkthrough we were able to validate the most recent KPI figures for Electrical Safety. However, the calculation of electrical safety performance is a highly manual process which involves cross referencing to multiple data sources (including contractor programmes and void lists), as well as a review of source certificate data. Currently this is performed solely by one individual, although SKDC has appointed an Electrical Safety Contract Manager who will take responsibility for compliance reporting in this area.</p> <p>Recommendations SKDC should document the methodology to calculate Electrical Safety KPIs. A quality review process should be established for all compliance KPIs, but focusing on Electrical Safety whilst the Electrical Safety Manager is calculating these figures for the initial period of their employment.</p>	<p>The methodology to be documented.</p> <p>The figures for Electrical Safety will be reviewed by the Head of Technical Services each month for the first quarter and quarterly thereafter.</p> <p>A quality review process will be implemented as part of the ongoing work to update and renew the Apex database</p>	Head of Technical Services Head of Technical Services Head of Technical Services & Health & Safety & Compliance Manager	01 August 2023 To commence 01 August 2023 01 January 2024

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Risk assessments, accepted as good practice in relation to Regulation 8 of the Gas Safety (Installation and Use) Regulations, which are undertaken prior to works that may affect the safety of a gas system, are not completed for relevant repair and / or void works.</p> <p>For appropriate guidance, see: Staying Gas safe when working in the Built Environment LBF Guidance and Risk Assessments (igem.org.uk)</p> <p>Recommendations SKDC should liaise with relevant contractors for responsive and void works and request suitable risk assessments be completed prior to undertaking qualifying works.</p>	<p>This has been discussed with the Team Managers following the verbal feedback and the team have raised this with contractors. We are currently awaiting the documentation.</p>	Head of Technical Services	In progress
<p>Observation Tenants are required to contact Liberty Gas to have a gas supply connected at the start of a new tenancy. We identified instances through sample testing where a gas supply was not connected for over a month after the start of the tenancy.</p> <p>Whilst SKDC has a process to highlight these properties and provide temporary heating, this process is not formally documented. The formal process should cover the completion of welfare risk assessments.</p> <p>Recommendations SKDC should document the process to highlight residents without a connected gas supply and put in place suitable alternative heating methods.</p>	<p>SKDC hold a register of capped properties and will introduce a new process to review these with the Housing Team to undertake welfare checks.</p>	Head of Technical Services / Head of Housing Services	01 September 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Sample testing of void properties highlighted one instance where Liberty Gas visited a property during the void phase to conduct an annual service, without a request being made by SKDC; a further visit to conduct an annual service was made at the same property less than a month after a turn on and test. We also identified three properties where the gas supply was capped prior to the void start date based on the date recorded on certificates provided.</p> <p>The property in question was flagged to SKDC.</p> <p>Recommendations SKDC should investigate the property in question to understand why multiple visits were undertaken; a monitoring process should be established to highlight further instances and raise with gas contractors as appropriate in contract management meetings.</p>	<p>The gas monitoring process is not linked to the current housing system. Following the implementation of the new IHMS, gas and electrical safety will follow and be monitored through the IHMS as of 1/4/2024.</p> <p>This will reduce the potential for error as void properties will be visible as soon as they become void.</p> <p>In the interim, weekly lists of voids will be passed to the Compliance Administrator to ensure that the information is passed on to the Gas contractor</p>	Head of Technical Services	31 July 2023
<p>Observation Reconciliations of the gas programme are undertaken annually. Appreciating the complexity of reconciling current systems and the data project that is to commence in April 2023, sector practice sees such reconciliations undertaken quarterly.</p> <p>Recommendations SKDC should increase the frequency of reconciliations of the gas programme.</p>	<p>A system of reconciliation will be created with a documented process to be undertaken quarterly.</p>	Head of Technical Services / Compliance Manager	31 August 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Reconciliation of system data to gas programme data highlighted 11 properties with a gas boiler in Apex that management confirmed has other heating sources, or were a single room in a HMO, fed by a communal boiler and as such should not be in the gas programme.</p> <p>Recommendations SKDC should as part of planned data projects, review component data within Apex and ensure that this reflects the current make up of stock.</p>	<p>We are aware of this issue and will be undertaking changes to the recording of our boiler and other heat forms. This will run in conjunction with the implementation of the upgraded Asset Management System and bringing on the new Heating Maintenance Contractor.</p> <p>The new heating contract allows for a full stock take of the mechanical & electric assets which will be undertaken in 2024/2025. This will form the basis of updated data on our electric, gas and other heating assets.</p>	Head of Technical Services	01 April 2024
<p>Observation Our review of the SKDC Electrical Safety Policy highlighted the following omissions, typically seen in similar documents in the sector:</p> <ul style="list-style-type: none"> • Approach to void works. • Approach to remedial actions. • Reporting arrangements. • No-Access processes. <p>Recommendations SKDC should update its Electrical Safety Policy as outlined in the 'Observation'.</p>	<p>A review of the Policy will be carried out together with the other big six policies as recommended later in this report.</p>	Compliance Manager	30 October 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation We sample tested the dates of 20 EICRs as recorded in the compliance data, to source certificates and noted that eight properties were recorded in systems incorrectly; for three properties the date difference was between 4-6 months; the certificates were dated between May and July 2022, system dates were November 2022.</p> <p>Furthermore, review of EICR data highlighted:</p> <ul style="list-style-type: none"> One property where the last completed date was 11/03/2105, with a deadline of 11/3/2110; we understand that this was a typo in the upload and has been addressed. 186 properties not scheduled for a 5-year EICR; of these eight had no future due date. <p>SKDC has not established a system-based exception reporting. Tools, such as PowerBI can be configured to highlight data anomalies for investigation and provide compliance figures for reporting without the need for manual intervention.</p> <p>Recommendations SKDC should as part of planned data projects review the accuracy of EICR data to source records through either sample testing a percentage per month.</p> <p>Data integrity tools should be established to highlight anomalies in data.</p>	<p>All data will be reviewed as we look to move this in to the new IHMS system.</p> <p>The 186 properties are the communal properties. We have reviewed the data held for these as there is some variance and not all the certificates are for a 5-year period. Over 100 of these have been reviewed and are in a programme this year to recertify.</p> <p>We will look to introduce these checks alongside property reconciliations.</p>	Head of Technical Services / Compliance Manager	01 November 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Whilst SKDC is monitoring properties with access issues, the tracker used only outlines the refusal date and a single notes column. Typically, we see trackers used that outline the dates of all attempts at access and contact. Such a tracker would be aligned with the stages of the no access process outlined in the Electrical Safety Policy.</p> <p>Recommendations SKDC should develop a more comprehensive no-access tracker.</p>	<p>New Electrical Access tracker to be developed for new contract to be implemented in the new financial year.</p>	Head of Technical Services / Compliance Manager	01 April 2024
<p>Observation Whilst we note that there are several process flowcharts for Asbestos Management, one of which is termed 'Asbestos Management Plan', these documents are not consistent with Asbestos Management Plans across the sector – namely, the following is not documented:</p> <ul style="list-style-type: none"> • Applicable legislation to which SKDC act under (e.g., CAR2012). • Approach to surveys • Approach to reinspection of known or presumed asbestos. • Approach to remedial works / removal works. • Approach to contractor appointment / management. • Data management and responsibilities. • Reporting arrangements. <p>Recommendations SKDC should develop a detailed Asbestos Management Plan as outlined in the observation.</p>	<p>SKDC has a Strategic Asbestos Management Plan dated 2014. This was updated and was adopted following a meeting of Stakeholders in January 2023. The process documents form part of this plan.</p> <p>We will review this again as part of the overall review of all compliance policies.</p>	Head of Technical Services / Compliance Manager	30 October 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Reconciliations of the legionella programme, and any control scheme programmes (e.g., temperature checks, tank cleaning) are not undertaken at a regular frequency, or evidence of these retained. Typically, such reconciliations occur every six months to ensure that all properties are included within all relevant compliance regimes.</p> <p>Recommendations SKDC should increase the frequency of reconciliations of the legionella programme and supporting control scheme programmes. Evidence of reconciliations should be retained.</p>	A system of reconciliation will be created with a documented process to be undertaken quarterly.	Compliance Manager	01 January 2024
<p>Observation It was highlighted during the audit that regular contract meetings with Second Element (the Legionella contractor) do not take place.</p> <p>Recommendations SKDC should establish regular contract management meetings with Second Element.</p>	Quarterly contract meetings will be established from August 2023.	Compliance Manager	01 September 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation It was identified during the audit that there may be stairlifts at domestic stock across SKDC. Whilst SKDC has no requirement under LOLER to maintain these lifts, if installed by tenants, there is an overarching obligation to ensure that SKDC tenants are safe. Some Registered Providers across the sector have taken the maintenance of these assets in-house to ensure that they are serviced regularly.</p> <p>Recommendations SKDC should determine where it holds responsibilities for the maintenance and inspection of stairlifts in domestic stock and put in place a programme to inspect these assets. A decision should be made whether SKDC should maintain stairlifts in private stock at Board-level.</p>	<p>We have already started work in this area. We have identified those properties with stairlifts and other fitted lifting equipment which SKDC may be responsible for. We are currently in the process of discussions with two contractors for the delivery on an annual service and inspection.</p> <p>Following the initial inspection and maintenance we will procure a contract for the ongoing inspection and maintenance.</p>	Head of Technical Service	30 October 2023
<p>Observation We note that all FRAs in the FRA tracker are configured to an annual review; the Fire Management Policy states that General needs properties are to be reviewed every 2 years (Band B) and three years (Band A). The Fire Management Policy also references HMOs, Sheltered, Offices and buildings over four storeys; the FRA Tracker does not distinguish between these stock types.</p> <p>Recommendations SKDC should make a decision over the priority of FRA reviews, and update the Fire Management Policy accordingly, and reflect the frequency of FRAs accurately within the tracker (or systems as appropriate).</p>	<p>In 2021 all properties requiring a fire risk assessment received a full fire risk assessment by an external contractor. Since that time SKDC has undertaken a lot of work on our approach to fire safety, particularly as actions were not all completed. In 2022, all risk assessments received an on-site review to confirm which actions were complete and our focus was on the completion of more thorough compartmentation surveys which were identified as recommendations in a great number of the Fire Risk Assessments. These have been commissioned and we are now starting to develop plans for the work arising from these. Full risk assessments have been commissioned for this year.</p> <p>The Fire Management Policy will be updated to reflect the work carried out so far and our ongoing understanding of the nature of our stock.</p>	Compliance Manager	30 October 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Review of the Fire Safety Management Plan highlighted that it did not reference or include any controls in relation to the Fire Safety (England) Regulations 2022.</p> <p>Recommendations SKDC should review the Fire Safety Management Plan and make sure that the requirements of the Fire Safety (England) Regulations are reflected within.</p>	<p>We do not have any buildings classed as high rise under the guidance and only one building over 11m.</p> <p>The Fire Management Policy will be updated to reflect the controls contained in the Fire Safety (England) Regulations 2022.</p>	Compliance Manager	01 January 2024
<p>Observation Our review of the internal compliance reports noted that there were omissions when this report was compared to peer organisations in the housing sector. Namely, the following KPIs are not included:</p> <ul style="list-style-type: none"> Properties within the no-access process (separate KPIs for gas and electrical safety). Gas compliance (communal boilers) Number of gas services non-compliant in period but completed by time of report. Number of electrical inspections non-compliant in period but completed by time of report. <p>Recommendations SKDC should develop KPI reporting frameworks to include the areas highlighted in the 'observation'.</p>	In line with our annual KPI reporting process, we will explore opportunities to align our reporting with Sector best practice.	Acting Director of Housing	01 October 2023

APPENDIX 2: MATTERS ARISING – OTHER CONTROL MATTERS

Findings	Action Plan	Person Responsible	Timeframe
<p>Observation Our review of policies or procedures relating to the 'big six' compliance areas confirmed that there is insufficient level of detail outlining the controls in place to maintain accurate data, including quality assurance processes.</p> <p>Recommendations Policies should be updated to reference controls in place to maintain data quality.</p>	Policies will be reviewed to reference controls on Data Quality.	Compliance Manager	30 October 2023



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