London Borough of Haringey

Compliance Health Check

December 2022

CONTENTS

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Version Control

Date	Version	Description
21/12/2022	V0.1	First draft
21/12/2022	V0.1	Internal review
13/01/2023	V0.2	Client review
16/01/2023	V1.0	Final version

1. SUMMARY OF FINDINGS

Objective
London Borough of Haringey (Haringey) has commissioned this Compliance Health Check to assess your approach to managing six compliance areas: gas and heating, electric, fire and building safety, asbestos, water, and lifts. Our assessment has considered subject specific legislation, regulatory standards and your wider health and safety obligations under the Health and Safety at Work etc. Act 1974.

Key findings	
	Reassurance culture - There appears to be a reassurance culture which is based on providing comfort that controls are in place which should achieve the desired outcomes. There needs to be a shift towards an *assurance* culture which is based on clear information, data and documented evidence that support any claims that effective controls are in place.
	Data management - You already recognise that data management requires improvement. A back-to-basics approach is urgently required to provide full assurance around your management of property compliance and to understand the extent of any non-compliance. We strongly recommend adopting fit for purpose compliance workbooks (that provide reporting) as an interim measure while you wait for a dedicated compliance management system to be implemented.
	Non-compliance – Levels of non-compliance across fire, electric and asbestos are significant and there is limited visibility of performance because reporting is not providing a full and accurate picture. There are at least 79 fire risk assessments (FRAs) overdue, 18,762 outstanding FRA actions, and 8,282 domestic properties without an electrical safety check within the last five years.

Assurance rating	
Our overall assurance rating is limited assurance which represents our assessment of cross-cutting themes, such as data, governance, and reporting, as well as outturn performance (see Appendix 3 for full assurance rating criteria).	**Limited assurance**

Recommendations and next steps
In commissioning this report we recognise that you are committed to improving compliance management arrangements and you have an appreciation of some of the challenges to overcome. We have made 20 recommendations to help improve your approach (see Appendix 1 - Compliance Roadmap).

- 9 x high priority – complete within three months.
- 11 x medium priority – complete within six months.

Based on the nature of our findings it is our experience that the Regulator of Social Housing would expect these matters to be disclosed to them through self-referral, which we strongly recommend you consider. We can support you with this process if required.

2. INTRODUCTION

2.1. London Borough of Haringey (Haringey) has appointed us to carry out a high-level Compliance Health Check of the following six areas of property compliance. Our scope includes all HRA properties owned and managed by Haringey.

- Gas and heating safety
- Electrical safety
- Fire and building safety
- Asbestos management
- Water hygiene
- Lift safety

2.2. Our approach included:

- Developing bespoke key lines of enquiry to form the basis of assessment.
- Asset data and document review.
- Sample checks of compliance records.
- Discussions with team members involved in delivering compliance programmes.
- Reviewing key corporate documents and compliance policies, processes, and procedures.
- Reviewing compliance performance reporting at management and governance levels.
- Reviewing internal and external audit and testing arrangements.

2.3. We have assessed Haringey's compliance with legislation, regulation, Approved Codes of Practice, and considered whether your governance arrangements provide appropriate levels of assurance for meeting these obligations.

2.4. The views and assumptions reached in this report reflect the documents, reports, and data we have reviewed. Our assumptions reflect what employees told us about the current arrangements for managing compliance during the discussions that took place during 13 – 16 December 2022. We wish to acknowledge that the employees involved were fully engaged and open in their participation with the process and demonstrated a desire to continue to implement improvements in managing property compliance and building safety.

2.5. We recommend the findings and recommendations within this report are shared with the Executive Team, Board and relevant scrutiny panel / committee so members understand the current position and provide support for any further action required.

2.6. Section 3 of this report outlines our summary of strategic and cross-cutting findings which are applicable to all six compliance areas, and Section 4 provides a brief overview and position statement for each compliance area. We provide all recommendations made throughout this report in a Compliance Roadmap at Appendix 1.

3.   CROSS-CUTTING FINDINGS

3.1.   Governance and strategic oversight

3.1.1.   It is positive that your *Asset Management Strategy 2020-25* refers to property compliance and building safety, demonstrating that these are core strategic priorities. However, governance and strategic oversight needs significantly strengthening to provide full assurance that Haringey's legal duties are being met.

- There does not appear to be a documented action plan to support the claims in your asset management strategy, specifically around your current compliance gaps (for example, data and systems, operational structure and previous audit findings). Although work is going on in each area to address the issues.

- Compliance policies have not yet been updated to reflect the transition from *Homes for Haringey* and the updates to the new operating environment, and not all have been approved at an appropriate governance level.

- Your governance structure is complicated and could be simplified to ensure property compliance reporting is escalated through an effective governance framework. Plus, we have found discrepancies in reported data which does not appear to have been scrutinised or challenged appropriately (for example around the gas safety programme - see Section 3.3 for details).

- There appears to be a reassurance culture which is based on providing comfort that controls are in place which should

achieve the desired outcomes. There needs to be a shift towards an assurance culture which is based on clear information, data and documented evidence that support claims that effective controls are in place.

- Your *Corporate Health, Safety and Wellbeing Statement and Policy* has not been signed and dated by the Chief Executive or Leader of the Council.

3.1.2.   Based on our findings, your Leadership Team (the Executive, Boards and appropriate scrutiny panel / committee) would benefit from a compliance awareness session to gain a more thorough understanding of what Haringey's compliance obligations are and how to provide more effective oversight, scrutiny and challenge of compliance and health and safety documents and performance **(Recommendation 1 - high)**.

3.1.3.   A review of your governance framework and structure for overseeing property compliance should be undertaken to simplify reporting lines and clarify responsibilities, accountabilities and formal approval processes **(Recommendation 2 - high)**.

3.1.4.   A standalone compliance strategy should be developed to outline Haringey's overall objectives, provide clarity for all around what you are seeking to achieve, and address the gaps identified within this report (data, systems, competence and training, contract management, catch-up programmes, and so on) **(Recommendation 3 - medium)**.

Overall compliance position[1]					
Compliance area	Total properties	On programme	Compliant	Non-compliant	Requiring validation[2]
Domestic					
Gas	15,191	15,099	15,099	0[3]	Full validation required
Electric (5-year programme)		15,191	6,909	8,282	
Communal blocks/ schemes					
Gas	206	26	25	1	Full validation required
Electric		771	743	28	
Fire risk assessments		1,632	1,553	79	
Asbestos		782	748	34	
Water		487	487	0	
Lifts		149	149	0	

Table 1 – Overall compliance position, December 2022

The data in this table is based on what team members told us during our information gathering sessions and has not been fully verified, and we are aware of some potential anomalies with compliancy figures as outlined in other sections of this report.

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[1] Outstanding follow-up actions are not included within this table. Outstanding follow-up actions should be considered to understand the full compliance position. For example, there were 18,762 open fire risk assessment actions on 30 November 2022, 8,378 of which were overdue.

[2] We acknowledge some validation has been undertaken, but we cannot fully verify this position based on our findings (see Sections 3.2 and 3.3).

[3] Cells highlighted yellow - we have found specific discrepancies that show these figures might not represent the actual compliance picture.

3.2. Data and records

3.2.1. Positively, you recognise that data management requires improvement, and we note that there is an ongoing project to implement a dedicated compliance system to address some of the issues we have identified, which is due to be implemented in approximately six months (after receiving delays to the project).

3.2.2. You have also set out the requirements for this system, which includes ensuring it is configured to drive out any inefficiencies in your current approach, *in the Homes for Haringey Building Compliance management system requirements report* (January 2022).

3.2.3. As highlighted in Table 1 above, we found significant issues around your management of data which has reduced the levels of confidence and assurance we can give around your compliance programmes:

- Haringey's full property asset list is held within the Northgate system. As your parent system, this should be used as the single source of truth to understand the total number of properties you have a compliance obligation for. Team members advised that Northgate is unreliable and out of date and have resorted to relying on their own spreadsheets for master data.

- Properties are not appropriately classified in Northgate so we could not determine Haringey's total number of domestic properties or communal blocks / schemes, and therefore we could not verify that the number of properties on your compliance programmes include all the properties required.

- Spreadsheets used to manage compliance programmes have not been designed to clearly show levels of compliance, which has led to manual intervention and data manipulation to provide reporting.

- While some reconciliation is taking place, it is inconsistent across compliance areas, it is not clear that each team is using the same master data, and so it is not providing full assurance.

- There is limited client-side management of the thorough examination programme (for lifts) by the M&E Team which has led to a lack of data ownership and a reliance on the contractor's portal to produce compliance reporting.

3.2.4. While you have undertaken data validation previously in 2020/2021, these issues need to be addressed immediately to provide assurance around your management of compliance, and ahead of the compliance system implementation, a back-to-basics approach is required which should include a full data validation exercise coordinated across all compliance areas. We also recommend using fit for purpose compliance workbooks that provide reporting as an interim measure. **(Recommendations 4 and 5 - high)**.

3.2.1. After completing the validation exercise, you should establish a formal and documented process to ensure asset and compliance data remains accurate and up to date **(Recommendation 6 - medium)**.

3.3. Reporting

3.3.1. There is compliance reporting in place that covers all six compliance areas which is positive, however, your approach is not providing full assurance:

- It does not include: the total stock count to provide context around the number of properties on and off each programme or a breakdown of property types (domestic, communal blocks/schemes and others).

- Reported domestic gas safety programme numbers within the Housing Board report, monthly property compliance report and master spreadsheet do not correspond (14,041, 14,759 and 15,103 respectively). These figures are based on the different requirements of different areas of the organisation, which is not standard practice.

- Some reporting appears inaccurate, for example, the compliance spreadsheets provided for gas and lifts show some non-compliance, yet reporting suggests full compliance.

- There is no visibility of follow-up works in the Housing Board report (for example, the significant number of open fire risk assessment actions (18,762), or electrical safety catch-up programme), which we expect to see to provide the full compliance picture.

- For most compliance areas there is no forward picture to highlight what is due within the next 30 – 90 days to provide a snapshot of any upcoming risk.

- Apart from at month-end when monthly reporting is compiled, there is no consistent, real-time indication of the compliance position throughout the month.

- Supporting narrative does not provide enough detail to explain non-compliance and the progress of corrective actions in the Housing Board report.

- As stated in Section 3.1, it is not clear that compliance reporting is received at appropriate governance levels (which can be addressed through Recommendation 2).

- You do not appear to have considered the reporting required under the Regulator of Social Housing's newly introduced tenant satisfaction measures, which you will need to begin collecting data on from April 2023.

3.3.2. Updating your compliance report to address each of the issues highlighted will ensure your compliance performance is accurate and easy to see, and importantly will provide the assurance it is currently lacking **(Recommendation 7 - high)**. Please see Appendix 4 for a good practice compliance scorecard to demonstrate the depth of information required in a simple format.

> *Having effective data reporting and monitoring systems in place is key to ensuring that properties meet all legislative health and safety requirements that support protection of tenants and that risks are appropriately identified and managed.*
>
> Regulator of Social Housing,
> Consumer Regulation Review 2021-2022

3.4. Policies, process and procedures

3.4.1. Positively, there are individual compliance policies for each compliance area which contain some of the information we expect. However, they require strengthening to demonstrate that you understand all your compliance obligations and what you need to do to meet them. We recommend that all six policies are redrafted as they are legacy documents based on the arrangements at *Homes for Haringey* **(Recommendation 8 - high).**

3.4.2. We also observed that:

- Policy and procedures have been combined so they are generally too long to be practical, working documents.

- Key details we expect to see are missing, for example: appropriate roles and responsibilities, key performance indicators, auditing and important strategic decisions.

- Legal obligations are not always clearly stated (or up to date) and therefore it is not clear how you intend to meet these duties.

- Document approval routes are inconsistent, and they do not appear to receive approval at the appropriate governance level.

3.4.3. To support your redrafted policies, we recommend that you develop supporting process maps and procedures to provide the detail around how the end-to-end processes will be delivered operationally **(Recommendation 9 – medium).**

3.5. Structure and operational delivery

3.5.1. The proposed operational structure for managing compliance is in line with best practice and what we recommend, as all strands of property compliance and building safety have central oversight from a Head of Building Compliance.

3.5.2. Roles and responsibilities are clear. Staff mostly felt that the structure was fit for purpose (except for fire and building safety which are due to be addressed through the new roles created in the proposed structure).

3.6. Training and competence

3.6.1. Positively, staff generally have the technical qualifications we expect to manage their areas of property compliance. We did identify some officers without appropriate technical or management qualifications which should be addressed (for example the compliance officers responsible for managing the fire risk assessment programme and associated actions).

3.6.2. We recommend that a training matrix is developed, which specifies the training and qualification requirements for all officers involved in delivering compliance programmes **(Recommendation 10 - medium)**. This will help to identify competence gaps and ensure training and competence is kept up to date.

3.7. Procurement and contract management

3.7.1. Positively, we were advised that there are formal contracts in place with compliance contractors and regular, documented performance meetings are mostly taking place which is a proactive and recommended approach to contract management. We also note that most contracts have been formally procured through frameworks where checks on contractors' accreditations have been completed.

3.7.2. We did find that some contractor meetings are not formally documented, and contractor accreditations and qualifications are not routinely checked throughout the duration of the contract. We recommend implementing these routine checks to provide assurance that contractors remain suitable for delivering compliance activity **(Recommendation 11- medium)**.

3.8. Resident communications

3.8.1. General awareness raising and communication around property safety is important as residents are often best placed to mitigate risks themselves. Effective communication can also help tenants to feel involved and take steps to be safe in their own homes.

3.8.2. While there is some compliance information on your website it does not appear to cover all areas, and more generally there is no formal and coordinated approach to informing residents about all areas of property compliance which we recommend **(Recommendation 12 - medium).**

3.9. Quality assurance

3.9.1. **Internal audit** - Your internal audit programme includes all compliance areas which is positive. While some recommendations in the *Statutory Property Compliance Audit* completed in April 2022 have been marked as complete, the action taken has not increased assurance because route causes have not been addressed (for example, data management and reporting). There are also management responses that specify follow-up actions, but it is unclear if these are being monitored and progressed.

3.9.2. Issues identified within that audit that have not been adequately dealt with can be addressed through our Compliance Roadmap.

3.9.3. In respect of your internal auditor, they do not clearly outline whether Haringey is compliant with legal obligations across all areas, which we would expect to see reported as a minimum requirement of the audit **(Recommendation 13 - medium).**

3.9.4. **Technical audit** – There is a good approach to technical auditing of the gas, asbestos and electrical safety programmes (in respect of checking contractors' field work or desktop reviews of compliance records). For other areas this could be strengthened but we note that you have procured a third-party external auditor to implement a technical auditing regime across all compliance areas to begin in January 2023, which is best practice. This will provide an additional line of defence and provide assurance around quality of work, so long as external auditors have the appropriate accreditations and competencies to fulfil this role.

4.1. Gas and heating safety

4.1.1. Management of gas safety is fair. There are some controls in place to demonstrate that you are meeting legal duties under the Gas Safety (Installation and Use) Regulations 1998, for example, there is an annual gas safety programme with an approach to gaining access to properties. We also identified areas for improvement **(Recommendation 14 – high).**

- As highlighted in Section 3.2 the master tracker spreadsheet and gas safety reporting does not provide assurance around your compliance position.
- You were unable to confirm that gas safety records for communal boilers were being displayed in communal areas, which is a legal requirement.
- You were unable to demonstrate full compliance with the Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022 which came into force on 1 October 2022. It is unclear how many properties could be non-compliant.
- You were unable to confirm whether you own properties with solid fuel or oil-fired appliances (or other types of heating). Not having an approach to understand this is a significant risk.
- Where there is a gas supply within a communal block, DSEAR[4] risk assessments have not been undertaken to understand the risks around dangerous substances and explosive atmospheres.

4.2. Electrical Safety

4.2.1. While there are areas of good practice, for example, a satisfactory electrical installation condition report (EICR) is always produced following inspection and there is a five-year programme in place, the management of electrical safety requires improvement.

- There are a significant number of properties (8,282) without an EICR dated within the last five years, which does not meet your own policy requirement.
- There is a catch-up programme to bring all properties within five years (by December 2023) but there is no clear visibility (within compliance reporting) of the timeframe breakdown. This needs focus and accountability at a governance level.

4.2.2. The above issues can be addressed by implementing our Compliance Roadmap and **Recommendation 15 (high)** which is specific to electrical safety.

4.2.3. *We acknowledge that the Technical Contracts and Compliance Manager was only given responsibility for this programme approximately six weeks prior to this review.

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[4] Dangerous Substances and Explosive Atmospheres Regulations 2002

4.3.   Fire safety

4.3.1.   You have some controls in place to meet your legal obligations under the Regulatory Reform (Fire Safety) Order 2005 (as amended by the Fire Safety Act 2021). For example, there is a fire risk assessment (FRA) programme in place, and you have procured a programme of works to address FRA actions. You have also made progress against the requirements of the Fire Safety (England) Regulations 2022 which will come into force on 23 January 2023.

4.3.2.   However, management of fire safety requires improvement as there are several significant issues that need to be addressed (by implementing our Compliance Roadmap and **Recommendation 16 - high** which is specific to fire safety).

- There were 79 FRAs outstanding, plus an additional 125 FRAs that you are unable to access that are on an internal fire risk assessor's laptop.

- There were 18,762 open actions of which 8,378 were overdue (4,769 of these are high priority and should have been completed within 30 days) and there is no visibility of this risk within your Housing Board report.

- The FRAs completed by internal fire risk assessors are not 100 per cent quality checked, which we expect to provide assurance around the quality and consistency of FRAs.

- Not all properties receive a Type 3 FRA (which includes going into a sample of flats), which we recommend as best practice.

4.4.   Building safety

4.4.1.   Under the Building Safety Act 2022, from April 2023, Haringey will be a Principal Accountable Person for 43 higher-risk buildings as defined by the Act.

4.4.2.   To address the duties you will have under the Act, you have established a *Managing Building Safety Group,* which is positive. The group is chaired by the Assistant Director of Housing Property Services and attended by heads of service across IT, housing, estates, development and finance teams. The group has developed five building safety themes to address.

4.4.3.   Due to the number of higher-risk buildings you own, the stringent duties you will have for these buildings, and based on your existing management of property compliance, we recommend that you commission a building safety gap analysis to ensure you are prepared for what is required from April 2023 **Recommendation 17 - medium**.

4.5. Asbestos Management

4.5.1. Management of asbestos is fair, and you have controls in place to meet your legal obligations under the Control of Asbestos Regulations 2012. For example, asbestos surveys are undertaken to identify and manage asbestos containing materials, there is a re-inspection programme in place for non-domestic properties and you have an asbestos register.

4.5.2. We did identify some areas for improvement which should be addressed through our Compliance Roadmap and **Recommendation 18 - medium** which is specific to asbestos management.

- There were 34 non-compliant properties on the asbestos re-inspection programme, which you advised were due to contractor performance. It is unclear when these properties will be inspected.

- Your asbestos register is managed via a spreadsheet which is manually updated by an administrator, with no additional checks to ensure the information has been inputted correctly.

- There is no formal approach to surveying domestic stock, in respect of achieving a percentage target, and you were unable to confirm the percentage of domestic properties with asbestos surveys. Best practice is to have a clear and documented approach with an aim to survey 100 per cent of domestic stock.

4.6. Water hygiene

4.6.1. Management of water hygiene is good and largely there are controls in place to meet your legal obligations under the Control of Substances Hazardous to Health Regulations 2002. For example, you have a legionella risk assessment (LRA) programme and written schemes of control are in place.

4.6.2. We did identify some areas for improvement which should be addressed through our Compliance Roadmap and **Recommendation 19 - medium** which is specific to water hygiene.

- As a landlord, legally Haringey must consider water hygiene across all properties you own and manage, including domestic properties, where a practical and proportionate approach is required. Currently, there is no clear strategy around management of water hygiene in domestic properties.

- Your water hygiene contractor is responsible for undertaking LRAs, monitoring regimes and remedial works which presents a risk around impartiality and makes it difficult to provide assurance around value for money (in respect of 'job building'). We note that you have procured third-party technical auditing for water hygiene, which should help to address this issue.

4.7. Lift Safety

4.7.1. Although there are some controls in place to meet your legal obligations under the Lifting Operations and Lifting Equipment Regulations 1998, for example, through thorough examination (TE) and maintenance programmes for non-domestic lifts and good technical knowledge within the team, management of lift safety requires improvement.

4.7.2. We identified areas for improvement which should be addressed through our Compliance Roadmap and **Recommendation 20 – medium** which is specific to lift safety.

- Although outturn performance is good (we were advised all 149 lifts on the TE programme were in date), this is more likely because of your insurance company driving the TE programme than having effective processes and management controls in place.

- There is limited proactive client-side management of the TE programme by the M&E Team which has led to a lack of data ownership and a reliance on the contractor's portal to produce compliance reporting.

- The spreadsheet provided showing the TE programme suggested that between five and seven properties were overdue, which contradicts the 100 per cent compliance being reported.

- There is a lack of visibility around TE remedial works and domestic properties are not included on a TE programme, which we recommend as best practice.

Compliance Roadmap

Recommendations made throughout this report are summarised in the Compliance Roadmap at Appendix 1. Implementation of these recommendations will provide full assurance across all six areas of compliance and will ensure Haringey has the necessary arrangements in place to effectively manage compliance within 12 months.
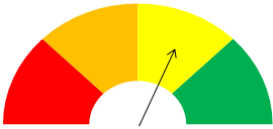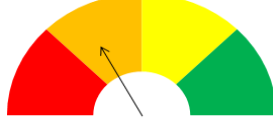
We can assist you with delivering all elements of the roadmap and set out an example timeline at Appendix 2.

Haringey Compliance Roadmap 2023	Jan – Feb	Mar - Apr	May - Jun	Jul - Aug	Sep - Oct	Nov - Dec
Recommendation 1 – Governance and leadership training	■					
Recommendation 2 – Governance framework	■					
Recommendation 3 – Property compliance strategy	■	■				
Recommendation 4 & 5 – Data validation and compliance workbooks	■					
Recommendation 6 – Changes to asset list		■				
Recommendation 7 – Compliance management system			■	■	■	■
Recommendation 8 – Reporting	■					
Recommendation 9 – Policy workshop and development		■	■			
Recommendation 10 – Process map and procedure development			■	■		
Recommendation 11 – Training and competence	■	■	■			
Recommendation 12 – Contract management			■			
Recommendation 13 – Resident communications			■			
Recommendation 14 – Internal audit		■				
Validation and close out of Roadmap						■

Assurance level	Design of internal control framework	Operational effectiveness of internal controls
Substantial Assurance	There is a robust system of internal control designed to achieve system objectives. Appropriate procedures are in place to mitigate key risks and fully comply with applicable legislation. There are a number of areas of best practice.	The controls in place are applied consistently and there are no, or only low, priority weaknesses noted.
Reasonable Assurance	There is a reasonable system of internal control designed to achieve system objectives with some exceptions. Generally, appropriate procedures are in place to mitigate key risks and comply with applicable legislation, although some are not fully effective.	The controls are applied in most instances; however, some non-compliance was identified through testing. Weaknesses are primarily of a medium or low priority.
Limited assurance	There are significant gaps in the system of internal control, with system objectives at risk of not being achieved. There are a number of weaknesses identified in the procedures in place to mitigate key risks and comply with applicable legislation.	There is evidence of non-compliance and a number of reoccurring weaknesses identified through testing. Weaknesses are primarily of a medium priority.
No assurance	The system of internal control is not fit for purpose and a significant likelihood that the system's objectives will not be achieved. There are a number of procedural gaps which do not mitigate key risks or facilitate compliance with applicable legislation.	There is evidence of consistent or frequent non-compliance. Due to the absence of effective procedures, a number of reoccurring weaknesses have been identified through testing. Weaknesses are primarily of a high priority.
Recommendation priorities		
Low	Areas that individually have no significant impact, but where the organisation would benefit from improved controls to achieve greater effectiveness and efficiency.	
Medium	A weakness where there is a moderate risk of legal or regulatory non-compliance, poor value for money, or failure to achieve operational objectives. Remedial action should be taken as soon as practicable.	
High	A weakness where there is substantial risk of legal or regulatory non-compliance, poor value for money, or failure to achieve operational objectives. Remedial action should be taken urgently.	

Property Compliance Dashboard Example | **Reporting Frequency: Monthly**

Performance as at: 01/02/2022 00:00	Properties			Compliance		Non-compliance		Performance Indiactor	Trend Analysis	Properties due within 30 days	Total no. of follow-up works outstanding
	Total	On programme	Off programme	In date		Overdue					
Domestic											
Gas LGSR programme	8,528	7,000	1,528	7000	100.00%	0	0.00%	COMPLIANT	↑	56	0
Electric (5-year programme) EICR programme	8,528	8,500	28	8490	99.88%	10	0.12%	NON-COMPLIANT	→	142	3
Communal blocks /schemes											
Gas LGSR programme	530	42	488	42	100.00%	0	0.00%	COMPLIANT	↑	2	0
Electric EICR programme	530	298	232	298	100.00%	0	0.00%	COMPLIANT	→	15	1
Fire Fire Risk Assessments	530	322	208	322	100.00%	0	0.00%	COMPLIANT	↑	22	365
Asbestos Reinspection programme	530	236	294	234	99.15%	2	0.85%	NON-COMPLIANT	↓	4	2
Water Legionella Risk Assessments	530	90	440	90	100.00%	0	0.00%	COMPLIANT	↑	0	0
Lifts Thorough Examinations	530	28	502	28	100.00%	0	0.00%	COMPLIANT	↑	1	2
Other											
Gas LGSR programme	48	9	39	5	55.56%	4	44.44%	NON-COMPLIANT	→	0	0
Electric EICR programme	48	34	14	26	76.47%	8	23.53%	NON-COMPLIANT	→	1	0
Fire Fire Risk Assessments	48	34	14	34	100.00%	0	0.00%	COMPLIANT	↑	0	25
Asbestos Reinspection programme	48	32	16	21	65.63%	11	34.38%	NON-COMPLIANT	↓	5	0
Water Legionella Risk Assessments	48	34	14	34	100.00%	0	0.00%	COMPLIANT	→	3	0

APPENDIX 5 – COMPLIANCE OBLIGATIONS

Area	Obligations
Gas	Under the Gas Safety (Installation and Use) Regulations 1998, Haringey must ensure that an annual gas safety check is carried out, by a qualified Gas Safe registered engineer, to ensure that all gas installation pipework, gas appliances (other than tenants' own appliances), and flues serving those appliances are maintained in a safe condition. Records must be kept for two years, and a copy of the Landlord's Gas Safety Record (LGSR) issued to tenants within 28 days. In communal properties, the gas safety record must be displayed in a prominent place.
Electric	The Landlord and Tenant Act 1985 and Homes (Fitness for Human Habitation) Act 2018 require that the electrical installation in a rented property is tested and safe at the start of the tenancy and maintained in a safe condition throughout. To demonstrate compliance with this and other applicable legislation, Haringey should undertake periodic electrical inspection and testing programmes and produce electrical installation condition reports (EICRs). The Code of Practice for the Management of Electrotechnical Care in Social Housing recommends a five-year programme for domestic properties, and British Standard BS 7671 Requirements for Electrical Installations recommends a five-year frequency for commercial properties.
Fire	In accordance with the Regulatory Reform (Fire Safety) Order 2005 (as amended by the Fire Safety Act 2021), Haringey must carry out a fire risk assessment (FRA) on all communal parts of its properties, based on a risk assessment of the building and its occupants. The FRA must be kept up to date through periodic review in a timescale appropriate to the premises and/or occupation risk level. Haringey must evidence completion of all general fire precautions and any other actions identified within the FRA.
Asbestos	In accordance with the Control of Asbestos Regulations 2012 (CAR 2012), Haringey has a duty to manage all non-domestic premises (for example, communal blocks and offices) to find out if there are asbestos-containing materials (ACMs) within these premises. Haringey is required to carry out an initial asbestos management survey followed by a periodic asbestos re-inspection (typically annually) where ACMs are found to be present. A written asbestos management plan must be prepared (which should be subject to periodic review), and up-to-date records kept to record the location and condition of ACMs. This information must be provided to anyone who is liable to work on or disturb these materials, such as operatives and residents.
Water	The Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended) provides a framework of actions to control the risk from a range of hazardous substances including Legionella. Approved Code of Practice L8, Legionnaires' disease: The control of legionella bacteria in water systems (ACoP L8) has been produced to help duty holders comply with their legal duties. Haringey has a duty to carry out a legionella risk assessment (LRA) to identify and evaluate sources of exposure to legionella bacteria (best practice is every two years). There is a requirement to regularly review LRAs and make necessary changes as a result of the review. Duty holders are also required to produce a Written Control Scheme. This is a set of operating procedures that, if implemented and suitably monitored, will prevent, reduce, or control the risks from legionella. Appropriate records of risk assessments, maintenance work, and test results must be kept for at least five years.
Lifts	As the duty holder, Haringey are legally responsible for ensuring its passenger lifts, domestic lifts (for example, stairlifts, hoists, through floor lifts), and other lifting equipment (crane lifts, scissor lifts, and so on) are safe to use and thoroughly examined to ensure compliance with the Health and Safety at Work Act 1974 and the Lifting Operations and Lifting Equipment Regulations 1998. Lifts must be thoroughly examined at least every six months if used to carry people and every 12 months if only carrying loads. Thorough examination reports must be kept for at least two years and lifting equipment should be subject to a regular maintenance regime.