

# DSD/NIHE Compliance Review 2014/15

---

April 2015

---

**Prepared For:**

DSD Lighthouse Building  
1 Cromac Place  
Gasworks Business Park  
Ormeau Road  
Belfast  
BT7 2JB

**Prepared By:**

Savills (UK) Limited  
33 Margaret Street  
London  
W1G 0JD



Department for  
**Social  
Development**

[www.dsdni.gov.uk](http://www.dsdni.gov.uk)

**Housing**  
Executive

---

## DSD/NIHE Compliance Review 2014/15

### Contents

1.0	EXECUTIVE SUMMARY .....	1
2.0	OVERVIEW OF LANDLORD AND STATUTORY COMPLIANCE GOOD PRACTICE .....	11
3.0	SAVILLS METHODOLOGY .....	15
4.0	NIHE's STRATEGY & CORPORATE APPROACH .....	17
5.0	DATABASE & SYSTEMS .....	19
6.0	HEATING & CARBON MONOXIDE ALARMS .....	22
7.0	WATER TESTING .....	28
8.0	SEPTIC TANKS .....	32
9.0	LEAD PIPE REPLACEMENT .....	35
10.0	ELECTRICAL TESTING & SMOKE ALARMS .....	36
11.0	PAT TESTING.....	40
12.0	LIFTS (PASSENGER, VERTICAL AND STAIR LIFTS).....	43
13.0	WINDOW SAFETY .....	47
14.0	RIDDORS.....	50
15.0	ASBESTOS.....	53
16.0	FIRE SAFETY LEGISLATION .....	63
17.0	LIGHTNING PROTECTION.....	70
18.0	NEXT STEPS.....	72

### Appendices

Appendix 1     Draft Change Plan for Compliance

---

## 1.0 EXECUTIVE SUMMARY

---

- 1.1 Savills has been commissioned by the Department for Social Development (DSD), under Client Requirement 2 of the DSD SHRP Asset Commission 2014/15, to undertake a detailed review of all NIHE's compliance processes and measure its compliance performance. This report sets out the findings of that review and provides an assessment of the compliance regime currently in place and operational within NIHE. It also makes recommendations for future improvements in order to ensure that the compliance function complies with all statutory and regulatory obligations, is fit for purpose to manage risk, and adopts good practice.
- 1.2 Landlord compliance covers the statutory and legal obligations that the Northern Ireland Housing Executive (NIHE) as a major landlord has to satisfy to ensure that it provides a safe environment for its tenants. As well as compliance with legislation it also includes good practice in how the compliance function is managed, including consideration of the strategic and corporate approach and information management systems. The compliance areas reviewed include gas safety, heating & carbon monoxide alarms, water testing, septic tanks, lead pipe replacement, electrical testing, smoke alarms, PAT testing, lifts, window safety, Riddors, asbestos, fire safety and lightening protection.
- 1.3 The methodology for the review included information requests and reviews of information received, meetings and discussions with staff to clarify NIHE's approach, and a number of random checks and site based assessments. Our report is based on the information and evidence that NIHE has provided up and until the end of January 2015.
- 1.4 Savills has considered good practice, based upon our work with other major landlords throughout the United Kingdom, in order to provide a broader view of landlord compliance within NIHE. This covers both the statutory landlord requirement and good practice associated with policy, process, procedures and ability to performance manage. It is acknowledged in this regard that landlords need to assess the inherent risk in their stock in line with its construction, age, condition, use and nature of their tenants. They then need to determine their approach

having considered these risks and having taken account of published guidance and codes of practice e.g. the Health and Safety Executives Approved Code of Practice (ACOP).

- 1.5 The organisations' resilience in relation to compliance is key, particularly for an organisation with a large and diverse stock. This requires robust structures to provide a clearly defined framework which includes strategy, policy, process and procedure, databases and contract management. There then needs to be strong governance through a performance management framework that links to the Board and Audit/Risk Committee. The governance of these structures will provide resilience. This resilience needs to be capable of managing compliance under business as usual conditions and during any organisational transformation.
- 1.6 NIHE is a large and complex organisation going through a significant compliancy transition involving the compliance delivery functions being migrated from the centre (managed by a team in Adelaide Street) to the three regions (regional office front-line service delivery). The main services being transferred are heating and asbestos. The majority of other compliance areas are managed by the regions with some being monitored by the centre. Whilst we support the delivery of key customer related services such as gas safety at a regional level, because this reflects good practice, this needs to be carried out as part of a well planned transition that embeds and builds capacity and ensures resilience. This approach should provide clear accountability regarding the management and delivery of compliance at a local level where services are being provided. This should be monitored independently by a central compliance unit responsible for ensuring good practice is being adopted with consistency across the regions. In order to create accountability job descriptions should be reviewed and responsibility for compliancy clearly defined. We are aware that NIHE is now in the process of developing an integrated transition programme.

- 1.7 A key finding from the review is that there is a lack of consistency regarding policy, process, procedure, performance management and a lack of clear accountability in the majority of compliance areas. This lack of structured documentation is a clear weakness to NIHE's ability to manage compliance effectively. Our review has identified that the quality of data relating to compliance on some of the core systems needs improvement. These issues will have a direct impact on the quality of the compliance function. There are also a large number of databases holding the compliance data rather than a single source held on a core system. It is also worth noting that within the documentation sourced there is little reference to the customer.
- 1.8 NIHE has focused on procurement/contract documentation and the monitoring of the service provider to ensure quality services are being obtained on behalf of the customer. This is a technical approach relating to the up keep and maintenance of property via responsive repairs, cyclical maintenance programmes and capital investment. Over a period of time the technical aspects of compliance may in general be met however this is a risk. This approach relates to a bricks and mortar type service as opposed to a customer and property combined compliance structure. Savills believe this is in part protecting NIHE from non-compliance issues emerging.
- 1.9 As described in 1.7 core framework documentation is required to complete the process. The contract documents should reflect landlord compliance and the responsibility the service provider has to ensure the landlord obligations are met. To ensure a comprehensive approach to compliance is achieved the framework documents are at the core of compliance as it sets out how compliance will be achieved, who does what, accountability linked to a performance management system driven by quality data and information. This should then inform the procurement process and influence contract documentation stipulating how NIHE's structure works and that the service provider requires to support and compliment this approach.
- 1.10 For NIHE to continue developing their approach regarding compliance, additional framework documentation is required to create a more comprehensive and robust approach and in doing so minimise risk to the business.

- 1.11 Housing management is usually the lead in developing compliance policy. Technical services working in partnership with housing services would assist in developing process, procedures and process maps. The Governance team would equally get involved by testing the process and procedures to ensure they are robust and protect the landlord and that the reporting on performance is detailed enough to manage risk within the business.
- 1.12 For NIHE to develop further a more comprehensive in house approach it is necessary to ensure ownership is clearly identified and a robust organisational wide approach to managing compliance is implemented.
- 1.13 A table has been produced to summarise where NIHE should focus in order to improve their approach regarding compliance. Other landlords in terms of good practice, where applicable, would be in a position to meet the policy, process, procedure, performance management and reporting to audit and risk committee requirements with relative ease. Some would struggle however with having everything in place in terms of modern databases and data management. However for gas, asbestos, fire and legionella the majority would have a modern data management system reflecting their requirement.
- 1.14 We have summarised our assessment of NIHE's approach to each area of compliance in the table overleaf:

Compliance Review Area	RIDDOR	Gas Safety	Fire Risk	Asbestos	Legionella and Boosted Water Supply	Carbon Monoxide and Smoke Detectors	Passenger, Chair and Stair Lifts	Lightening Conductors	Portable Appliance Testing	Periodic Electrical Testing and Smoke Detectors	Lead Pipe Testing	Scalding and TMV	Window Restrictors
Policy		✗	✓	✓ Review /update required	✓	✓	✓	✗	✗	✓	✗	✓	✗
Procedure		✓ Limited - including heating manual	✗	✓ Review /update required	✓	✗	✗	✗	✗	✓	✗	✗	✗
Process		✓ Limited - including heating manual	✗	✓	✗	✗	✓	✗	✗	✓	✗	✗	✗
Database with stock number and current test records**		✓ Queries Being Addressed	✗	✓ Anomalies/ Formats / Reporting to be Addressed	✓ Capital works only in SAMS	✓	✗	✗	✗	✗	✗	✗	✗
Performance Management	Does not cover contractors	✓	✗	✓ Limited/ Extend Remit	✗	✗	✗	✗	✗	✗	✗	✗	✗
Governance Reports to Audit and Risk Committee	Does not cover contractors	✓	✗	✓ Limited/ Extend Remit	✗	✗	✗	✗	✗	✗	✗	✗	✗

**Note:**

\* System of recording RIDDORS for contractors and third parties to be provided

\*\* Database should be linked to HMS(housing) and SAMS(asset management system)

- 
- 1.15 During the course of this review we have not been informed of any major incidents as a result of breaches in compliance. However it should be noted that the lack of consistently applied policies, processes, procedures and accountability across the compliancy areas is a significant risk and NIHE would find it difficult to defend its position should a major incident occur.
- 1.16 A range of compliance services are contained in part or in full within contract documents. However they are defined as service requirements with little reference to landlord compliance and make limited reference to the clients policy, process or procedure for managing compliance.
- 1.17 A clear focus on policy, process and procedure linked to a performance management system is required. This should be supported by a robust and accurate database of all assets which includes information on practical registration of compliance works and servicing carried out to meet legislative landlord functions or good practice .The approach to managing and registering compliance works and services carried out is inconsistent within NIHE. Currently the focus is on gas, with servicing and works being registered, however this approach does not apply to all areas of compliance.
- 1.18 There is a need to develop a more integrated approach to the IT systems used to support compliance. This would enable NIHE to identify and record when compliance works have been undertaken (including certification), in a way that is easy and comprehensive. It would also ensure that the data is current and correct which would improve NIHE's ability to manage compliance risk. Currently 8 out of the 12 compliance areas reviewed do not appear to have a standalone or central database where information can be held.
- 1.19 We have reviewed each compliance area and suggested recommendations for NIHE to improve its approach to landlord compliance. There are also overarching recommendations that we have made to enable NIHE to improve its approach to compliance including:



- 
- A corporate review of NIHE's structure, policy, procedure, processes and systems in relation to compliance.
  - The creation of a central asset assurance and compliance function. This unit would be responsible for the development of strategy, policy, process and procedure. It would also be responsible for the management of a database to support compliance, the identification of overall investment and maintenance requirements, and the provision of assurance that the regional NIHE teams and Contractors are achieving the organisation's objectives in relation to landlord compliance. This new function would also maintain a close working relationship with the NIHE central corporate audit unit – informing audit activity.
  - Responsibility for the implementation of compliance will be at a regional level. There is a need for the establishment of a programme of training for staff at a regional level, as the functions are transferred from the centre, to ensure competence in the management of compliance and an understanding of its importance.

1.20 NIHE, based on discussions taking place during the compliance review, have started to review policy and their approach to compliance. Savills has been advised by NIHE that part of its compliance framework moving forward will be linked to the new approach to asset management and the IT system which will be implemented over the coming year.

1.21 This review has identified that as part of the NIHE's transition of the compliance delivery functions from the centre (HQ) to the regions (front line), work is underway to deliver improvements including:

- The integration of database systems e.g. SAMS (scheme asset management system) and HMS (housing management system).
- The procurement of a new asset management database.

- 
- The resolution of queries on gas servicing records.
  - The removal of water tanks in high rise blocks, and
  - In some regions stronger integration of planned works/capital schemes.

1.22 We have not been provided with NIHE's transition plan and therefore we are unable to confirm at this stage whether we believe that the above actions and the overall direction of travel will address the issues that this report identifies.

1.23 A comprehensive review and update across all compliance areas is required to address the findings contained within this report.

1.24 In addition the production of a Compliance Manual covering all aspects of compliance is required urgently and should be produced in both paper and electronic format and be accessible to all staff.

1.25 The recommendations from Client Requirement 3 of the DSD SHRP Asset Commission 2014/15 (quality assure a catalogue of property assets) should be completed to provide a complete and accurate list of all NIHE owned assets on HMS. HMS should be used as the key system for all compliance related information. This will then be fundamental in providing assurance that all areas of compliance can be confirmed in every property where NIHE has landlord liabilities.

#### **1.26 Overall Conclusions and Recommendations**

- There is a general lack of landlord policy, process, procedures and performance management in relation to compliance and, where it does exist, it is inconsistent. A more structured framework of documents covering landlord compliance is required.

- 
- NIHE is in the process of transferring the delivery of Compliance from the centre to the regions. Whilst we agree with the general approach the roles, responsibility and accountability are not clear at a central or regional level. A review of job descriptions linked to the transfer of compliance issues to the regions is required. This should clearly define the role of individual posts at both central and regional level. A transition plan should be developed covering all aspects of moving compliance from the centre to the regions to ensure clear accountability is created.
  - Where compliance functions are being carried out by an approved NIHE appointed contractor or the DLO it should be clearly documented within the framework of documents suggested above.
  - We recommend a central compliance audit team is created within NIHE. Its function would be to monitor landlord compliance services and performance being delivered at both central and regional level.
  - The questions raised over the HMS asset information register equally raises questions over accurate compliance information. The two are intrinsically linked. It is critical that improvements in the data in the HMS system are cascaded down to all compliance data.
  - A compliance manual should be developed covering the framework of documentation suggested policy, process, procedure supported by process maps, performance information and data storage and management. This should be easily accessible for all staff in both paper and electronic format.
  - A compliance review mechanism should be established to ensure new practice adopted is fully reflected in the documentation created and version control is in place.

- 
- A compliance performance management suite of information covering each compliance area should be developed. This will enhance the current reporting mechanisms. The information should be presented to regional and central boards/committees on a regular cycle.
  - Both the Asset Management and Procurement Strategy should reflect the landlord compliance obligations and key objectives regarding delivery.
  - Until all of the above issues are addressed/resolved, or NIHE can evidence that a compliance management change plan is in place and being implemented, then NIHE could be at risk regarding legal action should any significant incident occur.

1.27 Savills suggest that an overarching plan be developed within NIHE in order to take forward the compliance issues highlighted and led by a member of the NIHE Executive Team to ensure implementation. Based on the above a draft change plan for compliance is attached at **Appendix 1**. This should be further developed by NIHE and a completion date for the review process agreed with the Department.

---

## 2.0 OVERVIEW OF LANDLORD AND STATUTORY COMPLIANCE GOOD PRACTICE

---

In our experience, for a major landlord to have a comprehensive and holistic approach to compliance, there are a number of key areas that need to be robustly in place and embedded within the business to ensure that the organisation is resilient, any risks are mitigated and performance is managed effectively. We would expect the following framework of documents to run through the organisation and be directly related to customer engagement and awareness:

### 2.1 Strategy

2.1.1 A clearly defined strategic approach to compliance including a focus on investing in systems, training and organisational development to deliver it. This will include a Business Plan that provides the required level of resources to ensure modern practice and systems can be funded to ensure management and staff have the correct tools and skills to manage compliance.

### 2.2 Structure

2.2.1 In line with the governance structure of the organisation, a clear line of sight relating to accountability and responsibility is required at each level of the organisation including the Board, Audit and Risk Committee, Senior Management Team, the centre and regions for landlord compliance.

---

## 2.3 Policy, Process and Procedure

2.3.1 We would expect for each area of compliance a clear suite of documents covering:

- Policy (objectives, legislative and good practice guidance roles and responsibilities including resources available, assurance etc).
- Procedures (clear guide on the legislative guide, the organisations approach to delivery.
- Performance standard, key steps, controls and performance reporting, named job titles and performance management).
- Process - key end to end processes should be mapped out in a simple coherent fashion linked to roles and responsibilities.
- A Training and Development Plan relating to compliancy.

2.3.2 These documents are key to ensuring the Board, staff and tenants are aware of the importance of compliance and form the back-bone of training, quality assurance and validation, required to ensure that risk is minimised and that the organisation is compliant in terms of its responsibilities. The documents should be readily available to staff, via an intranet or corporate filing system.

2.3.3 The Training and Development Plan should be structured to reflect the documents the organisation should have in place. A clearly defined training plan for the Board and staff in all areas of Landlord Compliance is advisable.

---

## 2.4 Database

2.4.1 The organisation should store and maintain up to date key asset and property data including the key attributes that require to be managed to ensure it is compliant, e.g., gas or electric heating, the location of lifts, cooling systems etc, addition of new assets, demolition, sale and disposal of its assets, changes to the type of tenure etc. This is a core and critical element of ensuring compliance.

2.4.2 Having recognised and assured that this issue has been addressed the organisation should have an integrated database system that ensures that the information on the elements of its assets that need to be tested, maintained or replaced by a competent person are up to date and current. The greater the control and more the systems interface the better. Managing compliance from a number of separate stand-alone systems or spreadsheets, where practicable, should be avoided.

2.4.3 The database systems should create the servicing and testing programme for each area of compliance. Typical information held or produced is as follows;

- The issuing of inspection, certification and maintenance programmes to Contractors.
- The Contractors progress, efforts to arrange access.
- The Clients progress, efforts to arrange access.
- The completion of the service by the due date.
- The identification and completion of any remedial work.

- 
- Where possible contain an electronic copy of the test certificate carried out by a competent contractor whose work is quality assured by the client. Once the test is completed it should re-set the annual servicing programme.

## **2.5 Performance Management and Contract Management**

2.5.1 For all areas of compliance the landlord should be able to monitor and report on the current level of compliance based upon the progress it is making with identifying and removing risk via capital works, testing and inspection programme, and management approaches and training to improve the organisations compliance. Information reported to the Board, Regional Managers, Executive Management Team etc should be validated, and assurance provided by independent audit on a periodic basis. This may be carried out by an internal Central Compliance Team or external advisers.

2.5.2 The contract management of contractors should ensure they are technically competent and experienced and ensure they are driven and focused on ensuring NIHE discharges and delivers its legal undertakings as a landlord. A similar or greater requirement is placed on the client team, including housing and property staff.

On the basis of our work with other major landlords in the United Kingdom the approach outlined above represents good practice with different organisations having this in place to a greater or lesser degree.



---

## 3.0 SAVILLS METHODOLOGY

---

3.1 Our review is founded upon an evidence based approach to assessing NIHE's landlord's compliance framework, which involves reviewing documentation relating to compliancy strategy, structure, policy, process and procedure, databases, performance and contract management.

3.2 The following services have been reviewed as part of this compliance review:

- Gas (Heating)
- Fire
- Asbestos
- Legionella, Boosted water supplies and scalding risk
- TMV installation and management
- Passenger Lifts, Through Floor Lifts & Chair lifts
- Portable appliance testing (PAT Testing)
- Lightening Conductors
- Periodic Electrical Testing
- Lead pipe programme
- Window restrictors
- ROSPA (play ground inspections)
- RIDDORS
- Septic tank and pump stations

3.3 NIHE were requested in October 2014 to confirm that the above list reflects the compliance functions it undertakes, based upon the housing stock for which it has landlord responsibilities, and to delete or add any functions that are missing. The only function NIHE confirmed was not required was play equipment as none exists. Savills was not advised of any other area currently monitored by NIHE in relation to compliance.

- 3.4 At the commencement of our review we issued an information request which sought to identify the framework of documents we would expect to see and outlined in section 2. For NIHE to have a clear corporate approach to compliance we would expect this information to be readily available and the approach to be embedded in the organisation.
- 3.5 Our report is based upon our analysis of the information and evidence provided by NIHE by the end of January 2015, the date advised to NIHE for the final receipt of information.
- 3.6 NIHE could not readily provide basic framework documentation/information relating to compliance covering policy, process, procedure and procurement strategy. Please refer to the table within the executive summary where the inconsistency regarding the availability of documentation is highlighted
- 3.7 Due to the limited amount of information received initially we conducted an additional series of meetings to identify NIHE's approach. In addition to the information request and meetings to clarify NIHE's compliance approach we have undertaken a series of random checks on the testing regimes for compliance areas, interviewed key members of staff and carried out site based assessments. We have undertaken a number of meetings and reviews with the regional property teams to establish their current approach and to gain a better understanding.

---

## 4.0 NIHE'S STRATEGY & CORPORATE APPROACH

---

- 4.1 The central issue of compliance, in terms of good practice and organisational resilience, should be addressed in the organisation's Asset Management Strategy which should set out the organisation's strategic objectives, identification of risk, and its mitigation via programmes of testing and assurance, repair and replacement via capital investment. This should reflect the organisation's customer profile and type and age of stock.
- 4.2 NIHE's current Asset Management Strategy makes little or no mention of compliance. The current Investment and Maintenance Plan mentions that investment is required regarding carbon monoxide detectors, fire risk, and lists compliance as a second priority behind buildings being wind and watertight which is a direct requirement of the tenancy agreement. The strategy does not at this time satisfy the approach we have identified. The Asset Management Strategy provided was dated 2009 to 2012 and is technically expired. A new asset management strategy is currently being developed.
- 4.3 The Procurement Strategy provided, dated 2011, has little reference to compliance or any policy framework that should be adhered to, to ensure the landlord compliance obligations would be met.
- 4.4 Savills has been informed that a new Procurement Strategy is being developed at this time by NIHE.
- 4.5 We note that new lift servicing and maintenance contracts have recently been introduced along with a facilities management contract for high rise blocks (including offices and hostels). Both of these are intended to introduce a more integrated approach and ensure that the contractors carry out the required servicing and maintenance, complete the required log books, and provide all necessary certificates.

- 4.6 If the strategy and contracts outlined above are developed and implemented, the organisation is moving in the right direction, however we would note that these measures are being introduced as part of the procurement process not through a structured client compliance process as previously indicated within this report.
- 4.7 The compliance delivery functions are currently being migrated from the centre (HQ) to the regions (front line). Under such circumstances Savills would expect to see a transition plan ensuring that the NIHE was not at risk during the changeover of responsibilities. This was not available at the time of review. Equally we would expect to see job descriptions change to reflect the new responsibilities and accountability. The transition plan would equally have highlighted the need to update strategy, policy, process, procedure and performance management documentation. This would ensure NIHE documentation and administration of compliance was clear and reflect internal structural change and accountability.
- 4.8 The organisation would benefit from the creation of a central asset assurance and compliance function. This team would be responsible for the development of strategy, policy, process and procedure, databases, identifying overall investment and maintenance requirements, and providing assurance that the regional NIHE teams and Contractors are achieving the organisation's objectives in relation to compliance. This new function would also maintain a close working relationship with the NIHE central corporate audit unit – informing audit activity.

---

## 5.0 DATABASE & SYSTEMS

---

Integrity and integration of data is a key component of ensuring that landlord compliance is achievable. There should be a strong thread of processes, procedures and validation to ensure that the core property attributes within the organisation's systems are current and correct.

We have indicated earlier in this report that our review of NIHE's asset management data under Client Requirement 3 of the DSD SHRP Asset Commission 2014/15 has highlighted some fundamental issues with NIHE's core property data in relation to the accurate recording of its housing assets. As a result we are unable to provide assurance that NIHE has fully identified all of the landlord's obligations regarding compliance. The implementation of actions arising from the review of the central asset register is imperative to accurately monitor compliance.

### 5.1 Data Systems

5.1.1 The level of information that needs to be held and maintained to ensure the integrity of landlord compliance for over 87,000 properties is significant. Clear procedures regarding data management relating to updating records and adding and deleting properties should be reflected in the framework of documents associated with compliance.

5.1.2 In relation to systems integration we would expect the housing management system (HMS) to be the primary source of data. It should contain current records of the properties address, size, number of bedrooms and information on the property's core compliance attributes. The number of systems storing data on compliance should be minimised and organisations should seek to avoid a large number of stand-alone databases, especially if these are not interfaced with the live HMS.

- 
- 5.1.3 It is crucial from a compliance perspective that an organisation correctly records the number of housing assets it has and adequately controls and records the addition of new properties, voids, and the disposal, sale or demolition of its properties. It should correctly record the key property attributes that will trigger, for instance, a gas service. If an electrical heating system is incorrectly recorded then it will not trigger a gas service, thereby leaving a tenant at risk.
- 5.1.4 HMS as the housing management system should update the asset management system and compliance systems in terms of the property numbers and attributes. Once work on compliance related works including component replacement or servicing are undertaken the HMS system should be updated accordingly.

## 5.2 Current Systems

- 5.2.1 In addition to covering housing management lettings, rent, day to day maintenance and void repairs, the HMS system covers gas servicing which is therefore directly integrated. Separate database systems exist at present for lifts (passenger, vertical and stair lifts), electrical testing, asbestos and septic tanks. No specific database systems exist for lightening conductors, PAT testing, lead pipe testing and window restrictors.
- 5.2.2 Capital works in relation to water testing e.g. the removal of water tanks in Multi Storey Flat (MSF) blocks, is recorded in the SAMS scheme management system. NIHE's change of tenancy process involves flushing through the installation to remove the risk of legionella, and the identification and removal of water tanks where rust is present. Whilst the work is recorded in the HMS housing management no specific reports are currently run to identify where and when the work has been undertaken.
- 5.2.3 With the exception of gas (heating) NIHE relies on Contractors/ the DLO to store certificates and does not in all cases have evidence that tests have been carried out. Clarification is required to determine who or what organisation hold certificates and that they are transferred to the client/landlord.

- 
- 5.2.4 In terms of recording when a major component is replaced (including the type of boiler, date installed etc) NIHE is in the process of migrating from its previous MIS system (PRAWL) which stored data on the organisation's major housing investment programme including the replacement of major components, including heating systems, to a new scheme management system SAMS. We also understand that NIHE is in the process of procuring a new property asset management database.
- 5.2.5 Data, some of which is over 5-10 years old, is being migrated to SAMS. There is therefore a question on its accuracy. Verification via visual inspection or the results of the current Stock Condition Survey will be required to test the reliability of any data from MIS.
- 5.2.6 SAMS will in the short-term hold the future stock investment programme of NIHE and record the investment that has taken place. At present the only data from SAMS that directly feeds and updates the HMS housing management system is the heating installation records i.e. as a new heating installation is recorded as being complete, including the receipt of the test certificate in SAMS, SAMS then updates with HMS, which sets the date for the next annual gas service based on the date of the new installation.
- 5.2.7 Further work is clearly required to develop a more integrated approach to the IT systems used to support compliance, to identify and easily record comprehensively when works in relation to compliance have been undertaken and to ensure that the data is current and correct.

---

## 6.0 HEATING & CARBON MONOXIDE ALARMS

---

### 6.1 Legislation

6.1.1 Gas safety is a fundamental element of Landlord Compliance and is a statutory legal obligation based on the Gas Safety (Installation and Use) Regulations (Northern Ireland) 2004. The obligations apply to the safe installation by competent contractors of gas installations. There is in addition a clear obligation to ensure that the gas installation is serviced annually by a competent engineer and a CP12 registered against every property registered as having gas. The CP12 confirms that the gas installation is operating safely within its environment. Contractors and gas engineers should be Gas safety registered and inspected.

### 6.2 Good practice

6.2.1 In addition to undertaking legislative compliance referred to above, it is good practice to undertake programmes of awareness training for tenants, via leaflets, internet/website and promotional programmes. NIHE has advisory leaflets available for gas which customers have access too.

6.2.2 There is no specific legislation requirement for landlord's to test and service oil fired boilers. However good practice in line with boiler manufacturers recommendations is to carry out an annual service to ensure the efficiency of the boiler and to mitigate any risk.



---

## 6.3 Findings

### 6.3.1 Policy, Process and Procedure

- NIHE currently has no specific policy document in place covering gas servicing of the type that would be expected, however it should be noted that a gas servicing programme is in place based on a 10 month cycle and is being implemented. In our view it is preferable for the organisation to have a clear specific policy that defines the importance of this area of gas servicing and safety. This would include accountability and responsibility for this from the Board, to the Chief Executive, Regional Managers, Property Services Managers etc, key policy objective (e.g. 100% gas safety compliance), and the performance NIHE will deliver, etc. It would include the role of the customer and the landlord.
- Linked to this would be a clear set of procedure and process maps that would define how NIHE will deliver the policy and monitor its effective implementation. In relation to good practice a tenant awareness and engagement programme normally forms part of this approach. This should include a comprehensive approach covering servicing, breakdown, one off boiler replacement and change of tenancy. At present the documents highlighted above and referred too in the executive summary table are inconsistent and require full review or redrafting.
- NIHE does have a Heating Manual in place that forms part of its contract management approach to the delivery of its heating installation and servicing contracts. Whilst the document does cover the need for gas servicing, the major focus of the document is the installation of new heating installations. This document is well structured and comprehensive and provides a clear technical standard for the installation of new gas/oil heating installation and for their effective project and cost management.

- NIHE runs a 10 month servicing cycle to ensure compliance with the need of an annual service programme. The majority of the organisations properties have external gas meters. Where tenants do grant NIHE access the organisation informs them of the service date, if the tenant fails to arrange the required service then the gas is capped.
- We would normally expect with a 10 month cycle the servicing programme to be issued 60 days in advance of the annual service to Contractors. NIHE issues it 90 days in advance. Whilst this does allow additional time to arrange access, over time the cumulative impact will to increase the number of gas services undertaken.

This is an additional cost due to the potential for 6 services to be carried out over 5 years. This approach should be managed out when NIHE is confident 60 days is a sufficient time to gain access and carry out servicing works.

### 6.3.2 Good practice

- In relation to the servicing of oil fired installations NIHE carries out an annual service. This is in line with good practice. Based on the information provided, it would appear that there is no programme of tenant awareness carried out by NIHE.

### 6.3.3 Structure

- NIHE is in the process of transferring gas safety management to its regions. Training has been provided to staff but at this stage we would suggest the regions have yet to fully take over responsibility for gas safety. A number of functions in relation to dealing with database queries, preparing performance reports remain at a central team level. This is causing confusion regarding accountability relating to gas compliance. The centre believes the gas compliance function has transferred to the regions and the regions believe it has transferred in part and they will not be held responsible until all the tools and functions to manage gas sit with them and are openly available. A

transition plan covering the transfer of the gas function to the regions would have established a clear process and dates for transfer of responsibility.

Servicing now falls under the remit of the Regional Property Services teams. We have been advised that breakdown sits under the District Maintenance teams. We would suggest a more integrated approach is established. Landlords in most instances rarely separate out gas servicing and breakdowns. They tend to manage both via a single resource reflecting operations/geographical location. This would be supported by developing and updating process, procedure and process maps to clearly state responsibilities.

- From a governance perspective it is important when changes of this type are introduced that the regional management team, e.g., Regional Manager and Property Service Manager take full accountability for the performance of this role, and that a clear transitional plan is developed and implemented to ensure this takes place.

#### 6.3.4 Database

- Gas/Oil servicing records are stored and recorded in HMS, NIHE's housing management system. This integrated approach is an area of strength. As changes are made to tenancy and property records, e.g. termination, disposal of property, then these will be reflected in the gas servicing programme on the proviso that data is entered correctly. New installation data is recorded in SAMS the asset management system and used to update the records in HMS. The gas database is reliant on the accuracy of the data held within the HMS core asset registration system.
- Out of the 39,230 properties recorded as having a gas installation there are 485 queries on the records used to calculate the level of properties with a valid gas safety certificate (CP12) as of January 2015.

- 
- We requested a validation check was run comparing the heating installation records for the last two years held in SAMS against the gas servicing records held in HMS. Out of over 1500 heating units installed 7 anomalies were identified i.e. the required gas service had been carried out but these were believed to be electrical or solid fuel systems not requiring testing. Apparently a visual check was being carried out.
  - We would encourage that similar verification reports like this, and one comparing the one off heating replacements, are carried out as part of day to day responsive maintenance or change of tenancy (void) process.

#### 6.3.5 Performance Reporting

- NIHE reports to its Board its current compliance and performance information and it is included as a KPI in the Landlord Business Monitor. As of January, bearing in mind the queries highlighted above, it is 98.21%. If this is correct then the organisation is performing to a reasonably high standard albeit top quartile performance would be 99% or above. This should be caveated based on issues with the HMS system and the questions raised regarding all assets being accurately registered. Until the HMS system is deemed accurate the reliability regarding compliance information being produced will be questionable.
- Regional performance reporting was not in place at the time of our review. We have been advised that on a monthly basis the performance of the gas servicing Contractors, including a check on the competency of their engineers, is carried out.

#### 6.3.6 Recommendations

We would recommend the following:

- Processes and procedures should be developed for gas servicing, breakdown and replacement.

- A new structure diagram and revised job descriptions drafted to ensure accountability is clear.
- A focus should continue on the resolution of the current queries on gas servicing including additional validation reporting.
- Performance reporting on gas servicing should be established at a regional level.
- A cross organisation programme of training on gas safety should be introduced which should include the Board.
- An awareness raising programme with customers should be introduced.
- Once the recommendations arising from Client Requirement 3 of the DSD SHRP Asset Commission 2014/15 (quality assure a catalogue of property assets) are complete, a review of the HMS asset register should be carried out against paper records to ensure that as far as possible all properties are accounted for.

---

## 7.0 WATER TESTING

---

### 7.1 Legislation

7.1.1 Water testing is undertaken on cold and hot water systems by landlords to reduce and remove the risk of infections caused by legionella bacteria in these systems. This is a statutory requirement covered by the Control of Substances Hazardous to Health (NI) 2003 and the Health and Safety at Work Act 1974. This places a requirement for landlords to identify and assess the potential sources of risk, prepare a written policy for preventing and controlling the risk, monitoring managing and testing and to appoint a competent person.

7.1.2 One of the main sources of risk may be caused by periods of properties being void, long length of pipes containing stagnant water (commonly known as dead-legs), water in tanks not turning over, water tanks being in poor condition or not being sealed and cooling towers linked to air conditioning systems.

### 7.2 Good practice

7.2.1 Good practice would include a targeted education and awareness training for tenants, via leaflets, internet/website and promotional.

7.2.2 Carrying out a flush through of properties that have been void for 30 days or more is good practice, providing the property is deemed at risk as opposed to a blanket approach. A more detailed assessment of properties at risk is required as opposed to the blanket approach currently adopted. We note the on-going works in the Multi Storey Flats in the Belfast and the North West to remove water tanks and reduce the overall risk to customers.

7.2.3 NIHE does fit thermostatic mixing valves as part of its bathroom installations to avoid the risk of scalding, this is equally good practice.

---

## 7.3 Findings

### 7.3.1 Policy, Process and Procedure

- NIHE has a defined policy in relation to water testing. This sets a broad policy objective, the statutory requirement, the requirement for risk assessment, the roles and responsibilities of staff, the control regime for each specific Multi-storey flat block in the ownership of NIHE, and a general policy in relation to all housing stock to carry out a flush through as part of a change of tenancy, the level of work undertaken being dependant on the period of time the property is void.
- The policy also requires that an independent third party carry out a validation of NIHE's approach to risk mitigation. A short procedure has been written to support the policy including clarification of the work required for water to comply with the water byelaws i.e. removal of galvanised tanks or tanks with an inlet and outlet pipes on the same side.
- The broad content of the policy is in line with our expectations. Whilst the policy does indicate broad responsibilities, it is not at present specifically linked to the governance structure of the organisation, e.g., reporting to Board or Audit and Risk, or the management structure of NIHE e.g. the responsibilities of the regional Property Services Manager. We understand the policy is being updated at present to rectify this.
- There is no specific mention of hostel accommodation or the medium rise blocks. It would be prudent to include these. We appreciate that due to the turnover of water in medium rise blocks and the likelihood that a number of properties have been void during any year the risk may be considered small.
- NIHE appointed a consultant (HBE) to assess risk but recommendations have not been applied in full. A system is required to register outcomes and works completed to ensure an audit trail exists to confirm recommendations have been executed. This is not evident at this point in time.

- We note NIHE has carried out an independent assessment of around 300 of NIHE properties, to support an assessment of the risk. This is good practice and useful information. We understand the outcome of this exercise will be consolidated into the revised policy and procedures.

### 7.3.2 Structure

- Based on the information provided we were able to identify a responsible person in the central team. Responsibility at a regional level, rests between the Property Service staff undertaking capital works and the District Maintenance staff involved for example in changes of tenancy. We were not provided with a clearly defined list of roles and responsibilities at a regional level. We understand that this clarification will form part of the updated policy.
- Tasks were highlighted as the responsibility of the Senior Project Manager (Estate Services) and for Project Managers/District Maintenance Staff however their job descriptions do not match the changes in services being implemented. A more accountable monitoring system is required to reflect compliance landlord requirements.

### 7.3.3 Database

- Capital works in relation to water testing e.g. the removal of water tanks in MSF blocks, is recorded in the SAMS scheme management system. NIHE's change of tenancy process involves flushing through the installation to remove the risk of legionella and the identification and removal of water tanks where rust is present.
- Whilst the work is recorded in the HMS housing management no specific reports are currently run to identify where and when the work has been undertaken. We have been advised that the post inspection process at the completion of a change of tenancy, includes checking this work has been undertaken.



- We can confirm that we were able to identify that water testing had been carried out on a random sample of Multi-storey properties and at the main NIHE Housing Centre. We await confirmation of the organisation's approach to its hostels.

#### 7.3.4 Performance Reporting

- In line with our comments above on the Database no reports are provided to NIHE management at a central or local level to confirm that the organisation is following its policy objectives.

### 7.4 Recommendations

#### 7.4.1 The following should be considered by NIHE:

- Ensure that a transparent structure is in place for this element of compliance.
- Carry out further independent testing and review of medium rise and hostel accommodation.
- Ensure that the completion of testing is recorded including the completion of any rectification work carried out following the annual inspection for properties with an assessed level of risk to staff or tenants e.g. hostels and high rise.
- Ensure a system is in place via the governance structure of NIHE to report that the testing and remedial works have been concluded.

---

## 8.0 SEPTIC TANKS

---

### 8.1 Legislation

8.1.1 Due to the considerable number of rural properties owned and managed by NIHE it is not surprising that it has a large number of septic tanks to service and maintain. These tanks require regular emptying and servicing to ensure that they continue to operate safely and do not cause pollution. Northern Ireland Water has a statutory regulation power in relation to water and sewerage via the Water Byelaws. Water (NI) Order 1999 requires that an annual service is carried out to all adopted septic tanks.

8.1.2 Water order discharge consent applies to septic tanks that have been adopted by Northern Ireland Water. There is a requirement for these to be emptied annually. Northern Ireland Water, subject to access and conditions, provide a free annual removal service.

### 8.2 Good practice

8.2.1 Good practice in our view is to service and empty tanks annually.

8.2.2 In terms of Good practice we note NIHE has an on-going programme of works to replace septic tanks where these have been identified as being the cause of pollution. Approximately 10-15 tanks a year are being replaced.

### 8.3 Findings

8.3.1 Policy, Process and Procedure

- We have not been provided with a policy, process or procedure by NIHE as part of this review.

---

### 8.3.2 Structure

- Responsibility for septic tanks rests at a regional level with repairs officers based in local offices.

### 8.3.3 Database

- We have been provided with a list of tanks. Work is required with NI Water to establish an overall list of septic tanks. NIHE acknowledge the list provided is not accurate and we are not aware of a database confirming the last date emptied or if the tank has been replaced.

### 8.3.4 Performance Management

- We have not been provided with any performance management information in relation to this issue or been advised of any non compliance notices being served.

## 8.4 Recommendations

### 8.4.1 The following should be considered by NIHE:

- Ensure that a transparent structure is in place for this element of compliance.
- Work with Northern Ireland Water to identify all septic tanks, creating an accurate database.
- Continue with the programme of replacement of tanks that are not fit for purpose and register works completed.
- Adopt an annual servicing approach to tanks creating a service programme.

- 
- Ensure a system is in place via the governance structure of NIHE to report on servicing and remedial works.

---

## 9.0 LEAD PIPE REPLACEMENT

---

- 9.1 The presence of lead pipe replacement in domestic water supplies has long been recognised as a significant issue in relation to health. The European Drinking Water Directive requires that drinking water has no more than 10 micrograms per litre.
- 9.2 Similar to all other compliance areas the review covered an evidence based approach to policy, process, procedure, process maps and responsibility and accountability within the organisation. Savills also enquired about database information and the update and management of information associated with lead pipe replacement. No evidence of the above was available or presented at the time of review.
- 9.3 We are aware that NIHE has historically had in place programmes of work to remove lead pipes. At present we have been advised that no such programme of replacement or testing exists. The organisation is working with Northern Ireland Water to identify the potential location of any residual lead pipe in order that these can be replaced.
- 9.4 It is reasonable to suggest that over a number of years of consistent investment NIHE have removed a considerable amount of lead pipe work. At this point in time we cannot confirm the size of the issue due to limited or no available information.
- 9.5 Savills is not aware of any strategy, policy, process or procedure being in place to manage lead pipe replacement or the reasoning for the moratorium currently in place. No data base exists to inform the location or extent of lead pipe existence.

---

## 10.0 ELECTRICAL TESTING & SMOKE ALARMS

---

### 10.1 Legislation

10.1.1 Landlord's are under a general obligation to ensure that the electrical systems in their properties are in a safe condition. They are also under an obligation to carry out a periodic electrical inspection, every ten years for domestic dwellings, and every five years for HMOs (housing in multiple occupancy), and in the common areas of properties.

10.1.2 These requirements are covered by Electricity at Work Regulations (NI) 1991, Electrical Equipment Regulations 1994. The 17th Edition of the Wiring Regulations (IET) is seen as the key good practice document. It is not in itself legislative.

### 10.2 Good practice

10.2.1 Common good practice with major United Kingdom landlords is to carry out a periodic electrical test every five years in their domestic properties, to reduce the potential for risks due to, for example, increased loading on circuits, unauthorised alterations, and to improve their knowledge of the condition of the wiring in properties. This can be important where the kitchen ring main and consumer unit has been replaced but the remainder of the wiring has not been renewed via a full housing re-wire. Normally testing is accelerated to introduce the five year cycle.

10.2.2 NIHE may wish to consider whether based on its investment programme and levels of testing, including those at change of tenancy, an approach of this type is merited.

---

## 10.3 Findings

### 10.3.1 Policy, Process and Procedure

- We can confirm that NIHE has a policy and process in place in relation to electrical testing. At present its objective is to test all domestic properties every 10 years and at a change of tenancy. The process covers how follow on works or risks are identified, the work is approved and carried out. Where non compliance (Cat I) safety critical issues are identified in the test these safety crucial works are carried out immediately. No detailed written procedure was provided by NIHE for electrical testing.
- Electrical testing forms part of the change of tenancy process.
- A separate programme of testing is undertaken for smoke alarms.
- The testing programme is carried out by NIHE's DLO, who also carry out inspections at a change of tenancy (void) in the areas they operate, in others areas of Northern Ireland this work is undertaken by all trades contractors.
- Where a defect is identified the tenants are written to and are given 28 days to resolve the issue prior to the matter becoming a tenancy termination issue.

### 10.3.2 Structure

- The DLO carries out the testing programme on behalf of NIHE as its competent Contractor. The 10 year programme details are provided by the regional investment teams.
- Electrical testing and smoke alarm testing as part of the change of tenancy falls under the remit of the district maintenance managers.

---

### 10.3.3 Database

- A limited database exists to register certificates but not where remediation is advised or works are complete.
- The testing programme is in a spreadsheet managed by regional staff. The DLO has a clear system in place for carrying out tests for both electrical testing and smoke alarm testing, documenting the certificate, advising the district maintenance staff on areas of NIHE's non-compliance and tenant non-compliance.
- The DLO maintains its records of non-compliance for both smoke alarm testing and fire alarm testing within a filing system until it is advised that the non-compliance works have been addressed. In our view the DLO is acting within its remit.
- A process map exists but does not reflect current management practice. NIHE as a landlord does not carry out quality checks to ensure all work required has been completed by the contractor/DLO. This is an area of risk.
- We have tested a representative sample of the DLO's 10 year electrical testing programme and change of tenancy testing, and can confirm that the work in this sample has been undertaken, recorded and certificates are available.
- At this stage there are no processes in place to link SAMS with HMS to ensure that as and when a property is re-wired or partially re-wired via the investment programme the records are updated. We would expect the outcome from the testing programme to define NIHE's approach to electrical re-wiring.

### 10.3.4. Performance Management

- No performance management information has been provided at either a central level or a regional level.



---

#### 10.4 Recommendations

- NIHE should have in place a clear process that ensures all non-compliances identified via testing for both smoke alarm and electrical inspection, via testing or change of tenancy, are recorded and tracked until they are concluded. This is an area of risk.
- We recommend that where any visit or inspection identifies a defective smoke, heat or carbon monoxide alarm this is addressed by the Contractor on site before leaving the property.
- The outcome of the testing programme should be reflected in the organisation's approach to re-wiring properties.
- Ensure a system is in place via the governance structure of NIHE to report that the testing and remedial works have been concluded.
- Ensure a central database is held covering all NIHE stock and inspection and remedial works carried out. It should also determine the programme for inspection.

---

## 11.0 PAT TESTING

---

### 11.1 Legislation & Good practice

11.1 The Electricity at Work Regulations (NI) 1991 require that Portable Appliance Testing is carried out annually in line with good practice to all electrical equipment used in offices, hostels and HMOs where NIHE is the landlord.

### 11.2 Findings

#### 11.2.1 Policy, Process and Procedure

- NIHE is not in a position to provide any of the above documents.
- However NIHE has stated that a 3 year testing programme is in place. This should be reviewed to ensure frequency of testing is adequate. A risk assessment based on equipment used is required. Under good practice a number of organisations test on an annual basis with a specific focus on equipment for example kettles, microwaves etc. that are used frequently

#### 11.2.2 Structure

- No formal structure has been provided. We are advised that the offices are dealt with by Facilities Managers. We are unclear how this issue is dealt with at a regional level.

#### 11.2.3 Database

- No database exists and a list of properties that have had PAT testing carried out has not been provided.

- We can confirm that we have received records of PAT testing certification carried out to high rise blocks and hostels in the Belfast Area. Offices where tests have been carried out are the Centre, North East regional and district office, South office and the West office.
- Information regarding community flats and who is responsible for PAT equipment is vague and requires clarification. NIHE provide a small number of grants for the purchase of equipment to support the community flat function. It is not clear if the responsibility for the use and testing(PAT) of equipment is transferred to the community flat organisation. By funding the purchase of equipment the future responsibility should be made clear as part of the grant process. This could not be confirmed at time of review.

#### 11.2.4 Performance Management

- No overall report is produced to reflect the NIHE position. However a range of reports on PAT are presented to the Health and Safety Management Sub-Committee and the Health and Safety Management Committee.

### 11.3 Recommendations

- Develop a policy, procedure and process for PAT Testing.
- Ensure equipment failure is logged and decommissioned pending the above.
- Ensure that a transparent structure is in place for this element of compliance.
- Ensure that the completion of 3/5 year inspection is recorded including the completion of any rectification work carried out following the annual inspection in relevant properties.

- 
- Carry out a risk assessment regarding equipment and determine if annual testing is required.
  - Ensure that a database of all equipment is held per property where PAT testing is deemed required.

---

## 12.0 LIFTS (PASSENGER, VERTICAL AND STAIR LIFTS)

---

### 12.1 Legislation

12.1.1 Legislation in respect of Lifts is covered by the over-arching Health and Safety at Work Act (NI Order 1978). Passenger lifts are covered by the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1998 (LOLER). Passenger lifts are used by members of the public, staff and Contractors. NIHE applies LOLER standards to all public lifts which is deemed good practice.

12.1.2 This places a duty on NIHE to ensure a thorough and systematic examination of lifts by a competent person every six months if being used to carry people.

12.1.3 As NIHE has installed stair lifts and through floor lifts for use by its tenants it is reasonable to suggest that LOLER applies based upon the guidance issued by the HSE.

### 12.2 Good Practice

12.2.1 In our view this is primarily a legislative requirement for office lifts and good practice for public lifts. Lifts should be inspected and serviced in accordance with the manufacturers recommendations. Inspections should take place every six months or twelve months in accordance with the inspection scheme drawn up by the competent person.

NIHE employ Bureau Veritas (BV) to act on their behalf carrying out all inspections and reporting on requirements. NIHE at this stage do not quality check BV to ensure they have carried out all required inspections. An assurance process is required.

---

## 12.3 Findings

### 12.3.1 Policy, Process and Procedures

NIHE has policy and procedures in place for passenger lifts which are contained in the Lift Manual. This contains processes, roles and responsibilities in relation to the new lift servicing contract that has recently commenced. In our view this document contains some of the content that would be expected. It is however more of a contract document in format and style. For example it does not make clear that the organisation's objective in relation to legislation, its obligations to staff and customers, and who the duty holder is, etc. On that basis it not fully satisfactory however NIHE has confirmed that this is now under review.

We note the Code of Procedure for stair lifts is more of a technical installation specification than a policy and procedure. It does contain the requirement to ensure annual services are undertaken. We have also been provided with a document for new lift installations but, again, this is a technical specification not a policy.

No such documentation was provided for through floor lifts.

### 12.3.2 Structure

In terms of lifts linked to contracts for passenger, stair and through floor lifts there is a defined structure that links the installation and servicing of lifts to three Project Managers, the Property Services Manager and the Regional Manager. This approach is planned to start April 2015.

Bureau Veritas undertakes inspections of through lifts and stair lifts. Kone and Otis inspect passenger lifts.

---

### 12.3.3 Database

There is no database system in use. Information on stair lifts and through lift installations and removals are stored in a separate spreadsheet. Bureau Veritas provide a separate database of lift inspection reports which is used to check monthly payments. We have conducted a random check of inspections and can confirm these are in place. Part of this process indicates service date and future service date are registered and can be identified from inspection reports produced. However on checking the information provided, work is required to ensure the administration process is kept up to date as expired dates on the data sheet do not reflect the worksheets. There are a small number where work is still showing old service dates from 2014.

We were unable to establish a methodology for addressing any recommendations raised during the inspection but we understand urgent health and safety critical issues are dealt with immediately.

We note that Building Warranty Certificates are available for all stair and through floor lifts from September 2014 onwards. Certificates are now sent to the NIHE and not the tenants homes.

### 12.3.4 Performance Reporting

Based on the information provided no performance reporting is undertaken.

## 12.4 Recommendations

We would recommend the following:

- A single integrated policy, process and procedure, is developed for all lifts that define NIHE's responsibilities,

- 
- Performance reporting is established at a regional level focused on ensuring all inspections have been undertaken in addition to achieving contract KPIs.
  - A database is created holding all relevant information associated with new lifts installed, the service regime and the breakdown approach.
  - A cross organisation programme of training on lift safety as applicable.



---

## 13.0 WINDOW SAFETY

---

### 13.1 Legislative

Where the windows are in places of work or care situations we would suggest that under good practice the Health and Safety at Work (NI) 1978, and Management of Health and Safety at Work Regulations would be required. This is due to the potential risk to staff or the nature of residents in hostels. Window restrictors should be fitted to windows that are built of a safe and robust construction taking due consideration to the requirements of fire safety and escape. There is also an obligation to ensure that the windows and the restrictors are in a safe condition. This equally applies to high rise flats.

### 13.2 Good practice

Good practice is to fit window restrictors in all windows above ground floor level to avoid the risk, in particular, of children falling through windows. NIHE's approach regarding window safety catches should be inclusive within its policy regarding the replacement of windows and where appropriate a risk assessment carried out where vulnerable tenants exist or properties are at height, for example high rise blocks.

In properties such as hostels and in properties where there is a significant risk of falls such as high rise, an annual inspection should be undertaken of the restrictors to ensure that these are serviceable.

### 13.3 Findings

#### 13.3.1 Policy, Process and Procedure

We have been advised that NIHE have adopted an approach based on the fitting of window restrictors above ground floor level. We have yet to receive evidence of this however.

We have also been advised that checking of window restrictors is carried out as part of the cyclical fabric maintenance programme every 5-7 years. We have requested evidence of the surveying sheets and post inspection sheets for the programme to verify this. As at the end of January 2015 the inspection and survey sheets were not provided as confirmation of the programme or practice. No annual inspection is carried out of windows in higher risk properties e.g. high rise.

No policy, process or procedures were provided.

We note that NIHE is under-going or will be under-going a window replacement programme. Window safety catches will be part of the fabric of the window when installed within properties. Over time this will ensure all properties have window safety catches unless specified by NIHE.

#### 13.3.2 Structure

Responsibility for window safety rests with the Regional Property Services teams and is supported by the reactive maintenance team.

#### 13.3.3 Database

No database system exists. We have been advised that where defects are identified in windows, these are addressed as part of the responsive/cyclical maintenance programme. No specific item is highlighted as a window safety check but instead it is an overhaul of ironmongery where required on a window by window basis. It is reasonable to assume this would include window safety checks but this cannot be verified.

---

#### 13.3.4 Performance Reporting

NIHE do not report on window safety catch inspection at this point in time.

### 13.4 Recommendations

#### 13.4.1 The following should be considered by NIHE:

- Develop a policy, procedure and process for window safety based on the assessed level of risk.
- Ensure that a transparent structure is in place for this element of compliance.
- Ensure that the completion of annual inspections are recorded including the completion of any rectification work carried out following the annual inspections for properties with an assessed level of risk to staff or tenants e.g. hostels and high rise.
- Ensure a system is in place via the governance structure of NIHE to report that the inspection and remedial works have been concluded.
- Ensure a database is developed to register inspections carried out, remedial works carried out and future programmed inspections.

---

## 14.0 RIDDORS

---

### 14.1 Legislation & Good practice

14.1.1 RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1997) is the law that requires employers and other people in control of work and premises to report and keep records on:

- Work-related accidents which cause deaths.
- Work-related accidents which cause certain serious injuries (reportable injuries).
- Diagnose the cause of certain industrial diseases.
- Certain 'dangerous occurrences' (incidents with the potential to cause harm).

14.1.2 There is a requirement to report third party incidents involving members of the public caused by or related to the work. The regulations are covered by the Management of Health and Safety at Work Regulations (NI) 2000 and the over-arching Health and Safety at Work Act 1978 (NI Order).

14.1.3 From NIHE's perspective this covers its own employees including the DLO (Direct Labour Organisation), members of the public, should there be an incident involving the public related to works, and by extension NIHE appointed contractors. In terms of assessing the competency of an NIHE appointed contractor, including the DLO, good practice would be for all RIDDORS to be reported directly to NIHE and held on file.

### 14.2 Good practice

14.2.1 In addition to the legislative practice RIDDORS should form part of the KPI monitoring of the competency of the NIHE appointed contractors, including the DLO, employed by NIHE to undertake construction work.

---

## 14.3 Findings

### 14.3.1 Policy, Process and Procedure

- We can confirm that RIDDORS are monitored by NIHE appointed contractor's performance. This is reviewed as part of monthly contract management meetings with NIHE appointed contractors in addition to overall monitoring of health and safety including checking the competency of the CDMC Co-ordinators by NIHE's own staff.
- We have not been provided with any specific process and procedure covering RIDDORS.
- The KPI approach has been removed and NIHE now carry out informal monitoring by exception. This was applied prior to the review starting but not fully implemented at regional or area level. Consideration should be given to reversing this decision and formally monitoring against agreed KPIs.
- An internal process exists regarding the monitoring of RIDDORS where it directly affects NIHE employed staff including the DLO. This is reported to the Health and Safety Sub-Committee, Health and Safety Committee on a quarterly basis.

### 14.3.2 Structure, Database, and Performance Management

- In a similar vein to the above comments, we have not been provided with a clear structure of reporting and monitoring third party and NIHE appointed contractors including the DLO. NIHE should be aware of any RIDDOR reported that directly involves safety of a customer or member of staff.

---

#### 14.4 Recommendations

- Ensure that a transparent structure is in place for this element of compliance.
- Introduce a performance reporting system linked to the governance of the organisations covering all third parties involved.

---

## 15.0 ASBESTOS

---

### 15.1 Legislation

15.1.1 In relation to the NIHE residential portfolio the applicable ongoing asbestos management legislation is:

- The Control of Asbestos Regulations (Northern Ireland) 2012 [CAR].
- The Health and Safety at Work (Northern Ireland) Order 1978 [HASW].

15.1.2 Regulation 4 of the above legislation (CAR) places a specific obligation upon 'duty holders' (owners and/or those responsible for maintenance) to manage asbestos within non-domestic premises (including common parts of domestic dwellings). This requires identification of the location and condition of asbestos containing materials (ACMs), a corresponding risk assessment and written management plan to prevent harm to anyone who occupies or works upon the building.

15.1.3 In respect of the ACMs identified or presumed (through specialist survey), the duty holder must then:

- Monitor its condition.
- Maintain or safely remove it.
- Provide information regarding its location and condition to every person liable to disturb it.
- Review the management plan and ensure it is implemented.

---

15.1.4 When commissioning work within a tenanted property, the duty to manage ACMs is extended to the relevant domestic area of that dwelling by virtue of the HASW regulations. Specialist survey and risk assessment is therefore required within domestic areas of dwellings prior to undertaking any invasive work which may disturb ACMs present. While the direct responsibility of the 'employer' (of the operatives undertaking work) to ensure a safe working environment, the duty holder (the property owner/ those responsible for maintenance) responsibility extends to ensuring appropriate information is made available and where necessary that ACMs are removed safely.



---

## 15.2 Good practice

- 15.2.1 In addition to the primary legislation, the HSE NI also adopts the Approved Codes of Practice (ACOP) issued by the HSE in relation to asbestos compliance. ACOPL143 'Managing and Working with Asbestos' (NI adopted Nov 2014) carries 'special legal status' and sets out 'practical advice as to how to comply with the law' (i.e. CAR 2012 duty holder obligations).
- 15.2.2 HSE asbestos guidance publications are also adopted by the HSE NI include HSG227 'A Comprehensive Guide to Managing Asbestos in Premises' and HSG264 'Asbestos The Survey Guide'. Although not compulsory, these state that 'if you do follow the guidance you will normally be doing enough to comply with the law'.
- 15.2.3 In addition to legislative compliance, many major landlords will go further and extend the principles within published guidance to adopt good practice and incorporate additional, demonstrable asbestos management measures to ensure the continued safety of staff, residents and contractors, as well as mitigate potential prosecution, reputational damage and uninsured loss.
- 15.2.4 Examples of this may include pro-active 'management surveys' to domestic dwellings (prioritised, to reach 100% of properties built prior to 2000), informing individual tenants of ACMs found within their home (post survey), annual staff training, auditing contractor compliance/ training regimes (including DLOs), additional air-reassurance testing (for non-licensed work), auditing reference to/use of asbestos register information (by contractors and staff), asbestos 'no-access' survey policy, and re-inspection of higher risk ACMs within domestic areas.

---

## 15.3 Findings

### 15.3.1 Legislative requirement: Asbestos Surveys to Communal Areas

Asbestos Management Surveys have been undertaken to communal areas (associated with the domestic housing) by external companies who have been able to demonstrate sufficient competency for this work as part of the tender process. At the time of audit we understood re-inspection surveys (ACM monitoring) had not been conducted in any location.

**Comment:**

Surveys to external parts of garage blocks are not comprehensive. A good practice approach will regard these as 'non-domestic' (common parts) so requiring survey and re-inspection.

The NIHE 'Asbestos Policy, Process and Procedures' commits to re-inspection of ACMs every 2 years without distinction between domestic or non-domestic areas. There is no mandate for this 'blanket' regime.

### 15.3.2 Legislative requirement: Refurbishment Surveys Undertaken Prior To Works

Policy documentation is detailed and sets out roles and responsibilities to ensure representative intrusive (refurbishment) surveys are undertaken for individual house types ahead of planned work. Despite this, not all work has reportedly been undertaken with appropriate surveys made available.

**Comment:**

The proportion of properties set out in the NIHE Policy requiring refurbishment survey pre-works is potentially low. Although not evidenced in writing at the time of audit, this protocol was however reportedly endorsed by the HSE NI.

---

### 15.3.3 Legislative requirement: Provision of Asbestos Survey Data (to those needing it)

NIHE has a web accessible asbestos register system (AIMS) made available (password protected) to contractors and staff. The format of survey data held is confusing (even to NIHE's Asbestos Officers) and could be misinterpreted. Risk assessment algorithms are partial and not guidance compliant. Strategic duty holder reporting capability is limited and overview data generated can be unreliable. Long awaited improvements to AIMS have yet to be implemented.

#### **Comment:**

ACOP L143 requires the duty holder to ensure that register / risk assessment information is made available 'in an understandable way' appropriate to those needing to use it. Information upon the AIMS register is often unclear and not always up to date and has old data intermingled with new.

### 15.3.4 Legislative requirement: Policy / Management Plan / Compliance Documentation

The current NIHE 'Asbestos Policy, Process and Procedures' document (June 2013) sets out the intended compliance regime in detail and clarifies relevant staff roles and responsibilities. This now requires thorough review and updating, e.g., reference is made to the Asbestos Management Unit (AMU) which fulfils the strategic compliance role for NIHE, however the AMU has been disbanded since February 2014 and no revisions/alternative provisions incorporated. Some interpretation of guidance/ NIHE specific protocols remain unclear and other procedures described were not recognised by staff deemed to implement them. Supporting documentation prescribed was therefore not available in some cases at the time of audit.

---

Aspects of the policy document were reportedly endorsed through previous discussion with the HSE NI. No documentary evidence has been provided to substantiate this. The ACOP indicates the asbestos management plan should be reviewed at least annually to reflect changes, including organisational structure and guidance. This has not been carried out/evidenced.

**Comment:**

Linked to an updated policy would be a clear set of procedure and process maps that would define how NIHE will monitor its effective implementation via its management structure and performance management, auditing and corporate reporting structure.

---

#### 15.3.5 Good practice commitment: Management Surveys to Domestic Dwellings

The NIHE commits to management surveys of 100% of the 'pre 2000' domestic dwellings. This represents a good practice approach. It is not possible using AIMS to accurately confirm the position, however not all properties have been surveyed. Of those with a survey, it is estimated by staff that more than 23,000 are unreliable or presumptive (no sampling). Recent HSE cases (2014) have also highlighted deficiencies with previous surveys commissioned.

**Comment:**

Estimates as to the proportion of properties surveyed vary. The old, partial/unreliable survey data is difficult to distinguish clearly upon AIMS and may be misunderstood/ relied upon.

#### 15.3.6 Good practice: Contractor Compliance Monitoring

There is limited evidence of a consistent, on-going / periodic review of contractors understanding or application of a robust asbestos compliance regime, operative training, site working practices, risk assessment/method statement. Their use of the NIHE register was however reviewed in June 2014.

**Comment:**

Some contractor compliance review is apparent in relation to planned works contracts but this does not appear comprehensive across all work streams or when asbestos works are sub-contracted/ lower risk work undertaken directly.

### 15.3.7 Good practice commitment: Provision of Asbestos Information to Residents / Occupants

The NIHE has produced an updated 'Tenants Guide to Asbestos' leaflet (April 2014). The NIHE also undertakes to inform 'owner occupiers' of ACMs known/suspected within their homes.

**Comment:**

Although some generalised information has been publicised, residents are only informed of ACMs found within their home if work is immediately necessary to make it safe. Residents may therefore inadvertently disturb ACMs known to the NIHE in ignorance when undertaking normal decorative work or minor repair. In relation to good practice, a tenant awareness and engagement programme normally forms part of a wider compliance approach.

### 15.4 Recommendations

The following broad recommendations apply, in addition to what is already being done, to ensure NIHE achieve its obligation under current asbestos management legislation/guidance:

- Review and establish a defensible risk assessment based ACM re-inspection protocol and commence re-inspections urgently (communal areas a priority).
- Review/update the Asbestos Policy (with associated procedures) and adopt a robust Asbestos Management Plan which is up to date and reflects the revised NIHE structure, new HSE NI codes of practice, and actual procedures employed. Subsequently implement, including staff training.

- Formally extend the 'asbestos management responsibilities' in the new management structure to include all appropriate members of NIHE staff (including staff in the centre and all regions). Establish a protocol to ensure adequate competence / training and monitoring of all staff with defined responsibilities and annual review of key compliance criteria (reported corporately).
- Thoroughly review the current asbestos management IT system (AIMS) to establish if it is fit for purpose and to enable reliable duty holder monitoring of compliance and performance. Implement updates or undertake an options appraisal for a replacement system.
- Consistently align full guidance compliant risk assessments for all ACMs and apply to accumulated survey data. Prioritise actions arising (including 'no access' cases) and implement corrective measures where not previously acted upon.
- Review the domestic surveys, identify the gaps or presumptive/poor survey data and undertake further surveys to populate the gaps.
- Institute additional sample audit/QC procedures in respect of asbestos works undertaken (licensed or non-licensed, direct or sub-contract). Include annual review of all contractor (including DSO) asbestos training and risk assessments/method statement protocols.
- Review process maps and embed/test pre-works intrusive (refurbishment) survey procedures for all work streams (including re-lets and responsive maintenance). Include robust post work data capture and appropriateness of surveys commissioned.
- Request written confirmation by the HSE NI of key NIHE specific compliance protocols reportedly endorsed by them; and

- 
- Following robust validation of historic survey data, consider introducing an asbestos 'communications strategy' including writing to residents to advise of ACMs identified within their home together with associated 'do's and don'ts'.



---

## 16.0 FIRE SAFETY LEGISLATION

---

In relation to the NIHE residential portfolio the applicable ongoing fire safety legislation is:

- Part III of the Fire and Rescue Services (Northern Ireland) Order 2006.
- The Fire Safety Regulations (Northern Ireland) 2010.

The above legislation requires that fire risk assessments are carried out by the 'responsible person' (the NIHE) for all 'relevant premises'.

The definition of 'Relevant premises' includes all buildings owned and/or managed by the NIHE - except private dwellings and the common areas to those dwellings. Therefore the full scope of the legislation applies to HMO's (Houses of Multiple Occupation) and Community Lets. Common areas of blocks of private dwellings are not included. However, Regulation 23 (Maintenance of measures provided in relevant premises for protection of fire fighters) does apply to the common area of private dwellings, as if they were relevant premises.

Separately, 'one-off' legislation applies in the form of the Building Regulations, which may apply to any work relating to the erection, alteration or material change of use of a building. Applicable work should comply with The Building Regulations (Northern Ireland) 2012 (including subsequent amendments). With regard to fire safety, this relates to compliance with Section E of the Regs.

## 16.1 Good Practice

16.1.1 In addition to legislative compliance, many major landlords will go further and adopt good practice to ensure additional fire safety measures are implemented to ensure the continued fire safety of residents. There is no specific legislation requirement in Northern Ireland, however examples of this could be ensuring the common areas are secure from intruders, clear of combustibles and trips hazards/ obstructions and adequately maintained, limiting the opportunities for arson, providing adequate fire instruction to building occupants (considering disabled persons) and even undertaking intrusive surveys to ensure robust compartmentation is in place.

## 16.2 Findings

### 16.2.1 Legislative requirement: Fire Risk Assessments

Fire risk assessments are being undertaken as required on all relevant premises (c. 25 hostels, c. 330 community lets). These assessments are being undertaken by 2 separate external consultancies, which have been able to demonstrate sufficient competency for this work as part of the tender process. This is the first round of full fire risk assessments for these premises and at the time of audit were understood not to be complete.

It should be noted that NIHE implemented a flat entrance fire door replacement programme valued at circa £18m.

#### **Comment:**

Adequate: Not currently compliant as all relevant premises do not have a valid up to date fire risk assessment, however the work is progressing and full compliance should be achieved within a reasonable timeframe. The risk is minimised provided the programme of fire risk assessments and the subsequent recommendations are completed within the defined timescales.

---

16.2.2 Legislative requirement - Regulation 23 (*Maintenance of measures provided in relevant premises for protection of fire fighters*) for common areas of private dwellings

Strict adherence would make this Regulation applicable to c.6,000 common areas of blocks of flats, however a risk based approach would suggest it is only necessary to apply to the common areas of high-rise residential blocks (5+ storeys) and to residential premises with complex layouts or large building 'footprints'.

Currently, there is no clear risk based approach to determine the blocks of flats to which this Regulation should be applied (currently only considered applicable to the 32 high-rise blocks). There is no clear definition of what such measures are, for example, should it include staircase ventilation, building compartmentation, stair lobby protection (by default in some cases flat entrance doors – including leaseholders), dry and / or wet risers, fire-fighting stairs and / or lifts. No initial assessment has been undertaken to determine if the fire-fighting provisions in these buildings have been altered or adversely affected from the time of building construction. There is no central monitoring mechanism to monitor what maintenance is being carried out, if any, and to what standard.

The Northern Ireland Fire Rescue Service is prepared to advise on compliance with regard to Regulation 23, but will not carry out inspections other than on an ad hoc basis or for enforcement purposes.

**Comment:**

Not Adequate: No evidence available to demonstrate compliance and therefore assumed to be non-compliant. NIHE is very much exposed to risk and should address urgently.

---

16.2.3 Legislative requirement - Fire Safety Arrangements for the effective planning, organisation, control, monitoring and review of the fire safety measures.

**Management Structure:**

There is a formalised management structure in place identifying the lines of reporting and the Fire Safety Manager. We understand there is a monthly Fire Safety Steering Group which is chaired by the Fire Safety Manager and he also attends the Health and Safety Management Committee meetings. However fire safety roles and responsibilities, even for that of the Fire Safety Manager, are not clear. Fire safety responsibilities will extend into the NIHE at all levels (including staff in the regions) but these are not clearly defined in the current management structure.

**Policies and Procedures:**

We understand there is no overarching fire safety policy in place and no fire safety emergency plan.

There are very few fire safety procedures in place (noted only to be in place for the flat entrance fire door replacement programme). There are clear deficiencies in queried procedures for example, the fire risk assessment procedure. On completion, there is no formalised process of monitoring, of programming or allocating recommendations, ensuring they are completed within defined timescales and that any work is 'signed off' on site.

**Record Keeping and Monitoring**

There is very little fire safety documentation in place for review. Very little information is held centrally to ensure compliance and to enable monitoring of performance. There are no historical records of past fires and we suspect that these are not reported to the Fire Safety Manager.

### **Competent Persons (and training)**

The Fire Safety Manager is able to demonstrate a sufficient level of competency for his position, through previous work experience, training courses undertaken and education.

We understand the contractors installing new flat entrance fire doors have been trained to a competent standard and that NIHE staff have been adequately trained to ensure the doors are fitted correctly. (Note: a previous internal fire safety audit dated August 2014 has identified problems with standards in the door replacement programme and it is assumed that corrective action has been implemented.)

The external fire risk assessors have also been required to demonstrate their competency as part of the tender process.

No further evidence of fire safety competency was available. Without clearly defined fire safety roles in NIHE, it is difficult to determine who should be competent and to what extent. It does however, by default, apply to contractors (internal and external), maintenance personnel, clerks of works and various NIHE staff and managers.

### **Maintenance**

There is no evidence available of maintenance of fire safety equipment. There is no centralised fire safety equipment register or recording, reporting or monitoring of maintenance.

### **Comment:**

Not adequate: Fire safety management within NIHE is inadequate. It is not possible to ensure legislative compliance or to measure or monitor performance. Currently the NIHE is very exposed to risk.

---

16.2.4 Legislative requirement: Compliance with the Building Regulations (Northern Ireland) 2012 (including subsequent amendments) for new buildings, altered or extended premises and material changes of use.

It is understood that all premises are passed through Building Control for Building Regulation Approval and Completion. There are no records available to ensure this occurs. Additionally, it is understood that Building Control Regularisation Certificates have been applied for c. 170 community lets, with 50 completed so far.

**Comment:**

Adequate. However it recommended that all such work is passed through the Fire Safety Manager for information purposes and control.

---

### 16.3 Recommendations

The following broad recommendations apply, in addition to what is already being done, to ensure the NIHE achieves its obligation under current legislation:

- Develop an overarching fire safety policy (with associated procedures) and a fire safety emergency plan.
- Formally extend the 'fire safety responsibilities' in the management structure to include all appropriate members of NIHE staff (including staff in the centre and all regions). Establish a protocol to ensure adequate competence / training and monitoring of all staff with defined responsibilities.
- Develop a robust risk based approach to determine the blocks of flats to which Regulation 23 applies and carry out a full maintenance review of measures provided for the protection of fire fighters. Liaise with the NIFRS to develop a compliant strategy and define what measures are to be included in the maintenance regime to minimise risk.
- Create a centralised database to hold all key fire safety information to enable monitoring of compliance and performance and to provide a central reference point – to also include all historical data. This should enable a central monitoring mechanism to monitor what / when maintenance is being carried out and to what standard.

---

## 17.0 LIGHTNING PROTECTION

---

### 17.1 Legislative

Lightning protection on buildings where there is an assessed risk would be installed at the time of construction.

There is no specific legislative requirement to test lightning protection on an annual basis.

### 17.2 Good practice

BS EN 62305 recommends that lightning protection should be tested annually. On a risk basis i.e. loss of life, loss of services to the public, historic value (if any), good practice would be to assess the NIHE stock to ensure that there are no properties, due to changes in the surrounding area, that now require lightning protection.

### 17.3 Findings

#### 17.3.1 Policy, Process and Procedure

No documentation was provided.

#### 17.3.2 Structure

We can confirm that testing is carried out in Belfast by the Regional team. We have been advised that a similar approach is adopted elsewhere.



### 17.3.3 Database

No database was provided. Annual test records and remedial works were provided for high rise properties in Belfast.

### 17.3.4 Performance Reporting

No performance reporting was provided.

## 17.4 Recommendations

### 17.4.1 The following should be considered by NIHE:

- Develop a policy, procedure and process for lightning protection based on the assessed level of risk.
- Ensure that a transparent structure is in place linked to a duty holder/competent person for this element of compliance.
- Ensure that the completion of annual inspections is recorded including the completion of any rectification work carried out following the annual inspection (inspection certificates carried out by a competent contractor should be readily available).
- Ensure a database is developed to hold all relevant information.
- Ensure a system is in place via the governance structure of NIHE to report that the inspection and remedial works have been concluded.

---

## 18.0 NEXT STEPS

---

18.1 Based on the findings within this report we have included a draft programme covering a suggested approach for consideration by NIHE covering the next steps.

18.2 Combined with the action points set out in Appendix 1 the following programme structure is suggested:

- An overarching Compliance Strategy/Policy Group be formed supported by 2 sub working groups, one covering the drafting of policy and the other process and procedure. As policies are drafted by Sub Working Group 1 and signed off by the overarching Compliance Strategy/Policy Group, they should then be forwarded to Sub Working Group 2 covering Process and Procedures - who will then draft the appropriate documents.
- Once the policies, processes and procedures are drafted, the Compliance Strategy/Policy Group would be responsible for signing off the documents and developing the corporate performance management monitoring system based on business relevant information. They would also create a timetable for compliance audit and checking to ensure full implementation has been achieved and embedded into the organisation.

18.3 The above groups should have representation from housing, asset management, corporate services and finance when required. The representatives should come from the Centre, the Regions and the Areas to ensure a consultative approach is developed and that ownership and accountability is also achieved. The approach should be inclusive and cover the corporate spectrum.

---

18.4 The number of policies required is open to the discretion of NIHE. Based on discussions that have taken place with NIHE during this review the following is suggested:

- Policy 1 - Heating
- Policy 2 - Electric Periodic Testing, PAT, Lightening Protection
- Policy 3 - Water Testing, Septic Tanks, Lead Pipe
- Policy 4 - Fire
- Policy 5 - Lifts
- Policy 6 - Asbestos
- Policy 7 - Window Safety Catches

18.5 It is also suggested that a phased approach running continuously be adopted in relation to managing the above, developing two policies at a time as follows:

- Phase 1 = Policy 1 and 4
- Phase 2 = Policy 2 and 6
- Phase 3 = Policy 3 and 5
- Phase 4 = Policy 7

18.6 NIHE should consider the above and alter where required to reflect their internal priorities based on the perceived risks associated with each area of compliancy and existing resource capability.

18.7 All documents created should be signed off by the Compliance Strategy/Policy Group and referred to the Executive Team for approval before going through the committee process.

18.8 The Compliance Strategy/Policy Group would be responsible for giving clear guidance to both working groups, develop a delivery timetable / programme and to ensure progress is made.

- 
- 18.9 All documents drafted should reflect the capability of the organisation as it stands today. As NIHE evolves and change is applied, the documents drafted should be reviewed and version control applied.
- 18.10 It is estimated that the delivery of the above would take between 6 and 9 months to fully integrate into the business, dependent on the resources available.



---

## **Appendix 1**

# **Change Plan For Compliance**



