Highlight Report No. 3 14th February 2024

Period Covered: 18 January 2024 to 14 February 2024

Executive summary:

- 1. Of the 33 individual recommendations, 6 are complete on time, 26 are underway, and 1 is yet to start (and was not expected to have started at this stage). However, the Fire Safety Lead has subsequently left and we are actively recruiting for the position (specific notes below).
- 2. The Target Date for Recommendation 17 has been extended at the request of the Head of Finance, as Lead Officer.
- 3. A new recommendation of 12a in regard to specific policies is being proposed. See description below.
- 4. Jen Morrison, Project Manager, started on the 1st of February.
- 5. Training now completed for SLT / Cabinet and Asset Compliance Committee. Follow up training will be provided as required and for any new councillors.
- 6. Work on the data validation has progressed this month and will provide a basis for other requirements
- 7. A meeting with the Regulator of Social Housing will be held bi-monthly until the end of the project.
- 8. The Risk Register has been updated, no change to existing risks but two additional risks around refresher training and financial risk have been added.
- 9. The Compliance Action Team is meeting each month to look back at matters arising from Compliance Board and to plan documents needed for the next meeting of the Board.
- 10. The next meeting of the Compliance Board will be on the second Wednesday of the next month (13th March 2024).

Compliance Roadmap — Cross Cutting Recommendations Programme: The current estimated date to achieve full compliance with the Action Plan is 31 October 2024 Key Deliverables Priority Target Date Revised Target Date Officer Date Completion Date Notes

Recommendation 1 –					(Previous report in brackets)			Compliance Board and Asset Compliance Committee
Governance and assurance structure:	Critical	09.11.23	09.11.23	DK	100%	09.11.23	Complete	
Recommendation 2 – Compliance awareness session:	High	22.12.23	22.12.23	DK	100%	21.12.23	Complete	Course completed for SLT & Cabinet on the 29.11.2023. Course completed for the Asset Compliance Committee – 21 December 2023
Recommendation 3 – Compliance and building safety strategy: Develop a standalone compliance and building safety strategy that: sets out your objectives, addresses the recommendations within this report and outlines how they will be achieved. Ensure that you are clear on: Legal and regulatory obligations, now and in the future Your overall objectives for property compliance, building safety and resident safety.	High	30.06.24	30.06.24	SP	15% (10%)		In Progress	Pennington Consultants quoted to assist and advise in policy development. Fire Safety policy (including strategy) developed, through consultation and ready for sign-off. Both Fire Safety lead and Building Safety lead are tasked with developing a building safety strategy and Pennington engaged to assist in this process.

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What actions need to be delivered to achieve these objectives. How you will demonstrate that these actions are								
Recommendation 4 – Fire Safety Group: Broaden the scope of the existing Fire Safety Group to have full oversight of all legal fire and building safety requirements. Develop a term of reference for the group that ensures achieving the requirements of fire and building safety legislation and guidance is included as a standard agenda item.	High	09.11.23	09.11.23	LB	100% (100%)	19.10.23	Complete	Terms of Reference Drafted. Draft TOR circulated for comment. Discussed and agreed TOR at Fire Safety Group 19/10/23. Saved on Teams channel for R04
Recommendation 5 – Data Validation: Undertake a data validation exercise that is coordinated across all compliance areas to gain assurance around all property assets, compliance programmes and records: Download the full asset list from your parent management system into a data validation workbook.	Critical	30.06.24	30.06.24	SH	45% (30%)		In Progress	 Internal: 5.1) Download full asset list – complete 03/11 5.2) Create Validation Workbook – complete 03/11 The database query is complete in that brings in to the validation workbook all required data, however the query will require ongoing finessing as we work on interdependent recommendations such as R6 and R11 5.3) Confirm properties for each compliance area – complete 31/01

Т	 	
		The count or properties that are subject to a 'compliance
Confirm which		area' is now accurate and complete with the output related
properties will or will		to R11 (Compliance Reporting) now demonstrating the
not be subject to each		properties confirmed as On-Plan, Off-Plan or where
compliance		Validation is still required. The validation exercise to
programme. All properties should be		confirm status within a 'compliance area' is ongoing.
defaulted to require an		<u> </u>
inspection until it can		5.4) Evidence N/A properties – 75%
be evidenced		, , , , ,
otherwise.		We are now able to evidence N/A properties having created
other wise.		additional fields within ActiveH to determine this. This work
Record evidence-based		is interdependent with R6 ActiveH Configuration and is
reasons for properties		driven by the validation exercise above.
not required on each		driver by the validation exercise above.
programme.		Currently working to validate, evidence and quantify
		remaining gaps identified in the reporting.
Validate a sample of		remaining gaps identified in the reporting.
compliance records to		5.5) External (Work with Pennington Choices for third
ensure they are valid		party Data Validation and Assurance):
and in date.		Currently at Stage 3 of their Terms of Reference,
		Compliance Programme Data.
Quantify compliance		Next meeting 08/02/2024 Data Review Meeting -
gaps to develop a plan		Completed
to resolve them.		PC to provide worksheets for Pilot validation exercise by
		WDC by 09/02
Validation should		PC to provide list of 300 Assets requiring inspection records
include categorising		to provided back to PC by 09/02
buildings (11+ and		Above data requests to PC required by 18/02
18m+) and the smoke		
and carbon monoxide		
alarm programmes.		
Follow the above		
exercise with regular,		
documented validation		
to ensure asset and		
compliance data		
remains up to date.		

Recommendation 6 – Active H configuration: Configure Active H to record the correct compliance programme data and provide appropriate reporting outputs.	High	30.06.24	30.06.24	SH	50% (30%)	In Progre	Attribute configuration completed for Gas, CO2, EICR, AFD, FRA and LRA. Attribute for LOLER and Occurrences created. Asbestos still outstanding for review and configuration.
Recommendation 7 – Managing follow-up actions: Implement a process for tracking all actions deriving from each of your compliance programmes. You should consider and agree: the platform for recording actions, where the process can be automated, allocation, quality checks, evidence of completion and reporting.	High	31.10.24	31.10.24	SH	10% (10%)	In Progre	·
Recommendation 8 – Changes to asset and programme lists: Formalise and document the process for adding, removing or making changes to properties on Active H, including who has authority to do so. Ensure there is a clear audit trail of uploading and setting attributes against each property and quality assurance checks to ensure	Medium	31.03.24	31.03.24	SH	10% (0%)	In Progre	First meeting held on Tuesday 6 th February to discuss the creation of new assets in ActiveH, primarily new builds, market acquisitions. UAT also required on the browser-based Certificate Importer which will greatly assist in the handling of documents/certificates and creation of Attribute records in ActiveH.

each property is on the correct compliance programme.								
Recommendation 9 – Operational lead for fire safety: Appoint an operational lead for fire safety to have oversight of all fire safety related programmes and performance (fire risk assessment programme and actions, Fire Safety (England) Regulations obligations, fire equipment servicing, and so on).	Critical	31.12.23	31.12.23	SP	100% (100%)	27.11.23	Complete	Charles Hahn appointed as Operational Lead for Fire Safety – started 27.11.23 9.1) On Monday 29/01/24 The Fire Safety Lead decided to pursue a new venture and resigned from his post at (WDC) 9.2) Interviews are taking place on the 7 th and 9 th of February 2024 with the view of appointing a new Fire Safety Lead. 9.3) Members will be updated at the next meeting.
Recommendation 10 – Operational lead for building safety: Appoint an operational lead for building safety to support the strategic lead (Head of Neighbourhood and Assets) and take overall operational responsibility for day-to-day management of building safety risks in higher-risk buildings, and communications with residents of those buildings. Operational duties can be delegated; however the operational lead should	Critical	30.11.23	30.11.23	SP	100%	07.12.23	Complete	Richard Barratt appointed Building Safety Lead – started 07.12.23

assurance and 'lines of								
defence' framework		1						
Recommendation 11 – Compliance reporting: Develop a standalone weekly compliance report that covers the big six compliance areas and addresses the items raised in the report (Section 3.5). This new report should also be used to provide monthly and quarterly summaries to								Progress on this action is also detailed as part of Recommendation 5. Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions. Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves. 15/01 - Compliance Dashboard Report and Summary have been updated substantially since last Highlight report. Snapshots summaries now possible with conditional formatting of performance against historical snapshots.
the management and Leadership Team. Reporting should include follow-up actions: total number of actions, actions by risk/priority, actions completed in time and overdue, and supporting narrative to provide a status summary.	High	31.10.24	31.10.24	SH	40% (25%)		In Progress	
Data should be driven from Active H and performance presented in an easy to read format. Use our compliance scorecard examples as a benchmark for current best practice.								
Recommendation 12 –								12.0) Facilitated session held on 16th January 2024, led by
Policies 12.0) The Leadership Team and technical team members should attend a	High	31.01.24	31.01.24	SP	100% (5%)	31.01.24	Complete	the specialist Fire and Building Safety leads. Gap analysis identified and responsibility for providing / updating policies, KPIs, contractor competencies etc.

facilitated session to agree policy principles (obligations, inspection programmes, follow-up works, contractor competencies, KPIs, and so on).							For transparency, Pennington have indicated that they do not consider this recommendation to be complete as they were not invited to facilitate the session (at a cost to the Council). The session was facilitated by the Fire Safety Lead / Building Safety Lead and not Pennington. Discussions will be needed to resolve this issue with Pennington.
Recommendation 12a – Policies 12.0) The output of this session will be used to draft seven separate policy documents which should be approved through your updated governance framework, subject to version control and reviewed every two years (or sooner, if there is a change in legislation, regulation or other approved guidance).	High	31.07.24	31.07.24	SP	30% (0%)	In Progres	Compliance Workstreams Policies: 12.1) Fire safety policy (Complete) 12.2) Heating safety (In progress RB) 12.3) Electrical safety (Lead RB) 12.4) Asbestos management (Lead RB) 12.5) Water hygiene (Lead TBC) 12.6) Lift safety (Lead TBC) 12.7) Building safety (In progress RB) 12.8) The next progress meeting is scheduled for the 12 ^{th of} February. 12.9) Members will be updated at the next meeting.
Recommendation 13 – Process maps & procedures: Once the policies have been approved, develop standalone procedure documents and process maps to support each of your policies.	High	31.09.24	31.09.24	SP	0%	Not Started	Pennington Consultants quoted for consultancy. Links to Recommendation 12 and 12a. As soon as an individual policy is approved process mapping will commence.

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Your procedure documents should clearly outline how each of your service areas are delivered operationally. The process maps should visibly demonstrate the end-to-end process and areas of responsibility for all parties involved.							
Recommendation 14 – Competence & Training matrix: Develop a training matrix to specify the training, competence and qualification requirements for all employees responsible for oversight and delivery of compliance and building safety programmes. This will identify gaps and ensure training and competence is kept up to date. Any gaps should be addressed by undertaking appropriate qualifications within appropriate timeframes.	High	31.03.24	31.03.24	FJQ	66%	In Progress	Still awaiting national Guidance on development of competence matrix, but work continues based on Best Practice/external discussions. Required competency Levels created- subject to consultation (formal stages of this arranged) Competence Matrix skeleton created subject to consultation (formal stages of this arranged) Required training courses identified in most cases but two training courses will need developing (one internal, one external)

Recommendation 15 – Compliance and building safety refresher training: The Compliance Team should undertake refresher training that covers all compliance areas to refresh their knowledge and ensure they remain up to date with the latest legislation and obligations.	Medium	30.6.24	30.6.24	SH	50% (0%)	In Progress	15.1) CORGI (Council for Registered Gas Installers) Offer compliance training across all compliance workstreams (Gas, Electrical, Asbestos, Water hygiene, lifts, Fire safety) 15.2) CORGI Have been invited to present their training module to members of the compliance team on the 12 ^{th of} February. 15.3 The CORGI Training model is also supported by approved qualifications. A quotation to provide this training for all staff within the compliance team has been obtained for debate and decision. 15.4 Members will be updated at the next meeting on the outcome of this workshop.
Recommendation 16 – Contract management: Ensure your regular contractor performance meetings include standard agendas, record minutes and monitor key performance indicators. Also incorporate checks of accreditations, insurances, competency, and any changes to staff, and ensure evidence is provided. Undertake regular, documented contractor competency checks (at least annually). Migrate data and records from contractors' systems to Active H to re-establish	Medium	31.03.24	31.03.24	SH	50% (10%)	In Progress	Will develop with Fire and Building Safety Leads to develop a framework for contractor performance meetings with standardised document format. Expected to be on target Richard Barrett (BSL) has started work on this. Mainly around obtaining Contractor accreditations, insurances and competencies. Richard Southey (ICT) has also provided in proof of concept browser-based Contractor DMS connected to Contractor records in ActiveH. This requires review and UAT. 16.1) In progress and being developed by the (BSL) 16.2) Discussions with all six compliance contractors have taken place and an overview of documents collected to date are detailed below. > Insurance > Health and safety policies

full control, ownership and							> Accreditations
accountability of all compliance programme							
data to ensure programmes							> Qualifications
are driven by WDC.							> Gas safe cards and validation against the gas safe register
							> Evidence of contractor personal working on the (WDC)
							contracts.
							16.3) These documents are currently being validated and are stored in a central database which can be shared in the
							interim period with the compliance team.
							(ICT) Are creating a new contractor document folder within
							AchiveH to store these documents.
							Going forward, all contractors will have an annual
							compliance check carried out by members of the compliance team.
							16.4) Discussions are in progress with the contractors who
							store certification on their own portal and will continue to
							agree a process of transferring these documents into ActiveH.
							16.5) Members will be updated at the next meeting.
							Dort 1 Down over
Recommendation 17 – Internal audit:							Part 1 Response
Ensure that your internal						In	The need for specific themed compliance audits (covering both Corporate and HRA properties) had already been identified
audit regime reviews all						Progress	and the strategic plan, which had been approved by the (then)
seven compliance areas at least once every two years,	Medium	30.01.24	29.02.24	AR	30%		Chair of the Audit and Standards Committee in April 2023, includes audits against 6 of the 7 identified areas (Fire Safety

and as a minimum,	(30%)	Compliance (2023/24), Asbestos Management and Legionella
establishes whether WDC is		Management (both 24/25), Lifts and Lifting Equipment, and
compliant with its legal and		Gas and Electrical Safety (both 25/26)). The one area that does
regulatory obligations.		not have a specific audit is building safety – we have an audit
		of Fire Safety and Prevention Contracts included in this year as
Ensure that your internal		well, but in the (draft) brief, there is specific reference to the
auditor has the required		fact that Pennington's are doing work in the area of Building
levels of competence and		Safety Cases, so these were omitted from the scope of the
·		audit, with assurance to be placed on their work.
knowledge of legal,		
regulatory and best practice		The planned audits set out above will again be included in the
compliance obligations to		strategic plan for 2024/25 onwards (assuming that no revisions
provide a meaningful		are agreed as part of the discussions with individual service
assurance report with		areas), with the new plan being reported to Audit and
appropriate assurance		Standards in March (date TBC).
ratings.		Standards in Water (date 186).
		The scope of the audits will be agreed at the start of each
		·
		audit, with assurance being taken from any extra work
		undertaken by external bodies on these seven areas (see part
		2), with any actions identified by them being followed up to
		ensure that non-compliance with legislation is being
		addressed.
		(Nb - It should be noted that we were not asked for our plans
		as part of the review, just copies of specific reports undertaken
		within the last two years and, as with the current Fire Safety
		and Prevention Contracts audit, there may have been other
		reports that touched on areas of compliance.)
		Target Date – 1 April (for Strategic Plan to be approved by
		A&S). Dates for specific compliance audits contained within
		response. Audit plan is in draft stage currently.
		Part 2 Response
		Specific support will be commissioned (Audit with steer by
		assets), with the required level of specialist technical expertise
		and knowledge of legal regulatory and best practice
		compliance obligations to provide the necessary assurance
		across all 7 compliance areas. This will form part of the
		evidence base from which Internal Audit can complete their
		evidence base from which internal Addit can complete tileli

							specific themed compliance audits (as addressed in part 1) and be reflected within the assurance reports from which assurance ratings are provided. Target date revised to reflect start of Tender exercise — not full completion of task. Delay due to staff absences. The strategic audit plan, which will be presented for approval by Audit & Standards on 27 February 2024, incudes a number of different compliance audits to cover the relevant areas. Following consultation with Senior Management as part of the drafting of the strategic audit plan, these audits are currently included within years two and three of the plan in order to ensure that the other actions from this Compliance Roadmap Action Plan have been completed. The work of Internal Audit can then provide assurance that these actions have been addressed appropriately. Where relevant, Internal Audit may seek to appoint external specialist auditors to assist with these reviews.
Recommendation 18 – External audit: Implement 100 per cent desktop checks of compliance records to provide assurance that certification has been completed correctly (for example, nine-point check of gas safety records) and follow-up works are actioned within an appropriate timeframe. Implement a third-party technical auditing regime across all compliance areas to undertake sample checks	High	31.05.24	31.05.24	SP	50% (25%)	In Progress	18.1) CORGI (Council for Registered Gas Installers) Offer an independent validation service across all six compliance workstreams (Gas, Electrical, Asbestos, Water hygiene, lifts, Fire safety) CORGI Will report on the outcomes of certification issued to them by (WDC) (Pass or Fail) and have a process for correction with the applicable contractor or consultant who deliver these services. CORGI Will also carry out a physical post inspection of complete works to ensure that they are compliant with current legislation. 18.2) CORGI Have agreed to carry out a presentation on the 12 ^{th of} February with members of the compliance team. 18.3) The (BSL) Has held discussions with CORGI and obtained their training course details which are supported by qualifications and associated quotation to provide this training for all staff within the compliance team.

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of contractors' field work								
and desktop reviews of								
compliance records. The								
auditor(s) should be								
competent and								
appropriately accredited.								
Recommendation 19 – resident communications:								A survey has been developed which will be issued to all housing tenants end December/early January.
Develop and implement a								The results of this will be used to inform the Strategy.
formal resident								
communications campaign								The results will also be used as a basis for identifying hard
to share key messages								to reach groups and how to consistently reach them.
around resident health and								
safety across all areas of								Regular comms with tenants starting with their newsletter
property compliance and								issued in December, which will feature an article about the
building safety.								audit and the action plan.
This should include					20%		In	
consideration of the legal	Medium	30.06.24	30.06.24	NC	2070		Progress	
fire and building safety	Wiedidiii		00.00.2	.,,	(20%)			
requirements under the Fire					(2070)			
Safety (England) Regulations								
2022 and Building Safety Act								
2022.								
Alex considers become								
Also consider how you intend to inform harder to								
reach groups, such as those								
without internet access,								
were English is not their first								
language, or those with								
disabilities and								
impairments.								
Recommendation 20 – Gas								Meeting on 10/10 to review existing no access process,
and heating safety:					5%		In	existing policy and procedure.
and neating salety.	High	30.06.24	30.06.24	SH	370		Progress	consting pointy and procedure.
Implement checks to ensure	111811	30.00.24	30.00.24	311	(5%)		1.05,033	
tenants are receiving LGSRs					(370)			
remains are receiving LOSNS		l .						

within 28 days of the service.							2009 policy and procedure identified, walk through of existing HPM (ActiveH Case Processing) for Gas Safety No Access.
Display LGSRs in communal areas of buildings served by a communal boiler.							Meeting on 14/11 identify required updates to Process Mapping, follow up meeting to be arranged January 2024.
Ensure you can demonstrate compliance with the Smoke and Carbon Monoxide (Amendment) Regulations 2022							20.1) Building Safety Lead has held discussions with heating contractor and a process is to be developed. However, where tenants have an email address the LSGR is emailed to the tenant the day after the annual gas check. A new process is required for those tenants with no email address.
Ensure the following items are addressed as part of policy, procedure and							20.2) A process is also required to display LSGRs in communal areas.
process map development: End-to-end access process.							20.3) Smoke and carbon monoxide detectors process is currently under review.
Managing remedial actions.							20.4) Managing remedial actions is currently under review.
New tenant checks to ensure they arrange turn on and test visits.							20.5) New tenant checks are currently under review.20.6) Checks on properties not currently connected to the gas mains are to be reviewed.
Checks on properties that are not currently connected to the gas mains networks.							
Compliance with Dangerous Substances and Explosive Atmosphere Regulations 2002 through risk							
assessments (where necessary).							
Recommendation 21 – Electrical safety:	High	31.10.24	31.10.24	SH	10%	In Progress	232 properties have now been identified (05/12) as recorded not having an in-date certificate in the housing database, (ActiveH). We are establishing with the

Establish a catch-up programme to address the non-compliant properties that do not have a valid test certificate dated within the last five years. Ensure the following items are addressed as part of policy, procedure and process map development: End-to-end access process. Managing remedial actions. Ensuring Active H captures reinspection dates less than five years (as recommended by the competent person)							Contractor whether data exists and are already completed before raising planned programme of works to rectify. In addition, we have 109 (05/12) missing EICR's from new builds according to ActiveH – Lead Officer to liaise with Housing Development and whether they can provide or obtain from the Developer. Attribute updated in ActiveH to accommodate new data, (assisting with Recommendation 5, 6, 11 and General Recommendation 7).
Recommendation 22 – Fire safety: Complete all outstanding fire risk assessments (FRAs) in line with the fire risk assessor's recommended reassessment frequency. Extract all FRA actions into an appropriate monitoring platform to accurately track the completion of each action. Record who the actions have been allocated to, action priorities and timeframes, completion dates and supporting evidence (post	Critical	31.04.24	31.04.24	SP	10% (10%)	In Progress	Additional person engaged and trained to carry out fire door checks - fixed term to June 2024 and will be reviewed. Fire safety lead appointed and joining a review of existing FRA (including accuracy and appropriateness) and recommended actions which, if confirmed, have been put into an appropriate monitoring platform (point 2) New Fire Risk Assessments for all medium/high rise properties commissioned by Housing. Housing site staff carry out daily inspections of high rise and weekly of medium rise. Fire Safety Lead, Building Safety Lead and Health & Safety Manager developing policy, procedure, and process map plus new Fire Safety (and building safety) Policy/ Strategy (see recommendation 3)- which includes recommendation

inspections, certification, before/after photographs, etc.).		to undertake type 4 FRAs and consideration of all other points recommended.
Ensure you can		22.1) All 6 new FRAs were received January 11, 2024.
Ensure you can demonstrate compliance		22.2) In the process of engaging a new Fire Safety Lead who
with the Fire Safety		will review the data.
(England) Regulations 2022,		
including undertaking fire		
door checks.		
Consider undertaking Type		
3 FRAs to all properties as		
this provides a more		
detailed understanding by		
assessing a sample of		
homes within each block.		
Ensure the following items		
are addressed as part of		
policy, procedure and		
process map development:		
Management and reporting		
of periodic checks on fire		
safety equipment.		
Housing management issues		
that impact on fire safety,		
such as hoarding and		
allocations.		
Person centred fire risk		
assessments. Incident		
management, internal		
investigation and		
responding to property fires		
and near misses. Liaison		

with the local fire and							
rescue service							
Recommendation 23 –							
Asbestos Management:							23.1) Tersus has been appointed to carry out new asbestos surveys across all communal blocks. Once work begins, a
Undertake all outstanding							weekly programme update will be provided by Tersus.
reinspection surveys on							
your communal blocks to							
ensure asbestos containing							
materials are being							
monitored and managed							
appropriately. Ensure this is							
followed by a regular, risk-							
based reinspection programme, with the							
frequency determined in							
agreement with the							
competent person.					5%		
or the control of the					370		
Ensure the following items						_	
are addressed as part of	Medium	31.10.24	31.10.24	SH	(0%)	In	
policy, procedure and						Progress	
process map development:							
Establish Appointed Person							
and Deputy Appointed							
Person roles (ensuring they							
are appropriately qualified).							
Develop a fit for purpose							
asbestos management							
plan.							
Use of priority assessment							
scores and material							
assessment scores to							
determine the risk of an							
asbestos item.							

Recommendation 24 –							New Contractor is currently reviewing existing Risk
Water Hygiene:							Assessments
Undertake all outstanding legionella risk assessments.							24.1) Review of existing assessments is ongoing
Ensure written schemes of control are documented to provide guidance on how to manage and monitor the risks identified within the legionella risk assessments.							
Ensure the following items are addressed as part of policy, procedure and process map development:	Medium	30.06.24	30.06.24	SH	10%	In	
Establish Responsible Person and Deputy Responsible Person roles (ensuring they are appropriately qualified).	Wedium	30.00.24	30.00.24	311	(5%)	Progress	
Managing water hygiene in domestic properties — adopting a practical and proportionate approach.							
Managing water hygiene void properties (considering the void standard, removing high risk installations, system flushing, replacing shower heads, etc.)							
Recommendation 25 – Lift Safety:	High	31.03.24	31.03.24	SH	60%	In Progress	ActiveH up to date. New attribute created and populated with information from Contractor.

Review all thorough examination remedial actions and ensure they are completed. Ensure the following items are addressed as part of policy, procedure and process map development: Establish a formal process for notifying the compliance team of new domestic lifts installations. Managing remedial action							We will finalise reporting and publishing of reports from ActiveH. We will be meeting with Contractor to discuss how we 'push' works to them, how its completed and data returned to ActiveH with automation. Building Safety Lead involvement with Corporate Insurance Officer
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Recommendation 1 – Building registration: Any higher-risk buildings identified following completion of the wider data validation exercise should be registered with the Building Safety Regulator	Critical	31.03.24	31.03.24	SP	95% (95%)	In Progress	Seven higher-risk buildings registered with the Building Safety Regulator. An identified outcome of the data validation process to confirm final numbers to be registered. Clarendon Square is being deregistered, so will be removed from the list.
Recommendation 2 – Building safety cases and reports: Establish and implement an appropriate infrastructure around property and building safety compliance, which includes, an effective assurance framework,	High	31.03.24	31.03.24	SP	10% (10%)	In Progress	Pennington commissioned to prepare draft building safety cases based on information being supplied and taking in to account latest guidance from the Building safety Regulator. Draft safety case for Eden Court to be completed by Pennington by 15 December 2023 and used as a gap analysis for data.

defining roles and responsibilities and implementing and documenting supporting policies and procedures. This will allow the safety case and safety case report development project to resume and will include							Daily safety inspections undertaken by housing teams on site. 2.1) Target date will need to be reviewed and clarified with Pennington.
documenting a safety management system and building risk assessment.							
Recommendation 3 – Golden thread:							Linked to Recommendation 2, above and will form part of the Building Safety Cases.
Document the approach and commitment to delivering golden thread principles for all higher-risk buildings.					400/	la la	3.1) Will be reviewed after discussion with Pennington (see Recommendation2)
This should include what information will be held, what systems will be used, how one version of the truth will be maintained, and how digital information will be accessed, managed and shared to support ongoing reviews of the safety case.	High	31.03.24	31.03.24	SP	10%	In Progress	
Recommendation 4 – Mandatory occurrence reporting: Develop a mandatory occurrence reporting	High	31.07.24	31.07.24	FJQ	50% (50%)	In Progress	Existing owned software has been adjusted to incorporate the mandatory reporting as far as is presently specified. More details to be announced by HMG in 2024
procedure that captures the							

principles of reporting and recording safety occurrences as intended by the Act. Recommendation 5 –						Lead officer to engage with Landlord Services Manager
Residents' engagement strategies: Develop building specific residents' engagement strategies for your higherrisk buildings that include, tenancy management arrangements, allocations, how residents will be involved in decision-making around building safety risks and how they can access safety information.	High	March 2024	March 2024	SP	25% (15%)	5.1) Survey conducted and ended on the 19 th of January. Based on the information received, it was decided that additional results are required. A paper copy of the survey will now be distributed with in person visits to follow. A new closing date for the survey of February 29, 2024 has been set. The results of this will still be used to inform strategy.
Recommendation 6 – Complaints procedure: Either develop a separate complaints procedure or ensure the existing generic procedure is updated to ensure that WDC can satisfy itself that building safety issues have been resolved (for example, taking action to minimise the possibility of recurrence, ensuring there is no impact on the risk profile of the building or updating the building risk assessment and safety case).	High	March 2024	March 2024	GL	50% (25%)	There is an agreed timetable for adoption of a new complaints policy and procedure which is as follows: • Draft Cabinet approved by Chief Exec/Deputy & Head of Service, Programme Director for Climate Change, Finance, Legal Services & Procurement (when considered appropriate), Section 151 Officer, Monitoring Officer 9/1/2024. • Revisions and Final Draft for 11 January 2024 • Publish SLT Agenda 15 Jan 2024 • Chief Exec / Section 151 Officer / Monitoring Officer / Programme Director for Climate Change to meet to discuss reports and advise author of any changes; and PH to provide comments by this time. 16/01/2024 • SLT agree final policy 18 Jan 2024 • The draft report to be sent to Committee Services by 10am. Committee Services produce & send draft agenda to Chief Exec, Monitoring Officer, Programme Director for Climate Change & Cabinet & Group Leaders 18/01/2024.

							 Chief Exec/Monitoring Officer/Programme Director for Climate Change/Cabinet briefing followed by an LCG meeting to approve reports and feedback to author. 22/01/2024 Final Report to Committee Services by 10:00am 25/01/2024 Despatch of Agenda 29/01/2024 Date of Overview & Scrutiny Committee 06/02/2024 Date of Cabinet meeting 08/02/2024 To date we are on track with that delivery timeline. A new officer is being appointed for taking responsibility for complaints across the Council which the post is due to be advertised this week.
Recommendation 7 – Measuring performance: Develop performance measures and assurance reporting, in line with the above, to enable effective oversight to ensure building safety obligations are being achieved.	Medium	30.04.2 4	30.04.2 4	SH	10% (10%)	In Progress	Progress on this action is also detailed as part of Recommendation 5. Various output options being considered with work being done on simplifying and providing a consistent foundation to queries with database functions. Possible need to extend due date if opportunities to develop reports beyond Recommendation scope present themselves.