



Friday, 10 July 2026

Dear Sir/Madam

A meeting of the Governance, Audit and Standards Committee will be held on Monday, 20 July 2026 in the Council Chamber, Council Offices, Foster Avenue, Beeston NG9 1AB, commencing at 6.00 pm.

Should you require advice on declaring an interest in any item on the agenda, please contact the Monitoring Officer at your earliest convenience.

Yours faithfully

Zulfiqar Darr  
Chief Executive

|                 |                     |              |
|-----------------|---------------------|--------------|
| To Councillors: | S J Carr (Chair)    | K A Harlow   |
|                 | C Carr (Vice-Chair) | S P Jeremiah |
|                 | M Brown             | A Kingdon    |
|                 | R Bullock           | J M Owen     |
|                 | A Cooper            | S Webb       |
|                 | J Couch             | E Winfield   |
|                 | S Dannheimer        |              |

## A G E N D A

1. Apologies

To receive apologies and to be notified of the attendance of substitutes.

2. Declarations of Interest

Members are requested to declare the existence and nature of any disclosable pecuniary interest and/or other interest in any item on the agenda.

Further information can be found at: [Member Code of Conduct of Broxtowe Borough Council](#)

3. Minutes (Pages 5 - 6)  
  
The Committee is asked to confirm as a correct record the minutes of the meeting held on 18 May 2026.
4. Audit of Accounts and Associated Matters (Pages 7 - 20)  
  
To receive the latest Audit Progress Report from the Council's external auditors and to note progress made with the 2025/26 audit.
5. Statement of Accounts 2025/26 - Going Concern (Pages 21 - 26)  
  
This report sets out the assessment by the designated Section 151 Officer of the Council's Going Concern status. This is in accordance with all of the Council's priorities.
6. Internal Audit Review 2025/26 (Pages 27 - 36)  
  
To inform the Committee of the work of Internal Audit during 2025/26 and to provide an annual Internal Audit Assurance Opinion that can be used by the Council to inform its Annual Governance Statement.
7. Internal Audit Progress Report (Pages 37 - 42)  
  
To inform the Committee of the recent work completed by Internal Audit.
8. Review of Strategic Risk Register (Pages 43 - 64)  
  
To approve the amendments to the Council's Strategic Risk Register and the action plans identified to mitigate risks.
9. Complaints Reports 2025/26 (Pages 65 - 152)  
  
To provide Members with a summary of complaints made against the Council.

10. Regulator of Social Housing - Service Improvement Plan Review (Pages 153 - 192)

To review and scrutinise the Service Improvement Plan and relevant documents to ensure appropriate action is aligned with the Regulator of Social Housing standards and outcomes.

11. Work Programme (Pages 193 - 194)

To consider items for inclusion in the Work Programme for future meetings.

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## GOVERNANCE, AUDIT AND STANDARDS COMMITTEE

MONDAY, 18 MAY 2026

Present: Councillor S J Carr, Chair

Councillors: M Brown  
A Cooper  
J Couch  
S Dannheimer  
K A Harlow  
S P Jeremiah  
A Kingdon  
J M Owen  
E Winfield

### 1 APOLOGIES

Apologies for absence were received from Councillors R Bullock, C Carr and S Webb.

### 2 DECLARATIONS OF INTEREST

There were no declarations of interest.

### 3 MINUTES

The minutes of the meeting held on 23 March 2026 were confirmed and signed as a correct record.

### 4 AUDIT OF ACCOUNTS AND ASSOCIATED MATTERS

The Committee noted the Audit Strategy Memorandum for the 2025/26 and was informed of the progress made by the Council's appointed external auditors, Forvis Mazars. The audit plan provided details which related to the auditors' engagement and responsibilities, the engagement team, the scope of the audit, approach and timeline, significant risks and other key judgement areas, materiality and misstatements, value for money arrangements, audit fees and confirmation of the auditors' independence. Representatives from Forvis Mazars addressed the meeting.

### 5 CORPORATE GOVERNANCE ARRANGEMENTS

Members considered the Annual Governance Statement for its inclusion in the Council's published Statement of Accounts for 2025/26 and noted the compliance with the Code on Delivering Good Governance in Local Government.

A number of points were raised including the application of the Council's AI Policy, the monitoring of fly-tipping through CCTV, and the Council's involvement in the Local

Government Reorganisation process. Further discussion ensued regarding work undertaken in response to the Housing Regulator's Inspection report and the role to be undertaken by the Governance, Audit and Standards Committee in scrutinising progress against actions.

**RESOLVED that:**

- 1. The Annual Governance Statement be approved in principle for inclusion in the Council's Statement of Accounts.**
- 2. Responsibility be delegated to the Chief Executive, in consultation with the Chair of the Committee and the group leaders, to make any further amendments as necessary.**

**6     INTERNAL AUDIT PROGRESS REPORT**

The Committee noted the recent work completed by internal audit. Reassurance was sought with regards to the proposed audit for Commercial Property Income.

**7     WORK PROGRAMME**

Members considered additions to the Work Programme to include updates on progress against the work following the Housing Regulator's inspection and requested that the Constitution Task and Finish Group be reconvened to consider the subjects of ex-officio members, Advisory Shareholder Sub-Committee meetings and the voting process for Constitutional change.

**RESOLVED that the Work Programme, as amended, be approved.**

**Report of the Interim Deputy Chief Executive**

|                                                 |
|-------------------------------------------------|
| <b>Audit of Accounts and Associated Matters</b> |
|-------------------------------------------------|

1. Purpose of Report

To receive the latest Audit Progress Report from the Council's external auditors and to note progress made with the 2025/26 audit.

2. Recommendation

**The Committee is asked to NOTE the report.**

3. Detail

The Council's appointed external auditors, Forvis Mazars, presented their Audit Strategy Memorandum for the Council's 2025/26 audit to this Committee on 18 May 2026.

In accordance with the latest Accounts and Audit Regulations, the Council's draft Statement of Accounts for 2025/26 was approved by the Interim Deputy Chief Executive and Section 151 Officer and published on the Council's [website](#) in advance of the 30 June statutory deadline. The accounts will now be subject to inspection by the external auditors

Forvis Mazars present an early update on progress made with the 2025/26 audit in their report at **Appendix 1**. The report also includes a summary of recent national publications and technical updates that the auditors wish to bring to Members attention.

A representative from Forvis Mazars will be available virtually at the meeting to introduce this report and respond to any related enquiries.

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

There are no direct financial implications arising from this report.

5. Legal Implications

The comments from the Head of Legal Services were as follows:

The legislation in the Accounts and Audit Regulations (2015) sets out the timescales for the production of the Council's accounts, including the dates of the public inspection period.

The Statement of Accounts must be published by that date or as soon as reasonably practicable after the receipt of the auditor's final findings.

Section 151 of the Local Government Act 1972 requires the Council to make arrangements for the proper administration of its financial affairs and to secure that one of its officers (the Deputy Chief Executive) has the responsibility for the administration of those affairs, which include responsibility for preparing the Council's statement of accounts in accordance with proper practices as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom.

The Statement of Accounts is that upon which the auditor should enter his certificate and opinion which is prepared under the Local Government Finance Act 2003.

6. Human Resources Implications

There were no comments from the Human Resources Manager.

7. Union Comments

Not applicable.

8. Climate Change Implications

There are no climate change implications in relation to this report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

As there is no change to policy an equality impact assessment is not required.

11. Background Papers

Nil.



Audit Progress Report  
**Broxtowe Borough Council –Year ending 31 March 2026**

July 2026

# Contents

1. Audit approach and progress
2. National publications

# 01

## Audit approach and progress

# Audit progress

## 2024/25 Audit

The audit certificate for 2024/25 was issued on 1 July 2026. This marks the completion of our 2024/25 external audit.

## 2025/26 Audit

Our Audit Strategy Memorandum set out our plan for the audit of the Council. We presented our Audit Strategy Memorandum to the May 2026 Governance, Audit and Standards Committee meeting. In addition, since the May Committee we have finalised our planning and risk assessment work. The draft financial statements were submitted on the 29th June 2026. There are no changes to our risk assessment and audit approach following receipt of the draft financial statements and there are no matters to report to Governance, Audit and Standards Committee at this stage.

As reported in our Audit Strategy Memorandum, the significant risks identified are management override of controls, valuation of council dwellings, land and buildings and the valuation of the net defined benefit asset/liability.

Based on the 2025-26 draft financial statement figures, the materiality we are applying throughout our audit procedures is:

| Consolidated financial statements |                    |                    |
|-----------------------------------|--------------------|--------------------|
|                                   | 2025-26<br>(£'000) | 2024-25<br>(£'000) |
| Overall materiality               | £1,569             | £1,532             |
| Performance materiality           | £1,177             | £1,140             |
| Clearly trivial                   | £47                | £46                |

| Broxtowe Borough Council financial statements         |                    |                    |
|-------------------------------------------------------|--------------------|--------------------|
|                                                       | 2025-26<br>(£'000) | 2024-25<br>(£'000) |
| Overall materiality                                   | £1,528             | £1,460             |
| Performance materiality                               | £1,146             | £1,110             |
| Clearly trivial                                       | £46                | £44                |
| Specific materiality<br>Senior Officers' Remuneration | £5                 | £5                 |

## Value for money arrangements

The NAO Code of Audit Practice requires auditors to issue their draft auditor's annual report to Those Charged with Governance by 30 November each year.

As part of our initial planning process, we have requested management complete a self assessment against the criteria set out in the NAO guidance, and we are currently awaiting their response.

We will continue to keep Governance, Audit and Standards Committee updated as the audit progresses and will report our commentary and findings on the Council's value for money arrangements by 30 November 2026, in line with the national deadline.

# 02

National Publications

# National publications

|                             | Publication/update                                                                                | Key points                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National Audit Office (NAO) |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| 1                           | NAO Report: Using data analytics to tackle fraud and error                                        | The NAO has published its report which examines how well-placed government is to seize the opportunity offered by old and new data analytics technologies to tackle fraud and error. <b>For information only.</b>                                                                                                                                                 |
| 2                           | NAO report: Improving local areas through developer funding                                       | The NAO has published its report Improving local areas through developer funding which is a return to this topic since its 2019 report now that the current government has chosen not to implement a previously proposed mandatory infrastructure levy which would have largely replaced the current system. <b>For information only.</b>                         |
| 3                           | Publication of Local Audit Reset and Recovery Implementation Guidance (LARRIG) 06                 | The C&AG has approved and published the Local Audit Reset and Recovery Implementation Guidance (LARRIG) 06. <b>For information only.</b>                                                                                                                                                                                                                          |
| 4                           | NAO report: Home to school transport                                                              | The NAO has published its report 'Home to school transport' which looks at spending on, and delivery of, home to school transport by local authorities in England. <b>For information only.</b>                                                                                                                                                                   |
| 5                           | NAO Good practice Guide – Financial management in government: reporting for decision making       | The NAO has produced this good practice guide for finance leaders in government departments and other public bodies. <b>For information only.</b>                                                                                                                                                                                                                 |
| 6                           | NAO report: Managing children's residential care                                                  | The NAO has published its report Managing children's residential care which assesses the Department for Education's (DfE) response to challenges faced by local authorities in placing looked-after children in cost-effective, high-quality residential care in England. <b>For information only.</b>                                                            |
| 7                           | NAO publication: Implementation of climate-related reporting in central government annual reports | The NAO has published its report 'Implementation of climate-related reporting in central government annual reports' which examined the progress central government has made implementing Task Force on Climate-related Financial Disclosures (TCFD) reporting. <b>For information only.</b>                                                                       |
| 8                           | NAO Audit insights: Good practice in annual reporting                                             | The NAO has published its report Good practice in annual reporting which showcases leading examples of good practice for annual reporting from different sectors. <b>For information only.</b>                                                                                                                                                                    |
| 9                           | NAO report: Unlocking land for housing                                                            | The NAO has published its report Unlocking land for housing which assesses whether the Ministry for Housing, Communities & Local Government's (MHCLG) programmes to increase the supply of suitable land for housing development are effectively supporting the government's ambitions to build the right homes in the right places. <b>For information only.</b> |

# National publications and technical updates

## NAO

### 1. NAO Report: Governance and decision-making on mega-projects

The NAO has published a report which examines how well-placed government is to seize the opportunity offered by old and new data analytics technologies to tackle fraud and error. The report sets out:

- case studies of how the private sector and government are already using data analytics to tackle fraud and error; and
- lessons from these case studies, and the NAO's discussions with those involved in implementing them, about the strategic challenges

Link: <https://www.nao.org.uk/reports/using-data-analytics-to-tackle-fraud-and-error/>

### 2. NAO report: Improving local areas through developer funding

The NAO has published its report Improving local areas through developer funding which is a return to this topic since its 2019 report now that the current government has chosen not to implement a previously proposed mandatory infrastructure levy which would have largely replaced the current system.

This report assesses whether the MHCLG is overseeing an effective and efficient system of developer contributions that delivers the intended benefits.

The report is made up of the following parts:

- Part One sets out how the system works and MHCLG's oversight of it;
- Part Two examines challenges within the system; and
- Part Three assesses MHCLG's actions to make the system more effective at delivering the intended benefits.

Link: [Improving local areas through developer funding - NAO report](#)

# National publications and technical updates

## 3. Publication of Local Audit Reset and Recovery Implementation Guidance (LARRIG) 06: Special considerations for rebuilding assurance for specified balances following backstop-related disclaimed audit opinions

The C&AG has approved and published Local Audit Reset and Recovery Implementation Guidance (LARRIG) 06.

This LARRIG, endorsed by the FRC, sets out guidance to auditors where the auditor's opinion on the prior year financial statements has been disclaimed because of backstop arrangements included in the Accounts and Audit (Amendment) Regulations 2024. Its purpose is to assist auditors in the process of rebuilding assurance for specific classes of transactions, account balances and disclosures which warrant special consideration beyond the general principles set out in LARRIG 05.

Link: [LARRIG 06](#)

## 4. NAO report: Home to school transport

The NAO has published its report 'Home to school transport' which looks at spending on, and delivery of, home to school transport by local authorities in England. The report builds on the NAO's 2024 report 'Support for children and young people with special educational needs' and the 2025 report 'Local government financial sustainability' which noted the increase in home to school transport costs. In 2023-24, local authorities spent £2.32 billion transporting an estimated 520,000 children and young people to school or college.

The report concludes that for the children and young people who rely on it to get them to school and college each day, local-authority-provided transport is an invaluable service. Without it, many may struggle to access or continue with their education. When first introduced, it was predominantly a service for children in rural areas. Following changes in legislation, the number of children and young people assessed as having special educational needs increased, with implications for home to school transport.

Link: [Home to school transport - NAO report](#)

## 5. NAO Good practice Guide – Financial management in government: reporting for decision making

The NAO has produced this good practice guide for finance leaders in government departments and other public bodies. It sets out insights and good practice on how information can be reported to make better financial management decisions.

Link: [Financial management in government: reporting for decision-making - NAO insight](#)

# National publications and technical updates

## 6. NAO report: Managing children's residential care

The NAO has published its report Managing children's residential care which assesses the Department for Education's (DfE) response to challenges faced by local authorities in placing looked-after children in cost-effective, high-quality residential care in England. The report:

- describes the characteristics of looked-after children, and how the current residential care system works in terms of costs and outcomes;
- examines the underlying reasons behind increasing residential care costs; and
- assesses DfE's understanding, approach and response to supporting local authorities to meet their statutory duty to house looked-after children.

The report concludes that the cost of supporting looked-after children in residential care almost doubled between 2019-20 and 2023-24, to £3.1 billion. And, with these vulnerable children not always receiving the support they need, the residential care system is not delivering value for money. A shortage of places for some looked-after children, particularly those with more complex needs, has driven cost increases.

The demand for places, along with a largely private provider-led market has led to local authorities competing for places and providers charging higher fees. The estimated annual spend per child in a children's home has increased from an average of £239,800 in 2019-20 to £318,400 in 2023-24 in real terms – and more children are living in residential care settings that are not best suited to their needs.

DfE recognises the scale of the challenge and has started to respond. Alongside investing in preventative care and fostering to reduce residential care demand, it is progressing legislation to improve financial oversight of private providers and encouraging local authorities to collectively commission places. These measures are taking time to implement with, for example, draft legislation introduced in December 2024.

To ensure these changes deliver a residential care system that works, DfE needs to improve its understanding of the system, set out what it wants the market to look like and support local authorities to make effective decisions.

[Managing-childrens-residential-care](#)

## 7. NAO publication: Implementation of climate-related reporting in central government annual reports

The NAO has published its report 'Implementation of climate-related reporting in central government annual reports' which examined the progress central government has made implementing Task Force on Climate-related Financial Disclosures (TCFD) reporting. The scope of the review includes an early look at the potential value it might have, and risks to its efficiency and effectiveness. This report draws out learning from the early phases of implementation, with a view to informing the phases to come. This report sets out:

- climate-related reporting in the UK
- progress so far implementing TCFD-aligned reporting in central government
- the experience of central government bodies preparing TCFD-aligned reporting.

[Implementation-of-climate-related-reporting-in-central-government-annual-reports](#)

# National publications and technical updates

## 8. NAO Audit insights: Good practice in annual reporting

The NAO has published its report Good practice in annual reporting which showcases leading examples of good practice for annual reporting from different sectors.

In addition, organisations in the public sector may find the guide that the NAO shares with bodies it audits helpful which sets out how reporting and auditing requirements have changed over recent years, and practical actions that organisations can take to support transparent, timely, and clear annual reporting.

[Good practice in annual reporting](#)

## 9. NAO report: Unlocking land for housing

The NAO has published its report Unlocking land for housing which assesses whether the Ministry for Housing, Communities & Local Government's (MHCLG) programmes to increase the supply of suitable land for housing development are effectively supporting the government's ambitions to build the right homes in the right places. These programmes include activities such as capacity support, funding for infrastructure, land assembly, or viability gap funding; they are aimed at 'unlocking' sites. The report examines whether MHCLG:

- has unlocked land to deliver the right homes in the right places
- is learning and innovating to improve the productivity of its land unlocking programmes
- alongside Homes England, is putting in place an approach to unlock the right land in the right places to support future housing target

The report concludes that since 2016-17, MHCLG has allocated £10.5 billion of funding to unlock land for housing, through a variety of programmes that utilise different funding types, including grants, loans and equity investments. MHCLG expects that this funding will have been spent on unlocking land by March 2034. This land will provide the capacity for building 713,000 homes, with homes expected to be built on this land for decades to come.

MHCLG monitors the status of unlocking land activity for the projects it helps fund, it also knows how many homes have been built by housing developers on the land it has helped to unlock across the majority of its funds. However, it did not set out to track how many homes have been built on land unlocked by the Home Building Funds and the Brownfield, Infrastructure and Land Fund but is now working with Homes England to do so on these funds.

To be able to fully demonstrate value for money on these programmes, MHCLG needs to continue to monitor housebuilding over the long term and should consider what further measures it can take to embed monitoring of housebuilding across all its programmes.

MHCLG and Homes England have ongoing evaluations and have drawn on an understanding of what works in their existing programmes to evolve their intervention strategies. Efforts include implementing ongoing engagement instead of set bidding periods, maintaining continuous pipelines of projects, and offering a more flexible mix of funding options. It has also revised its assessment criteria to better account for non-monetisable benefits to facilitate more investment in areas of lower land values.

MHCLG aims to establish the new National Housing Delivery Fund to bring together all the funding for unlocking land and set up a housing bank, as a subsidiary of Homes England, from 1 April 2026. To be able to demonstrate value for money and be successful, MHCLG will need to swiftly build on the work it has started and set out its long-term ambitions, provide clarity about its investment priorities to the market and decision-makers in local authorities, and to have a clear articulation and management of risk.

[Unlocking land for housing](#)

# Contact

## Forvis Mazars

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**Report of the Interim Deputy Chief Executive and Section 151 Officer**

|                                                      |
|------------------------------------------------------|
| <b>Statement of Accounts 2025/26 - Going Concern</b> |
|------------------------------------------------------|

1. **Purpose of Report**

This report sets out the assessment by the designated Section 151 Officer of the Council's Going Concern status. This is in accordance with all of the Council's priorities.

2. **Recommendation**

**The Committee is asked to NOTE the outcome of the assessment made of the Council's status as a going concern for the purposes of the Statement of Accounts 2025/26.**

3. **Detail**

The concept of a 'going concern' assumes that a local authority, its functions and services will continue in operational existence for the foreseeable future. This assumption underpins the accounts drawn up under the Local Authority Code of Accounting Practice and is made because local authorities carry out functions essential to the community and are themselves revenue-raising bodies (with limits on their revenue-raising powers arising only at the discretion of central government). If a local authority was in financial difficulty, the prospects are thus that alternative arrangements might be made by central government either for the continuation of the services it provides or for assistance with the recovery of a deficit over more than one financial year.

Where the 'going concern' concept is not the case, particular care would be needed in the valuation of assets, as inventories and property, plant and equipment may not be realisable at their book values and provisions may be needed for closure costs or redundancies. An inability to apply the going concern concept would potentially have a fundamental impact on the financial statements.

Given the significant reductions in funding for local government over many years and the potential risks that the wider economic context continues to pose to the ongoing viability of a number of local authorities as a consequence, external auditors place greater emphasis on local authorities undertaking an assessment of the 'going concern' basis on which they prepare their financial statements.

In response the position of this Council is set out in the **Appendix** to this report.

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

The financial implications are included in the report.

5. Legal Implications

The comments from the Head of Legal Services and Deputy Monitoring Officer were as follows:

There are no direct legal implications that arise from this report.

6. Human Resources Implications

There were no comments from the Human Resources Manager.

7. Union Comments

Not applicable.

8. Climate Change Implications

There are no climate change implications contained within the report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

As there is no change to policy an equality impact assessment is not required.

11. Background Papers

Nil.

**Appendix****Assessment of Going Concern**

As with all principal local authorities, the Council is required to compile its Statement of Accounts in accordance with the Code of Practice on Local Authority Accounting for 2025/26 (the Code) published by the Chartered Institute of Public Finance and Accountancy (CIPFA). In accordance with the Code, the Statement of Accounts are prepared assuming that the Council will continue to operate in the foreseeable future and that it is able to do so within the current and anticipated resources available. By this, it is meant that the Council will realise its assets and settle its obligations in the normal course of business.

The main factors which underpin the going concern assessment are the Council's current financial position; projected financial position; governance arrangements; and the regulatory and control environment applicable to it as a local authority. These are considered in more detail below.

**Current Financial Position**

The Council's financial outturn position 2025/26 showed a £1.885m underspend against revised budget which culminated with a £183k contribution to General Fund balances. The General Fund Revenue Reserves amounted to £5.740m as at 31 March 2026. In addition, the Council held earmarked reserves of £3.685m to meet specific identified pressures, but which ultimately may be diverted to support general expenditure by the Section 151 Officer should the need arise.

General reserves reflect the ability of the Council to deal with unforeseen events and unexpected financial pressures in any particular year and are a key indicator of the financial resilience of the organisation. As part of the Medium-Term Financial Strategy, the Section 151 Officer has assessed that the optimum level of general reserves to be held by the Council to be at or above £1.5m and at least equal to 5% of the Council's net operating expenditure. General Fund Reserves were at £5.740m as at 31 March 2026.

The Council also held £12.0m in the form of either cash or short-term investments maturing within the next financial year as at 31 March 2026.

On capital, there was £42.5m of expenditure in the approved capital programme for the year. This represents an underspend of £25.7m against the budget, with the main reasons being general underspending and slippage on major capital schemes (predominantly the housing new build programme and grant funded economic regeneration projects). Budgets to the value of £20.7m have been carried forward into 2026/27. The Council funds its capital programme from a mixture of capital receipts, direct financing from revenue, government grants and partnership funding such as developer contributions and prudential borrowing.

The Council's Balance Sheet, as at 31 March 2026, shows a net worth of £226.4m with a net pension liability of £196k. There are statutory arrangements for funding the pension deficit through increasing contribution over the remaining working life of the employees, as assessed by an independent actuary. The financial position of the Council remains healthy.

Other factors giving rise to this assessment include:

- The adequacy of risk assessed provisions for doubtful debts.
- The range of reserves set aside to help manage expenditure.
- An adequate risk assessed working balance to meet unforeseen expenditure.

### Projected Financial Position

In February/March 2026, the Council approved a balanced budget for 2026/27. This allowed for net spending of £16.1m and required a Council Tax increase of 2.94%, pressures/growth of £1.328m, savings/additional income of £835k through the Business Strategy and the use of £760k from General Fund reserves.

The Medium-Term Financial Strategy (MTFS) is updated twice-yearly and reflects a four-year assessment of the Council's spending plans and associated funding. It includes the ongoing implications of approved budgets and service levels and the revenue costs of the capital programme, as well as the management of debt and investments. An update on the MTFS, covering the four-year period to 2029/30 will be reported to Cabinet in November 2026.

With the Council having already overcome significant reductions in government grant funding, it is anticipated that the MTFS will identify a significant budget gap of around £6.2m over the period to 2029/30. The Council has developed a Business Strategy to identify efficiency savings and additional income to manage the reduction in resources. The budget will be monitored over the medium-term period by Cabinet.

The Council has a well-established process for the development of the Capital Strategy, reported to Cabinet every year, which ensures the Council maintains a capital programme which is prudent, sustainable and affordable. The three-year capital budget for 2025/26 to 2027/28 is £59.5m, including capital works for the Housing Revenue Account (HRA), housing delivery and new build programme, significant economic regeneration projects at Stapleford and Kimberley, environmental services and climate change and ICT. There is also £20.7m in capital budgets being brought forward from 2025/26 and the new replacement Bramcote Leisure Centre at a budget of £21.4m to complete the project.

### Governance Arrangements

The Council has a well-established and robust corporate governance framework. This includes the statutory elements with the Head of Paid Service (Chief Executive); Section 151 Officer (Deputy Chief Executive); and Monitoring Officer (Director of Legal and Democratic Services); with new interim Director roles now added to the General Management Team (GMT) in addition to the current political arrangements.

An overview of the governance framework is provided in the Annual Governance Statement which is included within the Statement of Accounts. This was presented to this Committee on 18 May 2026 and included a detailed review of the effectiveness of the Council's governance arrangements.

#### External Regulatory and Control Environment

As a local authority, the Council must operate within a highly legislated and controlled environment. An example of this is the requirement for a balanced budget each year combined with the legal requirement for local authorities to have regard to consideration of such matters as the robustness of budget estimates and the adequacy of reserves. In addition to the legal framework and central government control, there are other factors such as the role undertaken by the external auditors as well as the statutory requirement in some cases for compliance with best practice and guidance published by CIPFA and other relevant bodies.

Against this backdrop it is considered unlikely that a local authority would be 'allowed to fail' with the likelihood being that, when faced with such a scenario, central government would intervene and be supported by organisations such as the Local Government Association to bring about the required improvements or help maintain service delivery. That said, given the severity of the earlier pandemic on the country's finances and the recent economic context and inflationary pressures, it would be complacent to sit back and wait for Government intervention.

#### Local Government Reorganisation

In December 2024, the government published the English Devolution White Paper setting out its vision for simpler local government structures. All two-tier county, district and small unitary councils are to be replaced by larger unitary authorities.

Councils have developed and submitted proposals for the new unitary authorities in line with the Government's criteria and the expectation is that new unitary authorities will be in place by 1 April 2028. Under these plans, Broxtowe Borough Council as an entity would cease to exist but all its services, functions and finances would be transferred to the new unitary authority. As such, the proposed reorganisation does not impact on Broxtowe's operational existence.

#### Conclusion

It is considered that having regard to the Council's arrangements and such factors as highlighted in this report that the Council remains a going concern.

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**Report of the Chief Audit and Control Officer**

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| <b>Internal Audit Review 2025/26</b> |
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1. Purpose of Report

To inform the Committee of the work of Internal Audit during 2025/26 and to provide an annual Internal Audit Assurance Opinion that can be used by the Council to inform its Annual Governance Statement.

2. Recommendation

**The Committee is asked to NOTE the Chief Audit and Control Officer's Annual Assurance Opinion and the work of Internal Audit in 2025/26.**

3. Detail

Under the Constitution and as part of the overall governance arrangements, this Committee is responsible for monitoring the performance of Internal Audit.

In accordance with the Global Internal Audit Standards and the Application note: Global Internal Audit Standards in the UK Public Sector, published by the Institute of Internal Auditors (IIA) and the Chartered Institute of Public Finance and Accountancy (CIPFA) respectively (together, 'the Standards'), the Chief Audit and Control Officer must deliver an Annual Internal Audit Opinion and report that can be used by the Council to inform its Annual Governance Statement. The Internal Audit Annual Review Report for 2025/26 is included in the **Appendix**.

The Council has to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. This review is informed by the work of senior management who have responsibility for the development and maintenance of the governance environment, the Internal Audit Review Report and comments from external auditors and other inspectorates.

The system of internal control has been reviewed. On the basis of Internal Audit work completed, it is the opinion of the Chief Audit and Control Officer that the current internal control environment is satisfactory such as to maintain the overall adequacy and effectiveness of the Council's framework of governance, risk management and control. Further context relating to this assurance opinion, including details of any caveats and limitations in scope, are provided in the appendix.

Overall, 96% of the planned audits were complete or awaiting finalisation as at the year-end, above the 90% target. As reported to this Committee on 23 March 2026, this takes into account the deferral of three audits in to 2026/27 at the request of the relevant Assistant Director.

The audit time released by such deferral was utilised to make an early start on the Internal Audit Plan for 2026/27.

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

The work of the Internal Audit team continues to provide crucial and independent assurance to management and Members over the key aspects of the Council's governance, risk management and internal control arrangements. The cost of Internal Audit is included within the established Finance Services budgets.

5. Legal Implications

The comments from the Monitoring Officer / Head of Legal Services were as follows:

This report already sets out the legal framework for Internal Audit to provide a summary of Internal Audit work. It addresses the statutory obligations for local audit processes. The Local Government Act 1972 and subsequent legislation sets out a duty for the Council to make arrangements for the proper administration of its financial affairs. This report also complies with the requirements of the following:

- Local Government Act 1972
- Accounts and Audit Regulations 2015
- IIA: Global Internal Audit Standards
- CIPFA: Application note: Global Internal Audit Standards in the UK Public Sector

The provision of an Internal Audit service is integral to financial management at the Council and assists in the discharge of its duties.

6. Human Resources Implications

Not applicable.

7. Union Comments

Not applicable.

8. Climate Change Implications

There are no climate change implications relating to this report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

As this is a not a change to policy or a new policy an equality impact assessment is not required.

11. Background Papers

Nil.

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## Appendix

**INTERNAL AUDIT ANNUAL REVIEW REPORT 2025/26****1. INTRODUCTION**

This report provides a summary of Internal Audit activities for 2025/26.

The Accounts and Audit Regulations 2015 require the Council to undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with proper practices. The Global Internal Audit Standards and the Application note: Global Internal Audit Standards in the UK Public Sector, published by the Institute of Internal Auditors (IIA) and the Chartered Institute of Public Finance and Accountancy (CIPFA) respectively (together, 'the Standards') constitute proper practices so as to satisfy the requirements for larger relevant bodies as set out in the Regulations.

The Standards require the Chief Audit and Control Officer, as the Council's designated 'chief audit executive', to deliver an annual internal audit opinion and report that can be used by the Council to inform its governance statement. The opinion must conclude on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control. The report must incorporate:

- an opinion on the overall adequacy and effectiveness of the Council's governance, risk and control framework – i.e. the control environment;
- a summary of the audit work from which the opinion is derived (including reliance placed on work by other assurance providers); and
- a statement on conformance with the Standards and the results of the quality assurance and improvement programme.

The annual opinion should also be guided by the CIPFA/SOLACE Delivering Good Governance in Local Government Framework.

**2. BACKGROUND TO THE OPINION**

The Council has to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. This review is informed by the work of senior management who have responsibility for the development and maintenance of the governance environment, this Internal Audit Review Report and from comments made by the external auditors and other review agencies and inspectorates.

A review of the effectiveness of the system of internal audit helps to ensure that the opinion in this report may be relied upon as a key source of evidence in the Annual Governance Statement. The latest review found Internal Audit to be sufficiently compliant with the requirements of the Standards to ensure that the opinion given can be relied upon for assurance purposes.

There are no causes of concern with regard to the independence and objectivity of Internal Audit. Whilst reporting on Internal Audit matters directly to the Interim Deputy Chief Executive and Section 151 Officer, the Chief Audit and Control Officer also has:

- free and unrestricted access to the General Management Team.
- free and unrestricted access to the Governance, Audit and Standards Committee (the 'Committee') and attends all of its meetings
- the right to meet with the Chair of the Committee and/or other relevant Members to discuss any matters or concerns that have arisen from Internal Audit work.

### **3. AUDIT OPINION ON THE OVERALL ADEQUACY AND EFFECTIVENESS OF THE COUNCIL'S INTERNAL CONTROL ENVIRONMENT**

**On the basis of Internal Audit work completed, it is my opinion, as the Chief Audit and Control Officer, that the current internal control environment is satisfactory such as to maintain the overall adequacy and effectiveness of the Council's framework of governance, risk management and control.**

The framework for governance is as set out in the Annual Governance Statement and, in my view, is an accurate description of the governance arrangements. In relation to risk management, I have oversight of the risk management process and conclude that a range of significant risks for the Council have been identified and are being managed.

In terms of the audit assignments completed, services were found to be generally operating with an appropriate level of internal controls. Where weaknesses and exceptions were highlighted by Internal Audit work, any matters were discussed with management and recommendations made accordingly. Where improvement actions were agreed to address these matters, progress is being made for their implementation. Where this should not be the case, any outstanding significant recommendation is reported to this Committee as part of the regular progress reports.

The opinion has been arrived at with due regards to the following:

- The level of coverage provided by Internal Audit was considered to be adequate to enable this opinion to be delivered.
- Work has been planned and performed so as to obtain sufficient information and explanation considered necessary to provide evidence to give reasonable assurance that the Council's control environment is operating effectively.
- The independence and objectivity of Internal Audit has not been impaired in fact or appearance.

- Insight gained from interaction with senior management and this Committee.
- No adverse implications for the Annual Governance Statement have been identified from work undertaken by Internal Audit.
- The Internal Audit Plan 2025/26, as approved by this Committee on 17 March 2025, was informed by the Chief Audit and Control Officer's own assessment of risk and materiality, following consultation with senior management, to ensure it was aligned to the Council's corporate objectives and key strategic risks.
- The following table summarises the outcomes of audit assignments completed during and/or relating to the financial year 2025/26, including those audits completed from the previous year's plan that were finalised in the year:

| Audit Title                    | Report Issued | Assurance Opinion | Actions (High Priority) | Actions (Other) |
|--------------------------------|---------------|-------------------|-------------------------|-----------------|
| Creditors and Purchasing       | 03/04/2025    | Substantial       | -                       | -               |
| Stores                         | 08/04/2025    | Limited           | 3                       | -               |
| Waste Management (Recycling)   | 08/04/2025    | Substantial       | -                       | 1               |
| Rents (Housing)                | 29/04/2025    | Substantial       | -                       | 1               |
| Human Resources                | 09/05/2025    | Substantial       | -                       | -               |
| Council Tax                    | 16/05/2025    | Substantial       | -                       | -               |
| Leisure Management System      | 16/05/2025    | Substantial       | -                       | -               |
| Key Reconciliations            | 19/06/2025    | Substantial       | -                       | 1               |
| Homelessness                   | 08/07/2025    | Substantial       | -                       | -               |
| Waste Management (Garden)      | 23/07/2025    | Substantial       | -                       | 1               |
| Commercial Property Management | 24/07/2025    | Limited           | 3                       | 2               |
| Tenant Engagement              | 02/09/2025    | Substantial       | -                       | -               |
| Climate Change                 | 03/09/2025    | Substantial       | -                       | -               |
| Anti-Social Behaviour          | 12/09/2025    | Substantial       | -                       | 1               |
| Housing Repairs (Reactive)     | 15/09/2025    | Reasonable        | -                       | -               |
| Data Quality                   | 30/09/2025    | Reasonable        | -                       | 2               |
| Treasury Management            | 22/10/2025    | Substantial       | -                       | 1               |
| Licensing                      | 13/11/2025    | Reasonable        | -                       | -               |
| Payroll                        | 26/11/2025    | Substantial       | -                       | 2               |
| Kimberley Depot - Compliance   | 06/01/2026    | Reasonable        | -                       | 2               |
| Housing Disrepair Claims       | 15/01/2026    | Substantial       | -                       | 1               |
| Benefits                       | 15/01/2026    | Substantial       | -                       | 1               |
| Committee Management System    | 16/02/2026    | Reasonable        | -                       | 1               |
| NNDR (Business Rates)          | 20/02/2026    | Substantial       | -                       | -               |
| Human Resources                | 25/02/2026    | Substantial       | -                       | -               |
| Creditors and Purchasing       | 26/02/2026    | Substantial       | -                       | -               |

| Audit Title                          | Report Issued | Assurance Opinion | Actions (High Priority) | Actions (Other) |
|--------------------------------------|---------------|-------------------|-------------------------|-----------------|
| Rents (Housing)                      | 02/03/2026    | Substantial       | -                       | 1               |
| Capital Works                        | 10/03/2026    | Reasonable        | -                       | 3               |
| Bramcote Leisure Centre (Governance) | 17/03/2026    | Substantial       | -                       | -               |
| Income Receipting System             | 30/03/2026    | Substantial       | -                       | 1               |
| Information Management               | 08/04/2026    | Substantial       | -                       | 1               |

#### 4. QUALIFICATIONS

The opinions expressed in this report have been based upon the work carried out by Internal Audit in 2025/26 (and subsequently beyond year-end) and other assurance reports received, including those from the external auditors.

In the context of the Standards, 'opinion' means that Internal Audit will have done sufficient, evidenced work to form a supportable conclusion about the activity being examined. Internal Audit will word its opinion appropriately if it cannot give reasonable assurance (e.g. because of limitations to the scope and/or adverse findings arising from its work).

In giving an opinion, it should be noted that assurance can never be absolute. The most that Internal Audit can provide to the Council is a reasonable assurance that there are no major weaknesses in risk management, governance and control processes. The matters raised in this report are only those which came to the attention of Internal Audit during the course of its work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The overall opinion is therefore provided with the following caveats:

- The opinion does not imply that Internal Audit has reviewed all the Council's risks, controls and governance arrangements. The opinion is substantially derived from the conduct of risk-based audit assignment work and, as such, it is only one component that is taken into account when producing the Annual Governance Statement.
- No system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give absolute assurance.
- Full implementation of all agreed actions is essential if the benefits of the control improvements detailed in each audit report are to be realised.

#### 5. ISSUES RELEVANT TO THE ANNUAL GOVERNANCE STATEMENT

This Committee considered significant governance issues as part of the draft Annual Governance Statement for 2025/26 that was approved on 18 May 2026.

The Chief Audit and Control Officer has reviewed the draft Annual Governance Statement. The significant governance issues raised in the statement were considered to be appropriate. It was also found that the issues carried forward from the previous year had been addressed or were ongoing items that are in the process of being addressed.

With regard to the audits completed during the year, no actions were classed as being critical where action was considered imperative to ensure that the Council was not exposed to excessively high risks. Where a limited assurance opinion was issued, the outstanding actions from these audits are not thought to be significant to the preparation of the Annual Governance Statement.

## 6. SUMMARY OF INTERNAL AUDIT ACTIVITY

### 6.1 Performance Overview

Overall, 96% of the planned audits were complete or awaiting finalisation as at the year-end, above the 90% target. As reported to this Committee on 23 March 2026, this takes into account the deferral of three audits in to 2026/27 at the request of the relevant Assistant Director. The audit time released by such deferral was utilised to make an early start on the Internal Audit Plan for 2026/27.

During the period, 31 audit reports were issued. The reports included 29 recommendations, of which 6 were considered to be high priority. No recommendation was considered to be so 'critical' as to be exposing the Council to intolerably high risks.

A limited assurance opinion was issued in respect of the audit of Stores and Commercial Property Management. This opinion is given where Internal Audit considered that controls within the respective systems provided only limited assurance that risks material to the achievement of the system's objectives are adequately managed.

### 6.2 Internal Audit Resources

The Chief Audit and Control Officer is pleased to report that, some sickness leave aside, no vacancy periods have arisen during the financial year.

### 6.3 Special Investigations

Internal Audit completed work on the following special investigations:

- Assessments of the financial viability of potential tenants, suppliers and service providers applying to be considered for a number of tendered contracts and of potential tenants for the Council's commercial premises.
- Collation of a report regarding departmental arrangements for adequate data quality management at the request of the General Management Team.

- Collation of a report regarding departmental arrangements for adequate fraud risk management at the request of the General Management Team.
- A review of the use of audio-visual equipment within the Council at the request of the General Management Team.

#### 6.4 Corporate Counter Fraud Activity and National Fraud Initiative (NFI)

Internal Audit continues to take a prominent role in leading and co-ordinating counter fraud activities, committing approximately 40 days to counter fraud activity in 2025/26, which included work to co-ordinate and complete elements of the NFI data matching exercise.

An annual report on counter fraud activity will be presented to this Committee in September 2026 to provide Members with details of activity in 2025/26. The report will also include the outcome of a fraud risk assessment exercise, in conjunction with senior management, to inform the Fraud and Corruption Risk Register.

### 7. **QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME**

In order to facilitate the review of the effectiveness of internal control required by the Accounts and Audit Regulations 2015, it is necessary to complete a review of the effectiveness of its internal audit.

The latest review was completed as a self-assessment against 'proper practice' in relation to the Standards. The effectiveness of Internal Audit is not solely judged against the extent of compliance with the Standards since the reviews are about effectiveness and not process and other aspects provide evidence to support the review including reports on the results of completed audit assignments and any significant findings; reports setting out the Internal Audit Plan for the forthcoming year; and an annual report on the performance of Internal Audit.

Members may recall that, in addition, and as required by the Standards, the Internal Audit Service was in March 2023 subject to an External Quality Assessment (EQA) by a qualified, independent assessor from outside of the organisation. The review concluded that the Internal Audit Service at Broxtowe 'generally conforms' with the Public Sector Internal Audit Standards (the highest level of opinion available), with the service considered to be 'established' in two of the primary assessment categories and 'excelling' in the third.

**Report of the Chief Audit and Control Officer**

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| <b>Internal Audit Progress Report</b> |
|---------------------------------------|

1. Purpose of Report

To inform the Committee of the recent work completed by Internal Audit.

2. Recommendation

**The Committee is asked to NOTE the report.**

3. Detail

Under the Council's Constitution and as part of the overall corporate governance arrangements, this Committee is responsible for monitoring the performance of Internal Audit. A summary of the reports issued and progress against the agreed Internal Audit Plan is included at **Appendix 1**. A summary narrative of the work completed by Internal Audit since the previous report to this Committee is also included.

Internal Audit has also reviewed progress made by management in implementing agreed actions within six months of the completion of the respective audits. Details of this follow-up work are included at **Appendix 2**. Where agreed actions to address significant internal control weaknesses have not been implemented this may have implications for the Council. A key role of the Committee is to review the outcome of audit work and oversee the prompt implementation of agreed actions to help ensure that risks are adequately managed.

Further progress reports will be submitted to each future meeting of this Committee. A final report detailing the overall performance of Internal Audit for 2025/26 is presented to this Committee alongside this report.

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

The work of Internal Audit continues to provide crucial and independent assurance to management and Members over the key aspects of the Council's governance, risk management and internal control arrangements. The cost of Internal Audit is included within the established Finance Services budgets.

5. Legal Implications

The comments from the Monitoring Officer / Head of Legal Services were as follows:

This report already sets out the legal framework for Internal Audit to provide a summary of Internal Audit work. It addresses the statutory obligations for local audit processes. The Local Government Act 1972 and subsequent legislation sets out a duty for the Council to make arrangements for the proper administration of its financial affairs. This report also complies with the requirements of the following:

- Local Government Act 1972
- Accounts and Audit Regulations 2015
- IIA: Global Internal Audit Standards
- CIPFA: Application note: Global Internal Audit Standards in the UK Public Sector.

The provision of an Internal Audit service is integral to financial management at the Council and assists in the discharge of its duties.

6. Human Resources Implications

Not applicable.

7. Union Comments

Not applicable.

8. Climate Change Implications

No climate change implications have been identified in relation to this report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

As there is no change to policy an equality impact assessment is not required.

11. Background Papers

Nil.

## Appendix 1

## Internal Audit Reports

The following table summarises the audit assignments and similar work completed by Internal Audit since the last meeting of this Committee.

| Audit Title                                 | Report Issued                                                                                                                                                                             | Assurance Opinion    | Actions (High Priority) | Actions (Other) |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|-----------------|
| Financial Appraisal – Prospective Tenant    | 20/04/26                                                                                                                                                                                  | Advisory Report Only |                         |                 |
| Financial Appraisal – Prospective Tenant    | 19/05/26                                                                                                                                                                                  | Advisory Report Only |                         |                 |
| Shared Ownership (Housing)                  | 27/05/26                                                                                                                                                                                  | Substantial          | -                       | 1               |
| Key Reconciliations                         | 27/05/26                                                                                                                                                                                  | Substantial          | -                       | 1               |
| Financial Appraisal – Prospective Tenant    | 01/06/26                                                                                                                                                                                  | Advisory Report Only |                         |                 |
| Financial Appraisal – Prospective Guarantor | 03/06/26                                                                                                                                                                                  | Advisory Report Only |                         |                 |
| Planning Income                             | At the time of writing, it is anticipated that these audits will be completed (or substantially completed) by the date of this meeting. A verbal update will be provided at this meeting. |                      |                         |                 |
| Payroll                                     |                                                                                                                                                                                           |                      |                         |                 |
| Transport and Fleet Management              |                                                                                                                                                                                           |                      |                         |                 |
| Hickings Lane Pavillion                     |                                                                                                                                                                                           |                      |                         |                 |

## Remaining Internal Audit Plan 2026/27

| Audit Title                           | Progress          |
|---------------------------------------|-------------------|
| Housing Acquisitions                  | In progress       |
| Process Improvement Follow-Up         | In progress       |
| Commercial Property Income            | In progress       |
| Asbestos Risk Management (Housing)    | Not yet commenced |
| Benefits                              | Not yet commenced |
| Business Support (Invoicing)          | Not yet commenced |
| Community Engagement                  | Not yet commenced |
| Complaints Reporting and Responses    | Not yet commenced |
| Creditors and Purchasing              | Not yet commenced |
| Fire Risk Management (Housing)        | Not yet commenced |
| Human Resources                       | Not yet commenced |
| Leisure Centre Operations             | Not yet commenced |
| Lettings (Housing)                    | Not yet commenced |
| Licensing                             | Not yet commenced |
| NNDR (Business Rates)                 | Not yet commenced |
| Public Sector Housing Enforcement     | Not yet commenced |
| Rents (Housing)                       | Not yet commenced |
| Tenancy Records Management (Housing)  | Not yet commenced |
| Tenancy Sustainment (Housing)         | Not yet commenced |
| Treasury Management                   | Not yet commenced |
| Waste Management (Trade and Residual) | Not yet commenced |

**Completed Audits**

A report is prepared for each audit assignment and issued to the relevant senior management at the conclusion of a review that will:

- include an overall opinion on the effectiveness of the policies, procedures and other systems of control implemented by management in mitigation of the specific identified key risks relating to the area under audit. This opinion is categorised as either 'Substantial', 'Reasonable', 'Limited' or 'No' assurance;
- identify inadequately addressed risks and ineffective control processes;
- detail the actions agreed with management and the timescales for completing those actions; and
- identify issues of good practice.

Recommendations made by Internal Audit are prioritised, with the agreed actions being categorised accordingly as follows:

- High Priority – Action considered necessary to avoid unmitigated exposure to significant risks
- Medium Priority – Action considered necessary to avoid unmitigated exposure to other key risks
- Best Practice – Action recommended in order to improve existing procedures and other systems of internal control

The following audit reports have been issued with key findings as follows:

1. **Financial Appraisals** **Advisory Reports Only**

Internal Audit is frequently requested to provide financial appraisals of companies, non-incorporated businesses and other organisations as part of the Council's 'due diligence' processes prior to the commencement of any commercial or similar relationship with the organisation in question. For each appraisal, Internal Audit provides a confidential report which summarises the results of a review of information provided by the organisation, information provided by third-party organisations (such as credit-referencing agencies and the National Anti-Fraud Network) and any other publicly available information.

2. **Shared Ownership (Housing)** **Assurance Opinion – Substantial**

The primary purpose of the audit was to provide assurance over the effectiveness of the policies, procedures and other systems of control implemented by management in mitigation of the following specific identified key risks:

- Appropriate and approved policy and procedure documents may not be in place.
- Shared Ownership arrangements (with a focus on the application process) may not be administered in accordance with relevant policy and procedure.
- Sales valuations and the setting of rents and related charges may not be performed in an appropriate manner.

Internal Audit was pleased to report that no significant issues were identified in the course of this review with one recommendation relating to the retention of correspondence ('best practice') being proposed to and agreed with management.

### 3. **Key Reconciliations**

### **Assurance Opinion – Substantial**

The primary purpose of the audit was to provide assurance over the effectiveness of the policies, procedures and other systems of control implemented by management in mitigation of the following specific identified key risks:

- The Key Reconciliation processes may not be completed in a timely and accurate manner.

Internal Audit was pleased to report that no significant issues were identified in the course of this review with one recommendation relating to the reconciliation completion schedule ('best practice') being proposed to and agreed with management.

### **Current Audit Performance**

Progress on the Internal Audit Plan for 2026/27 is considered to be satisfactory. A final report on the performance of the Internal Audit Service for 2025/26 is presented to this Committee alongside this report.

## Appendix 2

**Internal Audit Follow-Up**

Internal Audit has undertaken a review of progress made by management in implementing agreed actions within six months of the completion of the audit. The table below provides a summary of the progress made with high and medium priority agreed actions for such internal audit reports issued. Those audits where all actions have previously been reported as completed have been excluded from this list.

| Audit Title                  | Report Issued | Original Assurance Opinion | Agreed Actions | Progress |
|------------------------------|---------------|----------------------------|----------------|----------|
| Payroll                      | 26/11/25      | Substantial                | 2              | Complete |
| Kimberley Depot - Compliance | 06/01/26      | Reasonable                 | 2              | Complete |
| Benefits                     | 15/01/26      | Substantial                | 1              | Complete |
| Housing Disrepair            | 15/01/26      | Substantial                | 1              | Complete |

**Report of the Interim Deputy Chief Executive**

|                                          |
|------------------------------------------|
| <b>Review of Strategic Risk Register</b> |
|------------------------------------------|

1. Purpose of Report

To approve the amendments to the Council's Strategic Risk Register and the action plans identified to mitigate risks.

2. Recommendation

**The Committee is asked to RESOLVE that the amendments to the Strategic Risk Register and the actions to mitigate risks as set out be approved.**

3. Detail

In accordance with the corporate Risk Management Strategy, the Strategic Risk Management Group met on 17 June 2026 to review the Strategic Risk Register. General Management Team (GMT) has since considered the proposals made by the Group. The objectives of the review were to:

- Identify the extent to which risks included in the register are still relevant
- Identify any new strategic risks to be included in the register
- Review action plans to mitigate risks.

A summary of the risk management process is included in **Appendix 1**. The Risk Management Strategy includes a '5x5' risk map matrix to assess both the threats and opportunities for each strategic risk in terms of both the likelihood and impact. The risk map is included to assist the understanding of the inherent and residual risk scores allocated to each strategic risk. These scores will be considered further and amended as necessary in due course.

Details of the proposed amendments to the Strategic Risk Register and actions resulting from the process are attached in **Appendix 2**. This includes a proposal to remove the risk relating to 'failure to mitigate the impact of the Government's welfare reform agenda'. In view of the progress made, and its direct impact on the Council, it is considered that this risk can now be managed operationally as part of 'business-as-usual' activity and is no longer considered a strategic risk.

Two new strategic risks have been proposed by the Strategic Risk Management Group, both led at Chief Officer level by the Interim Director of Environment and Leisure. These relate to failure to deliver weekly food waste collections in accordance with the government and public expectations; and failure to deliver the Kimberley Depot office replacement and redevelopment programme. These risks are presented to Members at **Appendix 3**.

The full Strategic Risk Register incorporating the proposed amendments is available on the intranet. An extract from the register of the entries relating to the highest rated 'red' risks are included in **Appendix 4**.

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

There are no direct financial implications that arise from this report. Any future additional budgetary requirements will be considered separately by Cabinet.

5. Legal Implications

The comments from the Head of Legal Services were as follows:

The Strategic Risk Register is the main mechanism used by the Council to identify, assess and monitor key risks. Whilst there are no direct legal implications arising from this report, it is important to assess whether the risks identified are being effectively mitigated and managed.

6. Human Resources Implications

There were no comments from the Human Resources Manager.

7. Union Comments

Not applicable.

8. Climate Change Implications

Any climate change implications are contained within the report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

As there is no change to policy an equality impact assessment is not required.

11. Background Papers

Nil.

**Appendix 1****Review of Strategic Risk Register****Introduction**

The corporate Risk Management Strategy aims to improve the effectiveness of risk management across the Council. Effective risk management will help to ensure that the Council maximises its opportunities and minimises the impact of the risks it faces, thereby improving its ability to deliver priorities, improve outcomes for residents and mitigating legal action and financial claims against the Council and subsequent damage to its reputation.

The Strategy provides a comprehensive framework and process designed to support both Members and Officers in ensuring that the Council is able to discharge its risk management responsibilities fully. The Strategy outlines the objectives and benefits of managing risk, describes the responsibilities for risk management, and provides an overview of the process that the Council has in place to manage risk successfully. The risk management process outlined within the Strategy should be used to identify and manage all risks to the Council's ability to deliver its priorities. This covers both strategic priorities, operational activities and the delivery of projects or programmes.

The Council defines risk as “the chance of something happening that may have an impact on objectives”. A risk is an event or occurrence that would prevent, obstruct or delay the Council from achieving its objectives or failing to capture business opportunities when pursuing its objectives.

**Risk Management**

Risk management involves adopting a planned and systematic approach to the identification, evaluation and control of those risks which can threaten the objectives, assets, or financial wellbeing of the Council. It is a means of minimising the costs and disruption to the Council caused by undesired events.

Risk management covers the whole range of risks and not just those associated with finance, health and safety and insurance. It can also include risks as diverse as those associated with reputation, environment, technology and breach of confidentiality amongst others. The benefits of successful risk management include:

- Improved service delivery with fewer disruptions, efficient processes and improved controls
- Improved financial performance and value for money with increased achievement of objectives, fewer losses, reduced impact and frequency of critical risks
- Improved corporate governance and compliance systems with fewer legal challenges, robust corporate governance and fewer regulatory visits
- Improved insurance management with lower frequency and value of claims, lower impact of uninsured losses and reduced premiums.

## Risk Management Process

The Council's risk management process has five key steps as outlined below.



| Process Step                                         | Description                                                                                                                                                                           |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risk Identification</b>                           | Identification of risks which could significantly impact the Council's aims and objectives – both strategic and operational.                                                          |
| <b>Risk Analysis</b>                                 | Requires consideration to the identified risks potential consequences and likelihood of occurring. Risks should be scored against the Council's risk matrix                           |
| <b>Risk Treatment</b>                                | Treat; Tolerate; Transfer; Terminate – Identify which solution is best to manage the risk (may be one or a combination of a number of treatments)                                     |
| <b>Completing the Risk Register</b>                  | Document the previous steps within the appropriate risk register. Tool for facilitating risk management discussions. Standard template to be utilised to ensure consistent reporting. |
| <b>Monitoring, reporting and reviewing the risks</b> | Review risks against agreed reporting structure to ensure they remain current and on target with what is expected or manageable.                                                      |

**Risk Matrix**

|            |                    | Risk – Threats    |           |              |           |                  |
|------------|--------------------|-------------------|-----------|--------------|-----------|------------------|
| Likelihood | Almost Certain – 5 | 5                 | 10        | 15           | 20        | 25               |
|            | Likely – 4         | 4                 | 8         | 12           | 16        | 20               |
|            | Possible – 3       | 3                 | 6         | 9            | 12        | 15               |
|            | Unlikely – 2       | 2                 | 4         | 6            | 8         | 10               |
|            | Rare – 1           | 1                 | 2         | 3            | 4         | 5                |
|            |                    | Insignificant – 1 | Minor – 2 | Moderate – 3 | Major – 4 | Catastrophic – 5 |
|            |                    | Impact            |           |              |           |                  |

| Risk Rating | Value    | Action                                                                                                           |
|-------------|----------|------------------------------------------------------------------------------------------------------------------|
| Red Risk    | 25       | Immediate action to prevent serious threat to provision and/or achievement of key services or duties             |
|             | 15 to 20 | Key risks which may potentially affect the provision of key services or duties                                   |
| Amber Risk  | 12       | Important risks which may potentially affect the provision of key services or duties                             |
|             | 8 to 10  | Monitor as necessary being less important but still could have a serious effect on the provision of key services |
|             | 5 to 6   | Monitor as necessary to ensure risk is properly managed                                                          |
| Green Risk  | 1 – 4    | No strategic action necessary                                                                                    |

## Appendix 2

**Strategic Risk Register – Summary of Proposed Changes**

Inherent Risk – Gross risk **before** controls and mitigation

Residual Risk – Risk remaining **after** application of controls and mitigating measures

| Risk                                                                                                                                                                                                    | Inherent Risk | Residual Risk                                                                                                                 | Changes                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Failure to maintain effective corporate performance management and implement change management processes</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>            | 20            | <p><b>4</b></p> <p></p> <p><b>Green</b></p>  | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk. The challenges of Local Government Reorganisation (LGR) and changes at GMT could impact on this risk.</p>                                                                                                                                                                                                                     |
| <p>2. Failure to obtain adequate resources to achieve service objectives</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>                                                  | 20            | <p><b>16</b></p> <p></p> <p><b>Red</b></p>   | <p>Ongoing challenges surrounding the local government finance means that this remains a high-rated residual risk. The action to assess the impact of the Fair Funding Review, including proposals for greater localisation of business rates and any reset in the baseline, upon the Council's finances has been completed.</p> <p>The resourcing impacts arising from transitional arrangements in the run-up to LGR continues to be monitored.</p> |
| <p>3a. Failure to deliver a Housing Repairs and Compliance Service which meets Right to Repair and Compliance legislation</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p> | 20            | <p><b>16</b></p> <p></p> <p><b>Red</b></p> | <p>A new action was added to implement the agreed establishment structure changes for the Housing Repairs and Compliance Service.</p> <p>A further new action was added to obtain legal advice to progress with 'no access' cases relating to compliance works.</p>                                                                                                                                                                                   |

| Risk                                                                                                                                                                                                                                   | Inherent Risk | Residual Risk                                                                                                              | Changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. Failure to deliver the Housing Revenue Account (HRA) Business Plan</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>worsened</b></i></p> | 25            | <p><b>12</b></p> <p><br/><b>Amber</b></p> | <p>The HRA balance has dipped below £1.0m due to rising costs over several years linked to compliance and safety, damp and mould, housing disrepair and rising borrowing costs. There was also the impact of rent income levels not being as anticipated, due to voids and several housing delivery schemes not coming on stream as expected.</p> <p>The HRA is a ring-fenced fund and must be maintained in a surplus position. A new action was added to prepare an HRA Medium-Term Financial Strategy and Business Strategy with a view to managing costs and achieving efficiencies to increase balances back above the minimum recommended level at the earliest opportunity.</p> <p>A new action was added to prepare a report to GMT to consider the impact of applying an exemption of leasehold service charges for the cost of works being undertaken relating to fire risk management programme.</p> |
| <p>4. Failure of strategic leisure initiatives</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>improved</b>.</i></p>                          | 25            | <p><b>20</b></p> <p><br/><b>Red</b></p> | <p>The action to seek Cabinet approval of the business case to progress with the replacement Bramcote Leisure Centre project onto the construction and delivery stages has been updated to progress with the construction and delivery of the new replacement Bramcote Leisure Centre project.</p> <p>The action to develop the outline proposals for a new Healthy Lifestyle Centre complex at Walker Street in Eastwood was updated to seek funding opportunities to progress with the development of the DH Lawrence Healthy Lifestyle Centre complex on Walker Street in Eastwood.</p>                                                                                                                                                                                                                                                                                                                      |

| Risk                                                                                                                                                                                                                      | Inherent Risk | Residual Risk                                                                                             | Changes                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5. Failure of Liberty Leisure (LLL) trading company</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>improved</b></i></p>      | 25            | <p>9</p>  <p>Amber</p>   | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p> <p>The company showed positive financial and operational performance in 2025/26, with new income streams from the Hickings Lane Community Pavilion further strengthening the financial outlook.</p>                                                                                         |
| <p>6. Failure to manage the Beeston town centre development</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>improved</b></i></p> | 25            | <p>9</p>  <p>Amber</p>   | <p>With The Square now being fully let, the actions to finalise lease terms with food and beverage operators for the remaining unit; and to identify suitable tenants and complete the letting of units in phase 3 of the Beeston Square development (the 'Argos block') were completed.</p>                                                                                                                            |
| <p>7. Not complying with legislation</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>                                                                                                        | 25            | <p>6</p>  <p>Amber</p> | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p>                                                                                                                                                                                                                                                                                             |
| <p>8. Failure of financial management and/or budgetary control and to implement agreed budget decisions</p> <p><i>The position with regards to this risk is <b>unchanged</b>.</i></p>                                     | 25            | <p>4</p>  <p>Green</p> | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p>                                                                                                                                                                                                                                                                                             |
| <p>9. Failure to maximise collection of income due to the Council</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>                                                                            | 20            | <p>9</p>  <p>Amber</p> | <p>The action to monitor the outcome of the government consultation on Council Tax administration had been completed. The move towards 12 monthly instalments could have an impact on cashflow.</p> <p>The action to refresh and approve the Income Collection Policy, Financial Inclusion Policy and Rent Setting Polic, as part of the three-year cycle, along with the Corporate Debt Policy has been completed.</p> |

| Risk                                                                                                                                                                                         | Inherent Risk | Residual Risk                                                                                      | Changes                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Failure of key ICT systems<br><i>The position with regards to this risk is <b>unchanged</b></i>                                                                                          | 25            | 9<br><br>Amber    | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.                                                                                                                                             |
| 11. Failure to implement Private Sector Housing Strategy in accordance with Government and Council expectations<br><i>The position with regards to this risk is <b>unchanged</b></i>         | 20            | 9<br><br>Amber    | The impact of planned changes to the Disabled Facilities Grants (DFG) funding formula continues to be monitored.<br><br>The action to review of the Private Sector Housing Enforcement Policy for presenting to Cabinet for approval in June 2026 was completed. |
| 12. Failure to engage with partners/community to implement the Broxtowe Borough Partnership Statement of Common Purpose<br><i>The position with regards to this risk is <b>unchanged</b></i> | 15            | 4<br><br>Green    | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.<br><br>The risk from LGR will be monitored.                                                                                                 |
| 13. Failure to contribute effectively to dealing with crime and disorder<br><i>The position with regards to this risk is <b>unchanged</b></i>                                                | 15            | 3<br><br>Green  | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.<br>The LGR risks including governance and reporting lines and the co-location with the Police will be monitored.                            |
| 14. Failure to provide housing in accordance with the Local Development Framework<br><i>The position with regards to this risk is <b>unchanged</b></i>                                       | 20            | 12<br><br>Amber | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.                                                                                                                                             |
| 15. Natural disaster or deliberate act, which affects major part of the Authority<br><i>The position with regards to this risk is <b>unchanged</b></i>                                       | 15            | 12<br><br>Amber | A new action was added to prepare a report to GMT to consider further training to ensure that sufficient senior managers are trained in terms of responding to a Category 1 incident.                                                                            |

| Risk                                                                                                                                                                                                                                                                                       | Inherent Risk | Residual Risk                                                                                              | Changes                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>16. Failure to mitigate the impact of the Government's welfare reform agenda</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>                                                                                                                               | 20            | <p>4</p>  <p>Green</p>    | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p> <p><b>In view of the progress made with the Government's welfare reform agenda, and its direct impact on the Council, it is considered that this specific risk can now be managed operationally as part of 'business-as-usual'. As such it is proposed to remove this risk from the Strategic Risk Register.</b></p> |
| <p>17. Failure to maximise opportunities and to recognise the risks in shared services arrangements</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>                                                                                                           | 20            | <p>9</p>  <p>Amber</p>    | <p>The action to monitor the transition and performance impact of the out-of-hours service following a change in the service provider was completed.</p> <p>The action to report annually to Cabinet on the shared surveillance camera system arrangements and out of hours' services is no longer relevant so has been deleted.</p>                                                                                                             |
| <p>18. Corporate and/or political leadership adversely impacting upon service delivery</p> <p><i>The position with regards to this risk is <b>unchanged</b></i></p>                                                                                                                        | 20            | <p>12</p>  <p>Amber</p> | <p>The action to conclude the recruitment process for a permanent Chief Executive as the statutory 'head of paid service' officer was completed.</p> <p>A new action was added to complete the transition from interim senior management arrangements to a permanent structure, including the confirmation of new directors to the permanent establishment.</p>                                                                                  |
| <p>19. High levels of sickness</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>worsened</b></i></p>                                                                                               | 16            | <p>9</p>  <p>Amber</p>  | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p>                                                                                                                                                                                                                                                                                                                      |
| <p>20. Inability to recruit and retain staff with required skills and expertise to meet increasing demands and expectations.</p> <p><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>worsened</b></i></p> | 20            | <p>9</p>  <p>Amber</p>  | <p>No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.</p> <p>There continues to be market challenges with to specialist technical and management roles. The increased risk from LGR is being monitored.</p>                                                                                                                                                                    |

| Risk                                                                                                                                                                                                                                                                | Inherent Risk | Residual Risk                                                                                             | Changes                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21. Failure to comply with duty as a service provider and employer to groups such as children, the elderly, vulnerable adults etc.<br><br><i>The position with regards to this risk is <b>unchanged</b></i>                                                         | 20            | 4<br><br><b>Green</b>    | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.<br><br>The risks posed by LGR is being monitored, with potential changes to thresholds for individuals making requests for service.                                                              |
| 22. Unauthorised access of data<br><br><i>The position with regards to this risk is <b>unchanged</b></i>                                                                                                                                                            | 20            | 12<br><br><b>Amber</b>   | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.                                                                                                                                                                                                  |
| 23. High volumes of employee or client fraud<br><br><i>The position with regards to this risk is <b>unchanged</b></i>                                                                                                                                               | 20            | 4<br><br><b>Green</b>    | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.                                                                                                                                                                                                  |
| 24. <i>Failure to achieve commitment of being carbon neutral for the Council's own operations by 2027</i><br><br><i>Although the residual risk score does not need to change, it was considered that the position with regards to this risk had <b>worsened</b></i> | 20            | 12<br><br><b>Amber</b>  | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.<br><br>Changes to the definition of 'carbon neutrality', which includes Scope 3, has significantly impacted on the opportunity for the Council to be considered carbon neutral by December 2027. |
| 25. Failure to respond to the outcomes of Local Government Reorganisation in Nottingham and Nottinghamshire<br><br><i>The position with regards to this risk is <b>unchanged</b></i>                                                                                | 25            | 20<br><br><b>Red</b>   | No significant changes were proposed to the key controls, risk indicators and action points for this strategic risk.<br><br>Government direction on the options for LGR is anticipated in July.                                                                                                                       |
| 26. Failure to deliver weekly food waste collections in accordance with the government and public expectations                                                                                                                                                      | 16            | 12<br><br><b>Amber</b> | New risk – see Appendix 3.                                                                                                                                                                                                                                                                                            |
| 27. Failure to deliver the Kimberley Depot office replacement and redevelopment programme                                                                                                                                                                           | 20            | 12<br><br><b>Amber</b> | New risk – see Appendix 3.                                                                                                                                                                                                                                                                                            |

## Appendix 3

New Risks Added**Risk 26 - Failure to deliver weekly food waste collections in accordance with the government and public expectations**

| Risk Owner(s)                                                                                          | Inherent Risk | Residual Risk |
|--------------------------------------------------------------------------------------------------------|---------------|---------------|
| Director of Environment and Leisure<br>Assistant Director Environment /<br>Waste and Recycling Manager | 16            | 12            |

**Key Controls**

- Project plan in place
- Funding and budget allocation identified
- Procurement processes in place
- Operational routes completed
- Partnership working with other Nottinghamshire Districts and Nottinghamshire County Council
- Employee modelling
- Communication Strategy
- Resident and Member Engagement
- Service Monitoring
- Compliance with relevant legislation (Environment Act/Simpler Recycling)

**Risk Indicators**

- Slippage against project milestones
- Delays in procurement for infrastructure
- Budget pressures
- Recruitment delays
- Low resident engagement
- Increase in complaints regarding the new service
- High contamination
- Poor service performance (Missed bins)

**Action Points**

1. Finalise food waste mobilisation plan.
2. Finalise procurement of food waste containers.
3. Complete food waste operational routes.
4. Develop and deliver a trial rollout of food waste in September 2026.
5. Undertake a resident survey for the trial round.
6. Review trial performance to inform wider Borough rollout.
7. Implement a communications plan to include leaflets, stickers and website information.

8. Create key performance indicators for the service and ensure clear performance monitoring and reporting.
9. Confirm employee requirements and deliver appropriate training.
10. Ensure 'O licence' for the depot and fleet covers the additional food waste vehicles ordered.
11. Strengthen governance arrangements including regular updates to Members.

## Risk 27 - Failure to deliver the Kimberley Depot office replacement and redevelopment programme

| Risk Owner(s)                                                              | Inherent Risk | Residual Risk |
|----------------------------------------------------------------------------|---------------|---------------|
| Director of Environment and Leisure<br>Assistant Director Asset Management | 20            | 12            |

### Key Controls

- Structural Surveys and feasibility studies
- Health and Safety assessments
- Project plan in place for office building replacement
- Identification of an appropriate Project Manager
- Appropriate funding identified
- Business Continuity Plans
- Stakeholder engagement (including ICT)
- Planning agreements in place
- Input from key stakeholders including the Environment Agency (site permit)
- Governance sign-off

### Risk Indicators

- Delays in securing alternative office accommodation ahead of the year-end deadline
- Slippage against key project milestones (design, approvals, procurement, construction)
- Failure to vacate the existing depot office by the required deadline
- Health and safety risks escalating within the existing building (e.g. further deterioration, restrictions on use)
- Increased reliance on temporary or unsuitable accommodation
- Delays in approval of funding or budget shortfalls
- Rising costs or affordability challenges for replacement/redevelopment
- Planning permission or regulatory approvals delayed or not secured
- Procurement delays in appointing contractors or professional advisors
- Disruption to depot operations or service delivery during transition
- Employee dissatisfaction or productivity issues due to poor working conditions
- Weak programme management, including risks and issues not being escalated or resolved
- Lack of clarity on preferred option or delays in decision-making
- LGR-related uncertainty, delays, or resource pressures

**Action Points**

1. Identify and secure suitable temporary office accommodation to ensure the depot office can be vacated by year end.
2. Develop and agree a detailed programme plan for office replacement and wider depot redevelopment, with clear milestones.
3. Complete feasibility and options appraisal for permanent office replacement and depot redevelopment.
4. Seek and secure required capital funding and approvals to progress the preferred option.
5. Appoint required project manager and contractors to design and deliver the new facility.
6. Progress planning permissions and statutory approvals in line with project timelines.
7. Implement a clear decant plan to relocate staff and maintain operations during transition.
8. Put in place business continuity arrangements to minimise disruption to depot services.
9. Monitor and manage health and safety risks in the existing building until it is vacated.
10. Establish strong project governance, with regular reporting of risks, issues and progress.

## Appendix 4

**Extract from the Strategic Risk Register – June 2026**  
**– Entries Relating to the Highest Rated ‘Red’ Risks**

**Risk 2 - Failure to obtain adequate resources to achieve service objectives**

| Risk Owner(s)                                                                | Inherent Risk | Residual Risk |
|------------------------------------------------------------------------------|---------------|---------------|
| Deputy Chief Executive (s151 Officer)<br>Assistant Director Finance Services | 20            | 16            |

**Key Controls**

- Medium Term Financial Strategy
- Business Strategy
- Economic Regeneration Strategy
- Procurement and Commissioning Strategy
- Capital Strategy and Treasury Management Strategy
- Asset Management Strategy
- Energy Procurement Strategy
- Commercial Strategy
- Land Disposals Policy

**Risk Indicators**

- Local Government Finance Settlement
- Budget gap
- Fuel and energy prices
- Fees and charges and other income levels
- Failed bids for external funding
- General economic indicators
- Interest rates
- Compliance with grant funding conditions
- Fluctuations in planning application fee income
- Cost of planning appeal decisions

**Action Points**

1. Review service objectives in response to changing resources.
2. Identify and assess external funding opportunities and ensure that accompanying targets are met.
3. Investigate and develop opportunities for shared service collaboration.
4. Monitor the impact of the collection of Business Rates on the resources available to the Council.
5. Seek the disposal of surplus assets to generate additional capital receipts.

6. Be alert to potential funding opportunities for town centre regeneration initiatives and other capital investment schemes.
7. Identify potential budget savings and maximise income generating opportunities.
8. Maximise income from commercial properties and industrial units.
9. Work collaboratively with Nottinghamshire local authorities to maximise the recovery of business rates income.
10. Produce a new Commercial Strategy that will support the Business Strategy being refreshed as part of the annual budget setting process.
11. Progress with the delivery of the Stapleford Towns Fund project.
12. Progress with the delivery of the Kimberley Mean Business project.
13. Develop a Town Investment Plan for Eastwood.
14. Complete the full recovery of the agreed tram compensation claim against Nottingham City Council.
15. Monitor the impact of inflation and the cost of living on the Council's service provision and its financial position.
16. Assess the impact of the government's food waste policies and the potential receipt of New Burdens Funding to meet the additional capital and revenues costs associated with its delivery.
17. Monitor progress made by the DWP on the migration of existing Housing Benefit cases onto Pension Credit.
18. Be mindful of budget risks arising from planning appeal decisions and to report any uplift in costs to GMT at the earliest opportunity.
19. Monitor the funding implications of the increasing scope of Domestic Homicide Reviews being completed by the Community Safety Partnership.
20. Monitor the resourcing impacts arising from transitional arrangements in the run-up to Local Government Reorganisation.

### **Risk 3a - Failure to deliver a Housing Repairs and Compliance Service which meets Right to Repair and Compliance legislation**

| <b>Risk Owner(s)</b>                                                                            | <b>Inherent Risk</b> | <b>Residual Risk</b> |
|-------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Director of Housing, Environmental Health &amp; Communities / Assistant Director Housing</b> | <b>25</b>            | <b>16</b>            |

#### **Key Controls**

- Membership of Association of Retained Council Housing (ARCH)
- Membership of Chartered Institute of Housing (CIH)
- Housing Strategy
- Housing Revenue Account (HRA) Business Plan
- Repairs Policy
- Void Management Policy
- Garage Management Policy
- Gas Servicing Policy
- Electrical Servicing Policy
- Fire Safety Policy
- Asbestos Policy
- Damp and Mould procedure
- Tenant Satisfaction Measures

#### **Risk Indicators**

- Gas Servicing compliance
- Electrical Servicing compliance
- Fire Risk Assessment compliance
- Completion of asbestos surveys
- Number of unallocated jobs
- Number of appointments made and kept
- Number of repairs completed at first visit

#### **Action Points**

1. Complete training programmes for new and existing employees.
2. Review and retender clean and clearance contract.
3. Update Lettable Standard for void properties.
4. Review access procedures and use of legal powers.
5. Monitor the position with regards to Housing Disrepair claims and to respond efficiently and effectively to claims being received.
6. Consider the outcome of the consultation on proposed new time limits for repairs and begin to implement changes to meet expectations of proposed legislation.

7. Ensure that the required Fire Risk Assessments for Council properties (including housing dwellings) are completed and to review the outcomes to ensure compliance with the respective regulations.
8. Ensure that the required Asbestos surveys are completed and to review the outcomes in order to ensure compliance with the respective regulations.
9. Monitor the effectiveness of the Recharges Policy to increase the resources available to the HRA.
10. Consider and respond to the outcomes of the Regulator for Social Housing inspection and develop and deliver on any subsequent action plans.
11. Ensure ongoing compliance with new legislation in the Social Housing (Regulation) Act 2023.
12. Implement the agreed establishment structure changes for the Housing Repairs and Compliance Service.
13. Obtain legal advice to progress with 'no access' cases relating to compliance works.

## Risk 4 - Failure of strategic leisure initiatives

| Risk Owner(s)                                                 | Inherent Risk | Residual Risk |
|---------------------------------------------------------------|---------------|---------------|
| Director of Environment and Leisure<br>Leisure Client Officer | 25            | 20            |

### Key Controls

- Leisure Facilities Strategy
- Leisure and Culture Service Specification
- Liberty Leisure Limited Business Plan
- External legal advice and support

### Risk Indicators

- Results of consultation exercises
- Progress against Business Plans
- Progress against the Capital Programme
- Events impacting upon any Joint Use Agreements
- Visitor numbers at leisure facilities
- Income at leisure facilities
- Financial viability of Liberty Leisure Limited

### Action Points

1. Determine future strategy for investment in leisure facilities.
2. Review leisure opportunities arising from major developments.
3. Utilise external legal advice and support as required.
4. Work with Chilwell School to assess leisure facilities options at Chilwell Olympia Sports Centre and report back to Cabinet.
5. Forward plan any necessary capital repair works anticipated at Bramcote Leisure Centre and to submit, consider and profile the financial impact as part of the proposed Capital Programme.
6. Establish a cross-party members group, supported by key officers in leisure, property and regeneration, to identify leisure opportunities in the north of the Borough.
7. Seek funding opportunities to progress with the development of the DH Lawrence Healthy Lifestyle Centre complex on Walker Street in Eastwood
8. Progress with the construction and delivery stages of the new replacement Bramcote Leisure Centre project.

## Risk 25 – Failure to respond to the outcomes of Local Government Reorganisation in Nottingham and Nottinghamshire

| Risk Owner(s)                           | Inherent Risk | Residual Risk |
|-----------------------------------------|---------------|---------------|
| Chief Executive /<br>All Chief Officers | 25            | 20            |

### Key Controls

- Council and Cabinet (Members)
- Leader of the Council and the Chief Executive
- LGR Management and Planning Groups
- Nottinghamshire Finance Officers Association (NFOA)
- External Consultants reports from PWC and CIPFA

### Risk Indicators

- Political acceptance or non-acceptance of the LGR option proposals
- Recent MHCLG ministerial letter outlining spending restrictions on local authorities progressing through LGR (Structural Change Order) expected next year, including requirements for approvals for capital expenditure over £1m, recruitment to senior permanent roles and limits on surplus/disposal assets
- Potential pause/slowdown in the delivery key strategic priorities, e.g. new leisure centre, affordable housebuilding, economic regeneration
- Potential challenge in recruiting to vacant senior posts – impact on service delivery and additional agency costs
- Potential to pause/slowdown of investment in ICT, thereby impacting on improvements to efficiency and output productivity.

### Action Points

1. Establishment of an internal LGR Implementation Group to plan and co-ordinate the Council's response to LGR.
2. Regular update reports provided to Members through Cabinet and Council.
3. Council LGR intranet webpages developed to continually engage with staff.
4. Staff engagement sessions planned to provide updates on LGR developments.
5. Chief Executive staff weekly briefings to includes regular updates on LGR.
6. Ensure that the Council is fully engaged and represented at a strategic level and on the various programme groups for key workstreams set up to develop the proposed LGR outcomes.

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**Report of the Monitoring Officer**

|                                   |
|-----------------------------------|
| <b>Complaints Reports 2025/26</b> |
|-----------------------------------|

1. Purpose of Report

To provide Members with a summary of complaints made against the Council.

2. Recommendation

**The Committee is asked to NOTE the report.**

3. Detail

This report outlines the performance of the Council in dealing with complaints, including, at stage 1 those managed by the service areas, at stage 2, managed by the Complaints and Compliments Officer and at stage three passed to the Local Government Ombudsman (LGO) or Housing Ombudsman (HO).

- **Appendix 1** provides a trend analysis of complaints upheld at stage 2.
- **Appendix 2** provides a summary of the Council's internal complaints statistics.
- **Appendix 3** provides a summary of the complaints investigated by the Council formally under stage two of the Council's formal complaint procedure.
- **Appendix 4** provides a summary of the complaints determined by the Ombudsman.

2025/26

Of the 552 stage 1 complaints received overall, 102 were investigated under the stage 2 complaints procedure and 12 were investigated by the LGO. Under the stage 2 complaints procedure, 57 complaints (56%) were not upheld, 42 complaints (41%) were upheld and one was withdrawn (3%).

Further details can be found in **Appendix 2 and 3**. The Ombudsman investigated 12 complaints made against the Council. Seven complaints were recorded as not upheld, resulting in no further action being required by the Council, five complaints were upheld. Further details can be found in **Appendix 4**.

Included in **Appendix 1** is a trend analysis of the stage 2 complaints received that were upheld. Particular emphasis has been placed on identifying issues and reoccurring themes where complaint are upheld. Over the course of the 2026/27, the Complaints Team will further monitor these areas by department to embed learning and improve the Council's processes and practices.

2024/25

In 2024/25, for comparative data, 429 stage 1 complaints were received overall, 81 were investigated under the stage 2 complaints procedure and seven were investigated by the LGO. Under the stage 2 complaints procedure, 39 complaints (48%) were not upheld, 41 complaints (50%) were upheld and one was withdrawn (2%).

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

The cost of compensation is charged either directly to the service or recognised in a central corporate budget. There are no additional financial implications associated with this report. Any significant additional budgets required, above virement limits, would require approval by Cabinet.

5. Legal Implications

The comments from the Head of Legal Services were as follows:

Whilst there are no direct legal implications arising from this report, it is important to note that the Council's approach to handling complaints is within the parameters of the following key pieces of legislation: Part III of the Local Government Act 1974 and Chapter 6 of the Localism Act 2011 (for Housing Services complaints).

6. Human Resources Implications

The comments from the Human Resources Manager were as follows:

Not applicable.

7. Union Comments

Not applicable.

8. Climate Change Implications

Not applicable.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

Not applicable.

11. Background Papers

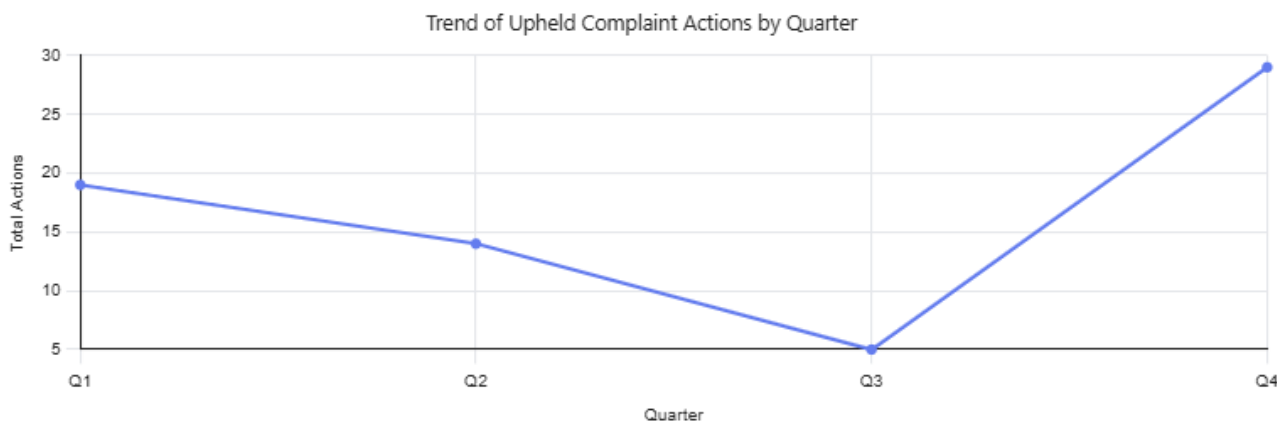
Nil.

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**Trend Analysis (Upheld Complaint Actions)**

The total number of upheld complaint actions per quarter is:

- **Quarter 1 (Q1):** 19
- **Quarter 2 (Q2):** 14
- **Quarter 3 (Q3):** 5
- **Quarter 4 (Q4):** 29

**Key Insights**

There is a steady reduction from 19 (Q1) to 5 (Q3).

This indicates short-term improvement or reduced reporting/resolution actions in early to mid-year.

However this increases to 29 in Q4.

This could reflect:

- Increased complaint volumes
- Improved identification/reporting of issues
- Seasonal pressures (e.g winter-related repairs/damp issues)

This shows a decline in upheld complaints followed by a strong rebound. It should be noted that this suggests reactive rather than sustained improvement measures.

Q1 – Q3 shows a period of corrective actions taking effect (training, reminders, process adjustments).

The increase in Q4 may suggest:

- Issues re-emerging
- Capacity/resource pressures
- More rigorous complaint review processes

**Key Pattern (across all quarters)**

The Housing Repairs Team, as highlighted above, forms the majority of complaints and upheld complaints every quarter. Other teams appear sporadically and at low volume.

| Team                | Q1        | Q2      | Q3       | Q4               | Trend                |
|---------------------|-----------|---------|----------|------------------|----------------------|
| Housing Repairs     | High      | High    | Moderate | <b>Very High</b> | Increasing long-term |
| Capital Works       | 0         | 0       | Low      | Moderate         | Emerging issue       |
| Housing Allocations | Low       | 0       | 0        | 0                | Reduced              |
| Tenancy Services    | Low       | 0       | 0        | 0                | Reduced              |
| Other teams         | Scattered | Minimal | Minimal  | Small increase   | Stable               |

The Housing Repairs Team accounts for the majority of upheld actions across all quarters, making it the primary driver of the overall trend spike in Q4.

Q3 dip reflects fewer actions overall, but not a structural shift, just reduced activity in complaints being upheld.

Q4 increase is concentrated in:

- Repairs
- Capital Works (growing contributor)

**Root Cause / Theme Analysis**

## 1. Communication Failures (Most frequent across all quarters)

- Poor updates to residents
- Lack of contact during delays
- Leaseholder communication gaps

These issues appear consistently in Q1, Q2, and heavily in Q4.

## 2. Delays and Timeliness

- Repairs not booked promptly
- Delays not escalated
- Missed timescales

These issues appear consistently in Q1, Q2, and heavily in Q4.

## 3. Process &amp; Case Management Issues

- Poor complaint escalation
- Failure to follow complaint policy
- Weak monitoring of ongoing actions

These issues appear consistently in Q1 and Q4.

#### 4. Data Quality / Record Keeping

- Inaccurate complaint responses
- Opinion-based or incorrect information recorded

This is mostly present in Q1 and Q2, less so in Q3 and Q4 (suggesting improvement).

#### 5. Pre-tenancy/Property Standards (Emerging Issue)

- Failure to check properties before letting
- Damp and mould identification gaps

This is mostly present in Q2 and Q3. This later evolves into Q4 damp/mould and survey issues.

#### 6. Follow-up & Accountability

- Monitoring repairs
- Reviewing surveys
- Ensuring completion of actions

This becomes significantly more prominent in Q4.

#### **Theme Trend Over Time**

| Theme                | Q1       | Q2       | Q3       | Q4               | Direction        |
|----------------------|----------|----------|----------|------------------|------------------|
| Communication        | High     | High     | Moderate | <b>Very High</b> | Persistent issue |
| Delays               | High     | High     | Moderate | <b>Very High</b> | Worsening        |
| Process failures     | Moderate | Low      | Low      | Moderate         | Returns in Q4    |
| Data quality         | Moderate | Moderate | Low      | Low              | Improving        |
| Property standards   | Low      | Moderate | Moderate | High             | Growing risk     |
| Follow-up/monitoring | Moderate | High     | Low      | <b>High</b>      | Re-emerging      |

Communication and delays are highlighted as the primary failure pattern

These two issues appear in most upheld complaints, especially:

- Residents are not informed of delays
- Repairs are delayed and are poorly communicated to the resident

The increase in Q4 indicates that learning is not being embedded within the appropriate Teams when complaints are upheld.

#### **Actions for 2026/27**

##### **Complaints Team (Democratic Services)**

During the course of the 2026/27, the Complaints Team will undertake the following actions to further understand and improve the issues with complaint handling within the Council:

- Review complaints by team (especially Housing Repairs Team, which forms the majority of complaints)
- Categorise themes (communication, delays, repairs, data handling)
- Compare with complaint volumes (to understand if this is rate-driven or volume-driven)
- Introduce quarterly controls to stabilise performance.

**Housing Repairs/Capital Works**

Further works have been undertaken to improve the coordination between Housing Repairs and Capital Work Teams. This work will be more achievable as the two Teams are now part of the same directorate.

An extra Housing Complaint Officer is currently being considered by Cabinet to assist the existing post with stage 1 complaints, capturing lessons learned and monitoring actions identified as part of the learning.

Having two posts will allow the Housing Department to proactively monitor follow up works identified as part of the complaints process.

A restructure of the Housing Repairs Team, including recruitment to the Housing Repairs Manager, is currently underway. The Housing Repairs Manager will have responsibility for all of the Council's Repairs Operatives to increase oversight of the works being scheduled and undertaken.

A specific Damp and Mould Team will form part of this restructure with a dedicated inspector and clear management responsibility of the Team.

Monthly meetings are taking place between the Housing Complaints Team and Democratic Services Teams to ensure compliance with Housing Ombudsman's Complaint Handling Code and to identify any emerging and resource issues.

The Housing Department are currently undertaking a refresh of the tenant complaint panel, with a new terms of reference and a dedicate membership. As part of this refresh, particular emphasis on will be placed on recommended improvements and compliance with the Housing Ombudsman's Complaint Handling Code.

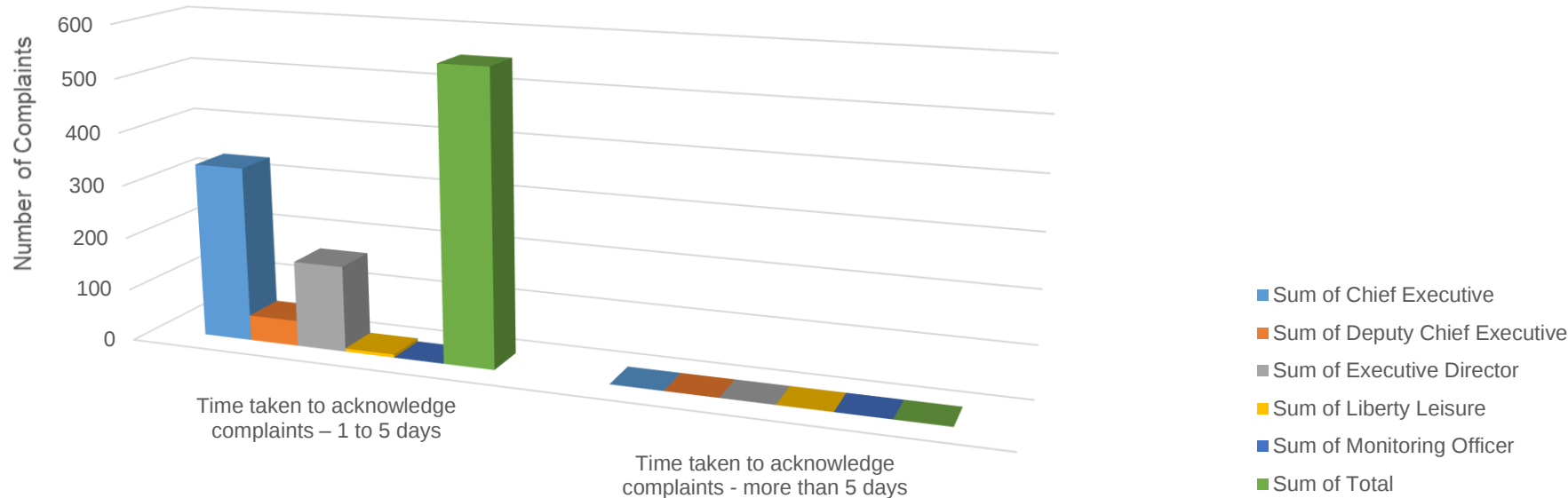
Appendix 2

Complaints received

The table below shows the figures for the overall complaints received in 2025/26 and the previous 2024/25 figures are shown in brackets for comparison.

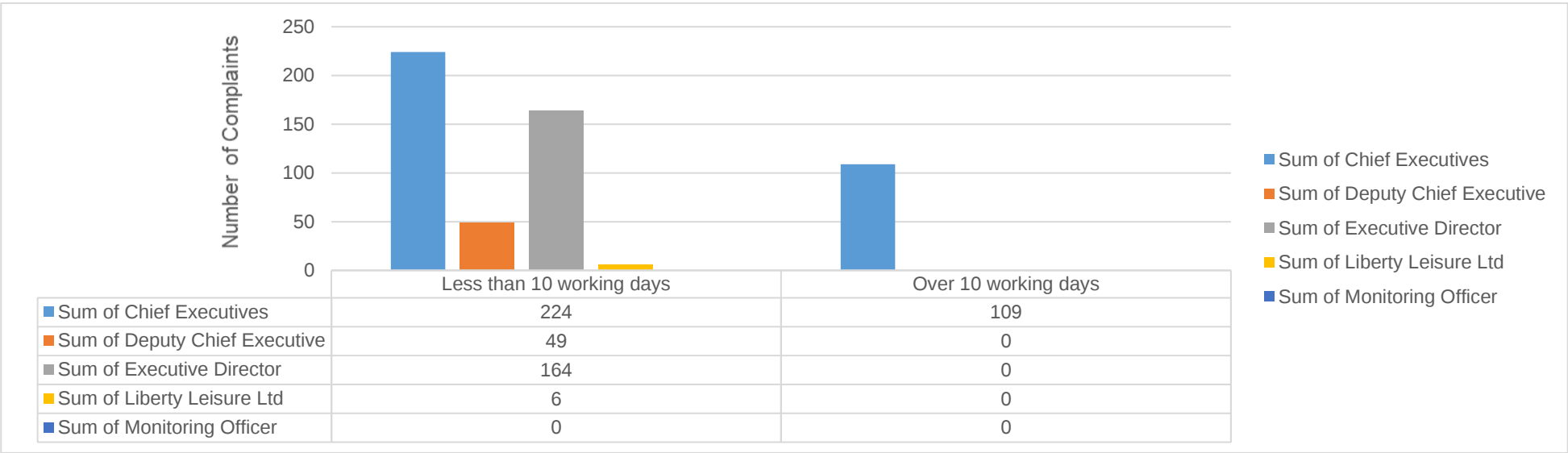
|                                               | Total        | Chief Executive | Deputy Chief Executive | Executive Director | Monitoring Officer | Liberty Leisure Ltd |
|-----------------------------------------------|--------------|-----------------|------------------------|--------------------|--------------------|---------------------|
| Number of Stage 1 complaints                  | 552<br>(429) | 333             | 49                     | 164                | 0                  | 6                   |
| No. of complaints investigated under Stage 2  | 102<br>(81)  | 85              | 7                      | 10                 | 0                  | 0                   |
| No. of complaints determined by the Ombudsman | 12<br>(7)    | 11              | 0                      | 1                  | 0                  | 0                   |

Time taken to acknowledge receipt of stage one complaints (5 working day target)



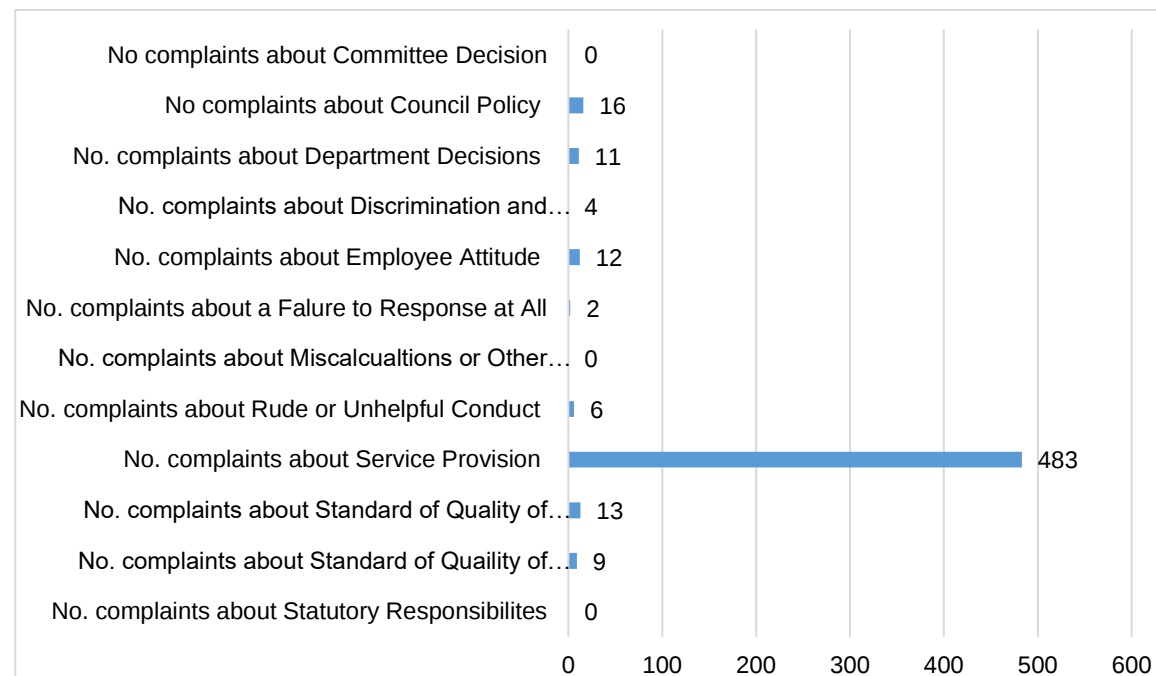
|                               | Time taken to acknowledge complaints – 1 to 5 days | Time taken to acknowledge complaints - more than 5 days |
|-------------------------------|----------------------------------------------------|---------------------------------------------------------|
| Sum of Chief Executive        | 333                                                | 0                                                       |
| Sum of Deputy Chief Executive | 49                                                 | 0                                                       |
| Sum of Executive Director     | 164                                                | 0                                                       |
| Sum of Liberty Leisure        | 6                                                  | 0                                                       |
| Sum of Monitoring Officer     | 0                                                  | 0                                                       |
| Sum of Total                  | 552                                                | 0                                                       |

Time taken to respond to stage 1 Complaints (10 working day target)

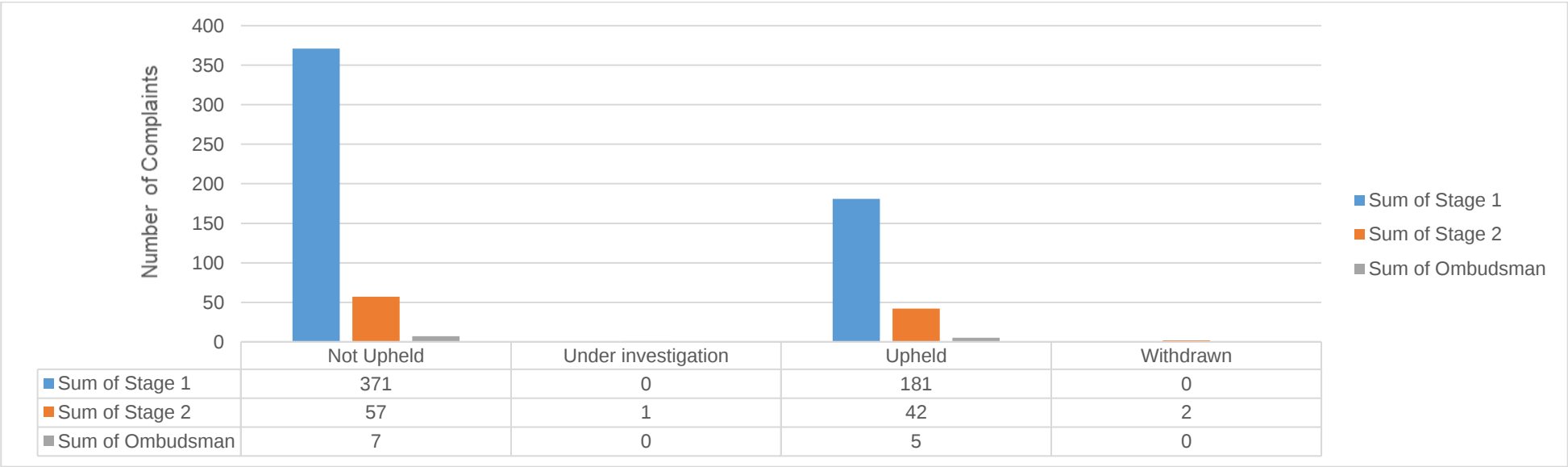


Number of complaints that were extended



**What the complaints were about**

Complaints upheld



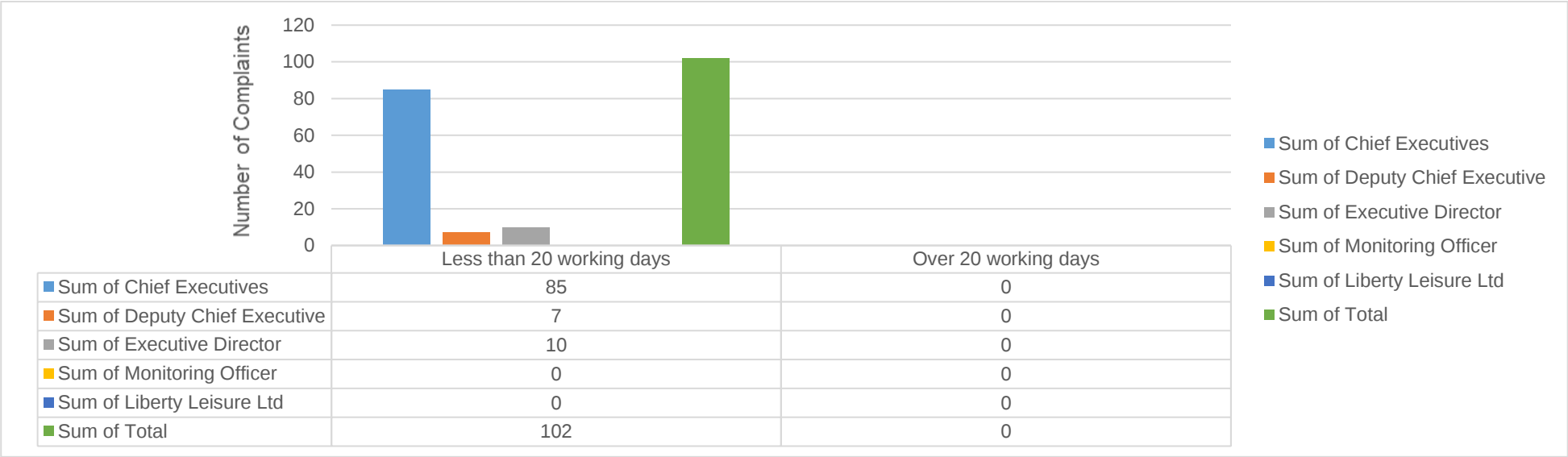
**Number of stage 2 complaints**

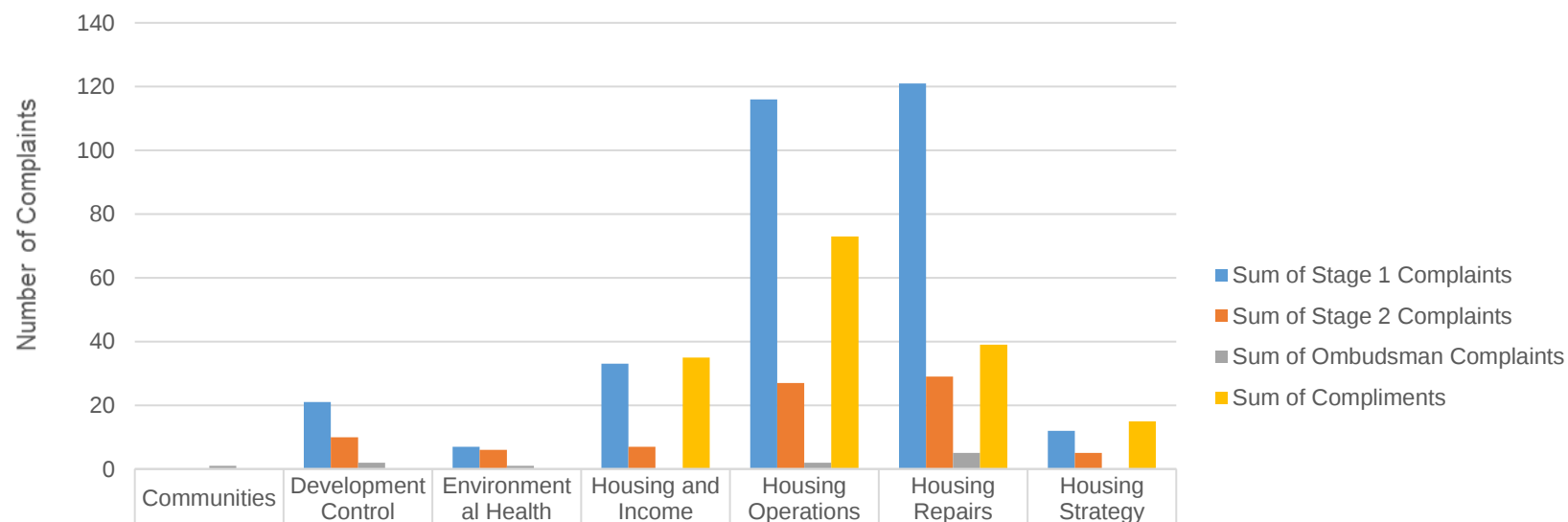
|                              | <b>Total</b> | <b>Chief Executive</b> | <b>Deputy Chief Executive</b> | <b>Executive Director</b> | <b>Monitoring Officer</b> | <b>Liberty Leisure</b> |
|------------------------------|--------------|------------------------|-------------------------------|---------------------------|---------------------------|------------------------|
| Number of Stage 2 complaints | <b>102</b>   | 85                     | 7                             | 10                        | 0                         | 0                      |

**Time taken to acknowledge to stage 2 complaints (5 working day target)**

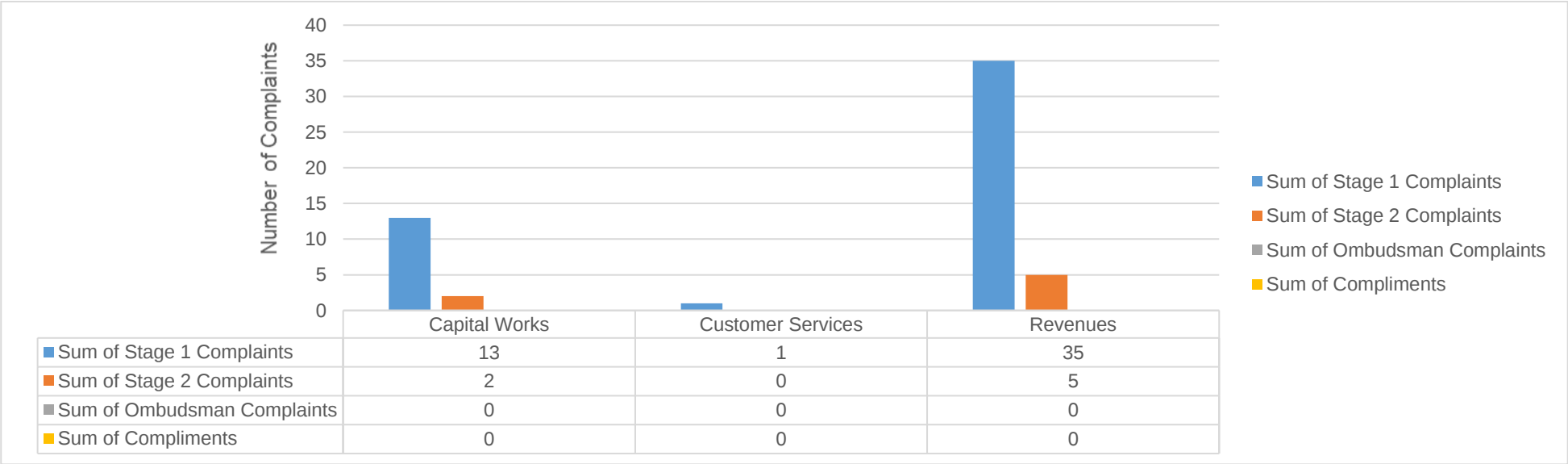
|                                    | <b>Total</b> | <b>Chief Executive</b> | <b>Deputy Chief Executive</b> | <b>Executive Director</b> | <b>Monitoring Officer</b> | <b>Liberty Leisure</b> |
|------------------------------------|--------------|------------------------|-------------------------------|---------------------------|---------------------------|------------------------|
| Acknowledged within 5 working days | <b>102</b>   | 85                     | 7                             | 10                        | 0                         | 0                      |

Time taken to respond to stage 2 complaints (20 working day target)

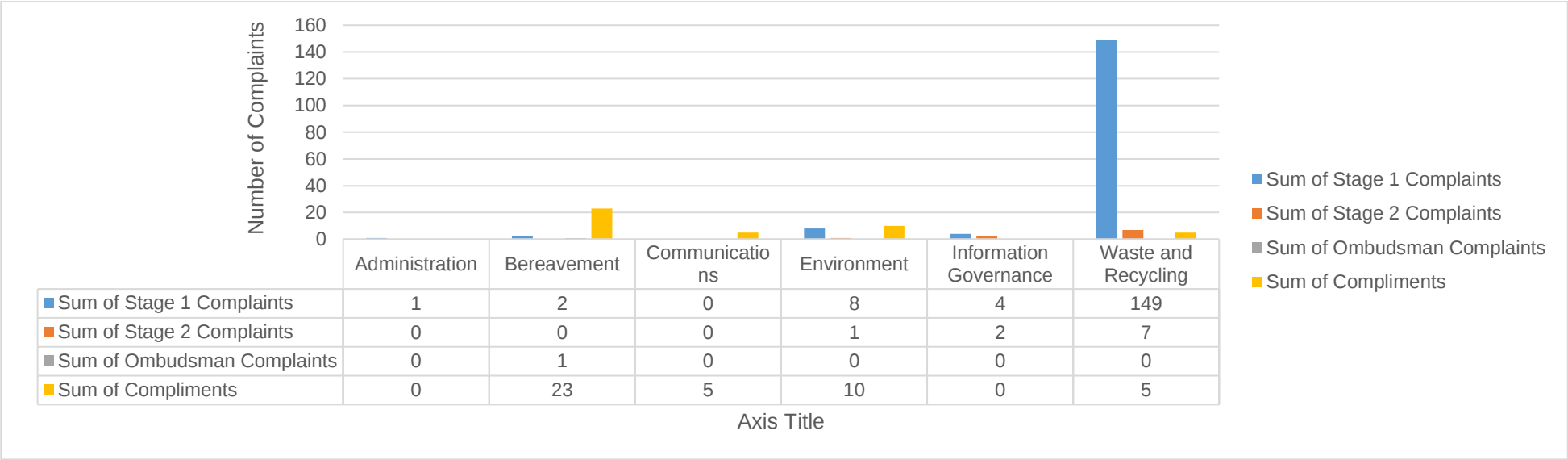


**Breakdown of Complaints and Compliments by Department and Section****Chief Executive's Department**

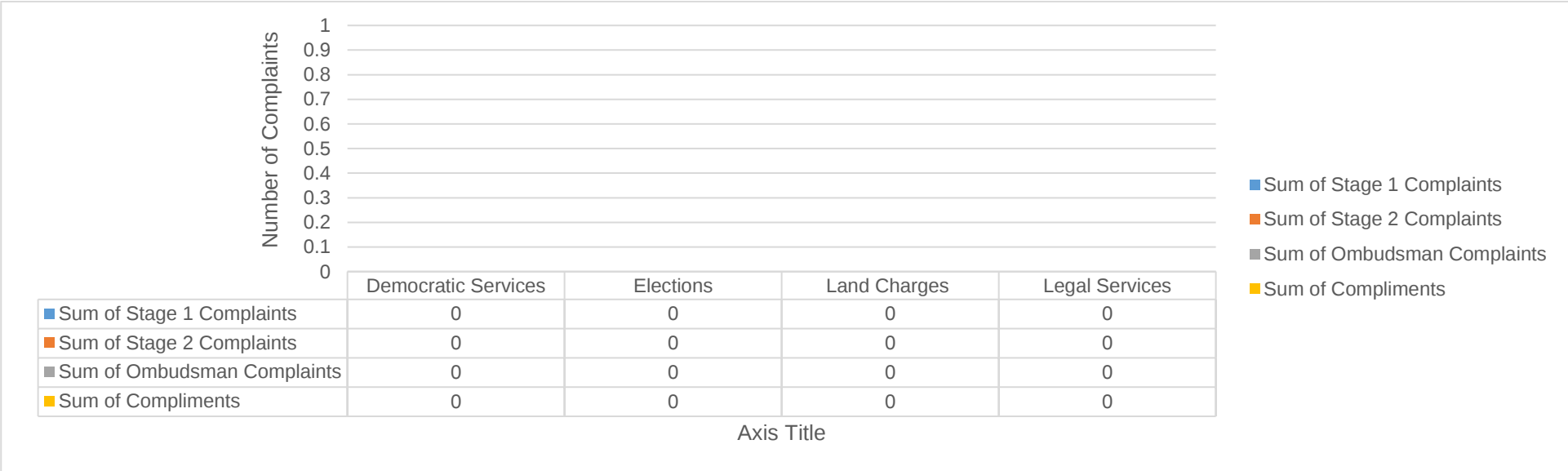
Deputy Chief Executive’s Department



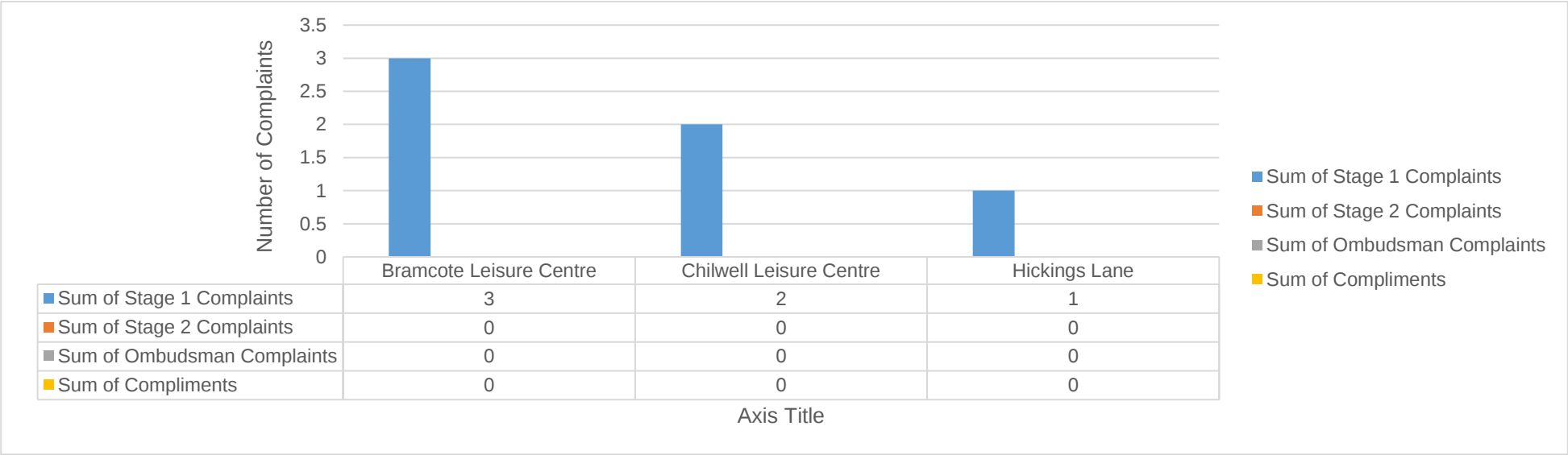
Executive Director’s Department



Monitoring Officer’s Department



Liberty Leisure Ltd



Financial Settlements

|           | Total   | Chief Execs       | Deputy Chief Execs |
|-----------|---------|-------------------|--------------------|
| Stage 1   | 66 (3)  | £24,685 (£3,100)  | 0                  |
| Stage 2   | 21 (20) | £20,800 (£22,756) | (£314)             |
| Ombudsman | 4 (5)   | £1,000 (£4,400)   | 0                  |
| TOTAL     | 91 (28) | £46,485 (£30,256) | (£314)             |

## **Stage 2 – Formal Complaints**

The complaints provided below have been summarised in order to prevent identification of individuals.

### **1. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

#### **Complaint**

The complainant contacted the Council and complained that the Planning Team were incorrectly calculating the number of Houses in Multiple Occupation in a certain area and incorrectly provided this information to the Planning Inspectorate.

#### **Council's response**

It was determined that an appropriate level of service was provided as the Planning Team have provided the necessary information to the Planning Inspectorate when required. The Planning Inspectorate had ultimately made a judgement based on their interpretation of this information.

The Planning Team correctly used the Supplementary Planning Document (SPD) to calculate Houses in Multiple Occupation (HMO) density.

#### **Assistant Director Comments**

The Planning Team had correctly assessed the number of HMOs in the area based on the SPD. This was provided to the Planning Inspectorate when required.

### **2. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

#### **Complaint**

The complainant contacted the Council and complained that the Planning Team incorrectly approved a change in a planning application under Section 73 and 96a of the Town and Country Planning Act.

#### **Council's response**

It was determined that an appropriate level of service was provided as the Planning Team had appropriately considered the revised application in line with Section 73 and 96a of the Town and Country Planning Act.

The revised application and changes to construction materials were correctly regularised by the amended applications.

The Planning Committee further reviewed this amended application and determined that it was appropriate. This was subsequently formally approved by the Committee.

Assistant Director Comments

The Planning Team had correctly assessed the application. This was ultimately approved by the Council's Planning Committee.

**3. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Planning Team had not correctly enforced a Tennis Club's operating hours.

Council's response

It was determined that an appropriate level of service was provided as the Planning Team had correctly investigated the concerns raised about the tennis club and the increased running time.

As the tennis club does not have a restrictive condition on the length of the club activities there has been no breach in planning conditions. Therefore, the Council was unable to take any further action.

Assistant Director Comments

The Planning Team had correctly assessed the operating hours of the tennis club.

**4. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Planning Team had incorrectly authorised a massage business under Class E.

Council's response

It was determined that an appropriate level of service was provided as the Planning Team had appropriately used Government Guidance in designating the massage business under Class E.

Class E allows for a premises to be changed from offering a professional service to one that offers medical or health services.

Assistant Director Comments

The Planning Team had correctly applied Government Guidance when designating the massage business.

**5. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Planning Team had not correctly investigated a breach of their right of way to their property.

Council's response

It was determined that an appropriate level of service was provided as the Planning Team had appropriately investigated the alleged breach.

The works undertaken have occurred on private land and would not require planning permission. Therefore, no further action could be undertaken.

Assistant Director Comments

The Planning Team had correctly investigated the issued. This remains a civil dispute between two private land owners.

**6. Complaint against Planning**

Response – 20 working days

**Complaint upheld**

Complaint

The complainant contacted the Council and complained regarding the erection of a fences at a neighbouring property which were considered to be a breach of planning, and the subsequent lack of any response to their emails by the Planning Enforcement Team.

Council's response

It was determined that there had been delays in communication and a lack of response being issued to the complainant regarding the planning enforcement case. Furthermore, the Council recognised that there had been a delay in the Planning Enforcement Team concluding the planning enforcement case.

The Planning Enforcement Team determined that a section of the fence was a breach of planning regulations. This section of fence was removed, at the request of the Planning Enforcement Team, and no further action is now required.

An apology was offered to the complainant.

Assistant Director Comments

It is recognised that an appropriate level of service was not provided. The Planning Team recognises the importance of good communication especially when delays are likely.

**7. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Planning Team did not provide the Planning Committee with all the relevant information to determine a planning application.

Council's response

It was determined that all the relevant information was included in the report which was subsequently reviewed by the Planning Committee.

Furthermore, the Planning Committee visited the proposed development and determined that the original plans did not protect the complainant's amenity enough. This was subsequently altered at the Planning Committee to impose a condition to erect screening to protect their privacy. This condition was approved and the screening has since been erected.

The complainant addressed the Planning Committee under the Council's public speaking to raise their concerns regarding the application.

The Planning Committee considered this information, the information provided as part of the report and site visit and determined that the application was acceptable subject to condition to erect a screen to protect their privacy.

Assistant Director Comments

The Planning Team had correctly including all the relevant information in the reports.

**8. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Planning Enforcement Team had not correctly undertaken enforcement against a takeaway sign.

**Council's response**

It was determined that the Planning Enforcement Team had correctly assessed the signage at the takeaway restaurant.

The Planning Enforcement Team and Planning management had determined that the signage was not expedient to pursue the matter further.

There was no information to suggest that this decision had been undertaken incorrectly.

**Assistant Director Comments**

The correct decision was undertaken not pursue the matter further as the likely outcome would not be favourable.

**9. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Planning Team did not consider the loss of neighbour amenity when determining a planning application.

**Council's response**

It was determined that the Planning Team had correctly assessed the application and the potential loss of neighbour amenity.

It was determined that there was minimal impact on neighbour amenity to justify conditions that required the side windows to be obscurely glazed.

However, the Council recognises that the submitted and approved plans, while not specifically annotated, showed the side windows drawn with the same effect as the obscurely glazed bathroom window.

While the plans showed the side windows to be drawn with the same effect as the bathroom window there was no obligation for these windows to be obscurely glazed.

**Assistant Director Comments**

The Planning Team had correctly assessed the application.

**10. Complaint against Planning**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that enforcement action has not been taken against a bin store.

**Council's response**

It was determined that the Planning Enforcement Team had acted correctly in assessing the developments at the front of the complainant's property.

It has been determined that the development had been in place for four years and had since become immune to enforcement action.

**Assistant Director Comments**

The Planning Enforcement Team correctly assessed the development in line with Planning Legislation.

**Housing Repairs**

**1. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**

**Complaint**

The complainant contacted the Council and complained that the Housing Repairs Team did not correctly notify them, as a leaseholder, of the works that were required to a block of flats and that access was required to their garden. Additionally, the complainant's complaint was not escalated correctly by the Housing Repairs Team.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not inform the complainant of the necessity to access their garden to complete works for a Council Tenant.

The Housing Repairs Contractor entered the garden, without permission or notification, to install a drain on the communal land to prevent a damp issue at a Council property. The Housing Repairs Team did not comply with Clause 3 (g) of the complainant's leasehold to provide them with three days' notice before the works were undertaken.

The Council also recognises that the complainant's stage 2 complaint request was not correctly progressed by the Housing Repairs Team. Due to an administrative error, the complaint was not correctly passed to the Complaint Team which resulted in a 6-month delay in the complaint being escalated.

An apology and £500 compensation was offered and accepted.

#### Assistant Director Comments

It is recognised that the Housing Repairs Team did not correctly comply with the clauses of the Leaseholders lease. Furthermore, the Housing Repairs Team did not escalate the complainant's complaint correctly.

#### Complaint Team Recommendations/actions

- The Housing Repairs Team has been reminded of their responsibility to notify Leaseholders as per the Clauses set out in their leases.
- The Housing Repairs Team has been reminded of their responsibility to affectively communicate with Leaseholders where access and works are required.
- The Housing Repairs Team has been reminded of the importance of escalating complaints in a timely manner and to avoid delays in line with the Complaints Policy and Complaint Code.

## **2. Complaint against Housing Repairs**

Response – 20 working days

**Complaint not upheld**

#### Complaint

The complainant contacted the Council and complained that the Housing Repairs Team have not dealt with a damp and mould issue which had left them unable to reside at their property.

#### Council's response

It was determined that an appropriate level of service was provided as the Housing Repairs Team had appropriately provided remedies to the issues identified relating to the damp and mould during previous complaint investigations.

Furthermore, there was no evidence that suggested that the complainant had been unable to live at their property. While works had been undertaken at the property, these works did not require the complainant to move out.

#### Assistant Director Comments

All works to remove the damp and mould had been completed. There has been no further reports of this returning and no evidence that suggested that they were unable to live at the property.

### **3. Complaint against Housing Repairs**

Response – 20 working days

#### **Complaint upheld**

##### Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not deal with a damp and mould issue at their property, which included repairing the loft space.

##### Council's response

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not proactively monitor the requirement for the loft works to be rescheduled.

Furthermore, the Housing Repairs Team used incorrect information in the response of the stage 1 complaint by stating that delays occurred in the damp inspection due to access issues.

The Council records highlight that the works to remove the damp and mould from the bathroom have been undertaken in a timely manner.

The Council had appropriately removed the mould from the complainant's bathroom when reported. When it was indicated that this had returned, a full damp inspection was performed by the Council's specialist damp and mould contract. It had been reported that condensation is causing the mould to grow in your bathroom.

The Housing Repairs appropriately inspected the roof and undertook the necessary repairs. However, they were unable to check the loft space as recommended by the specialist damp and mould contractor as the complainant had to leave the property.

A additional inspection was not booked by the Housing Repairs Team which caused delays. The remaining works were booked and undertaken by the Housing Repairs Team.

An apology and £250 compensation was offered and accepted.

##### Assistant Director Comments

The Council recognises the inconvenience caused by not correctly monitoring the necessity to rebook the loft works.

##### Complaint Team Recommendations/actions

- The Housing Repairs Team has been reminded of their responsibility to proactively book repairs that cannot be completed on the same day and to monitor these actions until their completion.
- The Housing Repairs Team has been reminded of their responsibility to ensure that they are using accurate information when compiling complaint responses.

#### **4. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**

##### Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not deal with an issue of water hammer in timely manner.

##### Council's response

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not proactively book an inspection to review the water hammer when this was registered as part of the stage 1 complaint.

Furthermore, the Council's record keeping has been substandard as there is an instance in which the records do not indicate that an inspection took place.

An apology and £750 compensation was offered and accepted. All further works to the water hammer were booked and undertaken.

##### Assistant Director Comments

The Council recognises the inconvenience caused by not correctly monitoring the necessity to review the water hammer.

##### Complaint Team Recommendations/actions

The Housing Repairs Team has been reminded of their responsibility to resolve repairs in the first visit. Where this cannot be undertaken, the Housing Repairs Team have been reminded of their responsibility to proactively book and track the repairs until their completion.

#### **5. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**

##### Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not deal with an issue of damp and mould at their property by removing their loft vents. Additionally, a damp survey was undertaken at the property but the results were not shared with the complainant.

##### Council's response

It was determined that an appropriate level of service was not provided as the Housing Repairs Team had not recorded the reason for the complainant's loft vents being removed in the first instance.

As these vents had been removed, this may have been affecting the damp and mould at the property. These vents were correctly reinstalled. Furthermore, the Council recognises that by not providing the complainant with the outcomes of the damp surveys the complainant was unable to make an informed decision regarding the condensation at the property and how to treat this.

An apology and £2,000 compensation was offered and accepted.

#### Assistant Director Comments

The Council recognises the inconvenience caused by not sharing the results of the damp surveys and not recording the reasoning for initially removing the vents at the property.

#### Complaint Team Recommendations/actions

The Housing Repairs Team has been reminded of their responsibility to provide individuals with the outcome of damp surveys to ensure that they are fully informed of issues identified. This would allow individuals to make informed decisions on how damp and mould can be maintained.

### **6. Complaint against Housing Repairs**

Response – 20 working days

#### **Complaint upheld**

#### Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not deal with a faulty hot water system in timely manner.

#### Council's response

It was determined that an appropriate level of service was not provided as there had been protracted delays in Housing Repairs Team repairing the issue with the heating and hot water.

While works had been undertaken to the heating and hot water, these works had failed, and the operatives did not fully repair the issue for a 3-month period. Furthermore, the Housing Repairs Team did not proactively book or monitor the works required to the heating and hot water which further exacerbated the delays in the full repair being undertaken.

The Council recognises that by not repairing the issues in the first instance, this caused significant delays in the heating and hot water working correctly.

An apology and £1,500 compensation was offered and accepted.

#### Assistant Director Comments

The Council recognises the inconvenience caused by not repairing the hot water system in the first instance.

Complaint Team Recommendations/actions

- The Housing Repairs Team has been reminded of their responsibility to:
- Resolve repairs in the first visit. Where this cannot be undertaken, the Housing Repairs Team have been reminded of their responsibility to proactively book and track the repairs until their completion.
- Ensure that works are booked in a timely manner to ensure that these are completed promptly.

**7. Complaint against Housing Repairs**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not repair the window locks at their property in a timely manner.

Council's response

This complaint could not be investigated as the complainant had an active disrepair claim open regarding the same issue. The Council's Complaints Policy states:

"A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated, and these circumstances must be fair and reasonable to residents. Acceptable exclusions include:

- The issue giving rise to the complaint occurred over twelve months ago.
- Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court.
- Matters that have previously been considered under the complaints policy."

Assistant Director Comments

N/A

**8. Complaint against Housing Repairs**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not deal with a returning leak in timely manner.

Council's response

It was determined that an appropriate level of service was provided as the Housing Repairs Team had attended the complainant's property and neighbour's property in a timely manner to repair the leaks.

There was no evidence to suggest that the Housing Repairs Team had acted inappropriately when responding to the leaks. The leaks had been repaired on the same day or the following day of reporting and remedial works had been undertaken in a timely manner.

While the Council had taken action to work with the tenant regarding the leaks and the issues had been referred to the relevant safeguarding teams, the Council were unable to provide the exact works or outcomes of these actions due to data protection with the complainant.

Assistant Director Comments

The Housing Repairs Team act promptly when the repairs were reported. Additional support was being provided to the tenant and their property where the leaks occurred.

**9. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**Complaint

The complainant contacted the Council and complained that the Housing Repairs Team did not deal with an issue of damp and mould at their property correctly. Furthermore, the decant property offered to them while the damp works were undertaken was not appropriate.

Council's response

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not offer the complainant an appropriate decant property.

Furthermore, the Housing Repairs Team only offered one option for the decant property despite it not being suitable for the complainant's needs and no further action was taken. This caused the complainant to obtain an alternative arrangement.

The Council recognised that the issue of damp and mould has been persisting at the property for a number of years and it had taken an extended time to resolve this.

While works had been undertaken, follow up actions were required to fully resolve the issues.

An apology and £2,500 compensation was offered and accepted.

**Assistant Director Comments**

The Council recognises the inconvenience caused by not offering an appropriate decant property in the first instance. Furthermore, the damp and mould issue should not have been delayed in its repair.

**Complaint Team Recommendations/actions**

The Housing Repairs Team has been reminded of their responsibility to offer appropriate temporary accommodation in the first instance. Where this cannot be met, the Housing Repairs Team have been reminded to proactively look for alternative arrangements.

**10. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that the Housing Repairs Team escalated their gas safety checks to the Legal Department following several access issues.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Teams did not correctly explain the legal letter that was issued to the complainant due to requiring access to their property to ensure it was compliant with gas safety.

While the Council were obligated to issue the letter to ensure that the property was compliant with gas safety, the process and the legal letter could have been explained more clearly by the Housing Repairs Team.

An apology was offered.

**Assistant Director Comments**

The Council recognises the inconvenience caused by correctly explaining the legal process and the distress this may have caused.

**Complaint Team Recommendations/actions**

N/A

**11. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that an issue of damp and mould had not been rectified at their property.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not correctly schedule a damp survey with a specialist contractor in a timely manner.

While the Housing Repairs Team had inspected the property and the damp, by not booking a survey with the specialist damp contractor this further extended the period in which the complainant had reside in the property with a damp issue.

Furthermore, the Housing Repairs Team incorrectly booked a treatment for the damp that would not tackle the root cause of this problem.

The correct survey was booked and the works were undertaken to remove the damp and mould from the property.

An apology and £2,000 compensation was offered and accepted.

**Assistant Director Comments**

The Council recognises the inconvenience caused by not correctly booking the works to remove the damp and mould at the property.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team has been reminded of their responsibility to effectively communicate with individuals.
- The Housing Repairs Team has been reminded of their responsibility to correctly identify and book works, especially where specialist contractor involvement is required, in a timely manner.
- The Housing Repairs Team has been reminded of the necessity to identify any damp issue before the commencement of an individual's tenancy.

**12. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that they were not notified of works to the communal lighting that caused them disruption.

Council's response

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not notify the complainant of the works to replace the communal lighting at the Whiteley Close flats.

The responsibility of informing residents of the need to replace this lighting was passed to the contractor. However, the Housing Repairs Team did not monitor this communication and subsequently the complainant was not informed of the works taking place.

An apology and £250 compensation was offered and accepted.

Assistant Director Comments

The Council recognises the inconvenience caused by not communicating with resident correctly.

Complaint Team Recommendations/actions

- The Housing Repairs Team have been reminded of their responsibility to notify Leaseholders as per the clauses set out in their leases.
- The Housing Repairs Team have been reminded of their responsibility to effectively communicate with Leaseholders where access and works are required.
- The Housing Repairs Team have been instructed to continue to review their communication methods in order to ensure that this service improves.

**13. Complaint against Housing Repairs**

Response – 20 working days

**Withdrawn**

Complaint

The complainant contacted the Council and complained that an issue of damp and mould had not been rectified at their property.

Council's response

This complaint was withdrawn during the course of the investigation.

**14. Complaint against Housing Repairs**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that an issue of a crack at the their property had not been correctly investigated.

Council's response

It was determined that an appropriate level of service was provided as the Housing Repairs Team had promptly investigated the issue of cracking at the complainant's home.

The Housing Repairs Team had attended the property and reviewed the cracks. These cracks were cross-referenced with the previous inspection and it was noted that they had not gotten any worse.

Assistant Director Comments

The correct actions were undertaken to review the cracks. The property remains structurally sound and no further action is required.

**15. Complaint against Housing Repairs**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that their property was in a state of disrepair when let.

Council's response

It was determined that an appropriate level of service was provided the Housing Repairs Team has appropriately actioned the cleaning and repairs to the property.

The Housing Repairs Team had completed all major works and cleaning of the property before it was let to the complainant.

The Council's records show that the cleaning was completed to a satisfactory standard.

Furthermore, additional works were identified during the viewing of the property were completed in a timely manner following the signing of the tenancy. The Council's records indicate that the complainant agreed that these works would be completed once they had signed the tenancy and moved into the property. The works were subsequently completed in a timely manner following the signing of the tenancy.

Assistant Director Comments

All works were completed in a timely manner and to an acceptable standard.

**16. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that the Housing Repairs did not repair a sewage leak in a timely manner.

**Council's response**

It was determined that while the Housing Repairs Team had acknowledged the complaint in the correct timeframe, the response exceeded the 10 working day timeframe.

It was noted that as part of the stage 1 complaint, the complainant was offered £250 compensation in recognition of the delays in the complaint response being issued.

There was no evidence to suggest that the Housing Repairs Team acted inappropriately when dealing with the drain blockage.

The Housing Repairs Team attended and cleared the blockage on the same day it was reported. It had been identified that the blockage was the responsibility of Severn Trent by two external contractors. However, the works were completed by the Housing Repairs Team despite this.

The Housing Repairs Team acted appropriately to clear the blockage, cleaned the complainant's property and offer them alternative accommodation while the works were undertaken.

The £250 compensation was re-offered and accepted.

**Assistant Director Comments**

The Council recognises the inconvenience caused by not responding to the complaint in a timely manner.

All works were correctly undertaken to remove the blockage and leak.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team has been reminded of their responsibility to effectively communicate with individuals where complaints are delayed.
- The Housing Repairs Team has been reminded to their responsibility to effectively deal with complaints within the correct timeframes.

**17. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**

Complaint

The complainant contacted the Council and complained that their property was let to them in a poor standard.

Council's response

It was determined that an appropriate level of service was not provided as the property was let in a sub-standard condition.

While works were completed before the property was let, the works were not completed to an acceptable standard.

This resulted in the property having several outstanding repairs and substandard decorating.

The works to repair the property and bring it up to standard have since been completed.

An apology and £500 compensation was offered and accepted.

Assistant Director Comments

The Council recognises the inconvenience caused by letting the property in a poor standard. All subsequent works have since been completed to a satisfactory standard.

Complaint Team Recommendations/actions

- The Housing Repairs Team has been reminded to appropriately review properties before they let.
- The Housing Repairs Team has been reminded to book and complete all necessary works before the properties are let.

**18. Complaint against Housing Repairs**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that an issue of damp and mould had not been rectified at their property.

Council's response

It was determined that an appropriate level of service was provided as the Housing Repairs Team correctly removed the damp and mould when reported.

The Council recognises that delays occurred in the damp and mould being identified at the property in 2023. This issue had previously been concluded and compensation was awarded at this stage.

The current damp and mould issues the complainant was encountering was caused by condensation at the property. This had been identified by two separate specialist contractors.

As part of the complainant's disrepair claim, the contractor identified that the damp and mould was caused by condensation. This was identified as the Council as being not liable for this issue.

All works relating to the damp and mould had been undertaken promptly. However, access could not be gained to the property to complete a mould wash.

Following further reports of damp and mould, the Council arranged for a contractor to review the issues at the property.

It was identified that an internal wall required a damp proof course. However, this works is not linked to the condensation at the property due to the location of the wall and areas that are affected by the condensation.

The work to install a damp proof course has not been scheduled at the complainant's request as they requested the works to be completed after the holiday period.

#### Assistant Director Comments

The Housing Repairs Team take all reports of damp and mould seriously. All works were completed in a timely manner when reported and have been reviewed by specialist contractors.

### **19. Complaint against Housing Repairs/Capital Works**

Response – 20 working days

#### **Complaint upheld**

#### Complaint

The complainant contacted the Council and complained that an issue of a crack at the their property had not been correctly investigated.

#### Council's response

It was determined that an appropriate level of service was not provided as the Council had failed to undertake a survey at the property to review any potential structural issues.

While this work was passed to the appropriate Department within the Council, due to an oversight, this survey had not taken place.

The survey was booked and subsequently undertaken.

An apology and £250 compensation was offered and accepted.

Assistant Director Comments

It is recognised that distress has been caused by the survey not being booked correctly. This was subsequently prioritised and regular communication is being issued to the complainant.

Complaint Team Recommendations/actions

The Capital Works Team have been reminded to book works in an appropriate timeframe. Where these cannot met, the Capital Works Team have been reminded to communicate with residents to ensure that delays are fully explained.

**20. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**Complaint

The complainant contacted the Council and complained that an issue of a sink leak causing damage to their flooring was not correctly handled.

Council's response

It was determined that an appropriate level of service was not provided as the repairs to kitchen plinths following the leak was not undertaken correctly.

As the plinths were not repaired correctly in the first instance this delayed the overall repair.

An apology was offered for this issue.

The Housing Repairs Team attended the leak in a timely manner and repairs were undertaken on the same day.

There was no information to suggest that the Council has acted inappropriately when repairing the leak. It was understood that this leak may have occurred for a period of time in which the flooring had been damaged.

As the Housing Repairs Team were unaware of the leak, repairs could not be undertaken to prevent further damage to the flooring until it was reported.

Furthermore, the flooring is none standard and would not be repaired by the Housing Repairs Team.

The complainant was advised to make an insurance claim either through their own insurer or the Council's.

**Assistant Director Comments**

It is recognised that the distress has been caused by not repairing the plinths correctly in the first instance. However, the leak was repaired on the same day when reported.

**21. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that a vermin issue had not been correctly dealt with.

**Council's response**

It was determined that an appropriate level of service was not provided as the repairs to the roof to stop the ingress of vermin was not undertaken correctly.

The Housing Repairs Team had delayed the erection of scaffolding at the property to complete the works to prevent vermin entering the loft space.

The scaffolding erection was delayed by 12 months

Furthermore, by delaying this work, the Council recognises that the preventative measures originally undertaken were not effective.

An apology and £500 compensation was offered and accepted.

**Assistant Director Comments**

The Council recognises that this delay is unacceptable and caused significant distress.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team have been reminded for the necessity to complete works in a timely manner.
- Where delays are expected, the Housing Repairs Team have been reminded to contact individuals and informed them of these delays.

**22. Complaint against Housing Repairs/Capital Works**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that the Housing Repairs/Capital Works Team delayed a survey at the property to determine the source of damp and mould.

**Council's response**

It was determined that the Council's communication with the complainant had been poor and there had been delays in surveys being booked and an incorrect survey was undertaken.

The Council recognised that an agreed date for communication had not been met.

Furthermore, the Council recognised that the initial survey booked by the Capital Works Team was not correct.

Furthermore, by not booking the correct survey in the first instance this had delayed the conclusion of any potential issues at the property.

An apology and £250 compensation was offered.

**Assistant Director Comments**

The Council recognises the inconvenience caused by delaying the survey to the property.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team and Capital Works Team have been reminded of the necessity to communicate effectively with individuals.
- Where delays are expected, the Housing Repairs Team and Capital Works Team have been instructed to contact individuals to notify of them of any delays and remain in regular contact until a conclusion is reached.

**23. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld**

**Complaint**

The complainant contacted the Council and complained that the Out of Hours service was unavailable during an emergency loss of power.

**Council's response**

It was determined that an appropriate level of service was not provided as the Out of Hours Services was unavailable when the complainant experienced the loss of power at their home.

The Council recognised that this caused distress and inconvenience, especially due to complainant's vulnerabilities.

This matter had been raised with the Out of Hours service provider to review call handling arrangements during this period and to seek assurance that appropriate staffing and escalation arrangements are in place.

However, the loss of power was resolved by the Housing Repairs Team on the same day.

The Housing Repairs Operative that attended the property restored the power and confirmed that the electrics were safe to use.

#### Assistant Director Comments

The Council recognises the inconvenience caused by the Out of Hours Service being unavailable. Reviews are currently being undertaken in to this service.

### **24. Complaint against Housing Repairs/Capital Works**

Response – 20 working days

#### **Complaint upheld**

#### Complaint

The complainant contacted the Council and complained that an issue of damp and mould had not been rectified at their property.

#### Council's response

It was determined that an appropriate level of service was not provided as the Housing Repairs Team/Capital Works Team delayed the inspections and works to the property to remove the damp and mould.

While the Housing Repairs Team undertook several inspections and mould washes, the Council's records indicate that several of the works to remove the damp and mould were not undertaken.

Furthermore, by not correctly undertaking the appropriate works, opportunities were missed to determine the root cause of the damp and mould.

Additionally, the Council failed to undertake the appropriate works to repair a leak at the property, which may have contributed to the damp and mould.

The Council had since identified that there are structural issues at the property and major works are required. These are currently being undertaken and monitored by the Council's Capital Works Team.

The Council recognised that further efforts should have been undertaken to determine the root cause of the issues at the property sooner. As this had not been undertaken, there had been a protracted delay in the repair of the property.

An apology and £4,500 compensation was offered.

#### Assistant Director Comments

The Council recognises the inconvenience caused by delaying the survey to the property.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team have been reminded of the necessity to communicate effectively with individuals.
- Where delays are expected, the Housing Repairs Team been instructed to contact individuals to notify of them of any delays and remain in regular contact until a conclusion is reached.
- The Housing Repairs Team has been reminded of their responsibility to appropriately book damp and mould surveys.
- Where these surveys have been booked, the Housing Repairs Team have been instructed to review these thoroughly to determine if they are fit for purpose.

**25. Complaint against Housing Repairs/Capital Works**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that an issue of damp and mould had not been rectified at their property.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Team delayed the inspections and works to the property to remove the damp and mould.

While the Housing Repairs Team undertook several inspections and mould washes, opportunities were missed to undertake a full survey at the property to determine the root cause of the damp and mould.

Furthermore, the Housing Repairs Team did not correctly book a full inspection of the property, at the complainant's request on 20 November 2025, due to an administrative error. This further delayed the works being undertaken to the property to remove the damp and mould.

Additionally, the initial inspection undertaken by the Council's contractor, Baggaley and Jenkins, was deemed that it was not sufficient enough to determine the root cause of the damp and mould at the property.

A follow up survey was undertaken and further works were identified.

An apology and £3,000 compensation was offered.

**Assistant Director Comments**

The Council recognises the inconvenience caused by delaying the survey to the property.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team have been reminded of the necessity to communicate effectively with individuals.
- Where delays are expected, the Housing Repairs Team been instructed to contact individuals to notify of them of any delays and remain in regular contact until a conclusion is reached.
- The Housing Repairs Team has been reminded of their responsibility to appropriately book damp and mould surveys.
- Where these surveys have been booked, the Housing Repairs Team have been instructed to review these thoroughly to determine if they are fit for purpose.

**26. Complaint against Housing Repairs**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that an issue of rodents entering the property was not dealt with effectively.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Team did not correctly follow up the blocking of the entry points at the property in the first instance that resulted in a delay in the pest issue being resolved.

While the Housing Repairs Team correctly undertook the initial works through a contractor to remove the pest issue at the property in January 2026, the follow up works to block the entry points was not scheduled.

The Housing Repairs Team were initially unable to undertake the works to block the entry points until the results of the asbestos survey were received and the pest control treatment was completed. However, this survey was undertaken as a urgent priority and was received a week after the reporting of the pests at the property.

Despite this, the Housing Repairs Team had failed to book the blocking of the entry points at the property until complainant had reported that the initial pest control treatment had failed and further treatments were required in March 2026.

An apology and £500 compensation was offered.

**Assistant Director Comments**

The Council recognises the inconvenience caused by delaying the follow up works and not proactively monitoring this.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team have been reminded of the necessity to proactively monitor and book follow up repairs in a timely manner.

- A review of the procedure of pest control has been undertaken. It has been emphasised that the follow up works are undertaken in a timely manner once the pest control treatments have been completed.

**27. Complaint against Housing Repairs**

Under investigation.

**Complaint**

The complainant contacted the Council and complained that their property was left a mess following damp and mould works.

**Council's response**

This has been put on hold while the complainant gathers further information.

**Assistant Director Comments**

Under investigation.

**28. Complaint against Housing Repairs**

Under investigation.

**Complaint**

The complainant contacted the Council and complained that an issue of rodents entering the property was not dealt with effectively.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Team had delayed the removal of pests at the property.

While initial works were undertaken to cut back trees from the property to stop pests entering the loft space, there was a delay in the Housing Repairs Team booking a pest control service to review the issue.

Furthermore, there was no information to suggest that any further entry points at the property were identified and filled to stop this.

The Council recognises that there was a delay in the stage 1 complaint being registered.

Despite the complaint being raised by a neighbour in January 2026, this was not sent to the Complaint Team until March 2026.

£850 compensation and an apology was offered and accepted.

**Assistant Director Comments**

It is recognised that the Housing Repairs Team provided a poor service by delaying the works to the remove the rodents. A review of the pest control service is currently being undertaken to determine its effectiveness.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team have been reminded of the necessity to proactively monitor and book follow up repairs in a timely manner.
- A review of the procedure of pest control has been undertaken. It has been emphasised that the follow up works are undertaken in a timely manner once the pest control treatments have been completed.
- The Housing Department has been reminded of their responsibility to comply with the Council's Complaint Policy and the Housing Ombudsman Complaint Handling Code.

**29. Complaint against Housing Repairs/Capital Works**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that an issue of damp and mould had not been rectified at their property.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Repairs Team/Capital Works Team had significantly delayed the repairs to the property.

While some works were completed over the course of 2019-2025, it was evident that the underlying cause of water ingress and damp was not effectively diagnosed or resolved in a timely manner.

The repeated inability to access the 3rd storey loft space significantly hindered proper investigation, and this should have been addressed much earlier. In addition, communication with the complainant fell below the standard expected, and they were left to repeatedly chase updates.

An apology and £3,500 compensation was offered.

**Assistant Director Comments**

The Council recognises the inconvenience caused by delaying the survey to the property.

**Complaint Team Recommendations/actions**

- The Housing Repairs Team have been reminded of the necessity to proactively monitor and book follow up repairs in a timely manner.
- The Housing Repairs Team have been reminded of the necessity to effectively communicate with residents.

- The Housing Repairs Team have been reminded of their responsibilities regarding complaint handling.
- The Housing Repairs Team have been reminded of their responsibilities to book the appropriate repairs in the first instance.

**Housing Income****1. Complaint against Housing Income**

Response – 20 working days

**Withdrawn**

**Complaint**

The complainant contacted the Council and complained that the Housing Income Team were inappropriately contacting them about their rent account.

**Council's response**

This complaint was withdrawn during the course of the investigation.

**2. Complaint against Housing Income**

Response – 20 working days

**Complaint upheld**

**Complaint**

The complainant contacted the Council and complained that they had not received a response to their enquiry over a bedroom size. Furthermore, they believed the bedroom was too small to qualify for the spare room subsidy they were paying.

**Council's response**

It was determined that an appropriate level of service was not provided as the outcome of the review of the spare bedroom was not provided in an appropriate amount of time.

The full response was subsequently provided as part of the stage 1 complaint response.

The spare bedroom meets the minimum required standard as set by the Houses in Multiple Occupation guidance.

While the complainant lives in a Council property, these standards are applied to the Council's housing stock.

As the spare bedroom exceeds the standard bedroom size as set out by the Houses in Multiple Occupation guidance it is considered that this room is acceptable and is not exempt from spare room subsidy.

An apology was offered for the delayed communication.

**Assistant Director Comments**

The Council recognises the inconvenience of not providing the response to the enquiry in a timely manner.

**3. Complaint against Housing Income**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had requested that they remove their belongings from the communal areas.

**Council's response**

It was determined that an appropriate level of service was provided as the Tenancy Services Team had appropriately requested that the complainant remove their items from the communal areas following a fire safety assessment.

Council undertook this action to ensure that residents are safe in their homes by reducing fire risks.

**Assistant Director Comments**

The Council had acted appropriately and in line with the tenancy agreement.

**4. Complaint against Housing Income**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council contacted them excessively regarding rent arrears.

**Council's response**

It was determined that an appropriate level of service was provided as the Income Collection Team appropriately contacted the complainant regarding their rent arrears.

The Income Collection Team are obligated to contact individuals with rent arrears. There was no information to suggest that this contact has been inappropriate or harassing in nature.

**Assistant Director Comments**

The Council had acted appropriately when contacting the complainant regarding their rent arrears.

**5. Complaint against Housing Income**

Response – 20 working days

**Complaint upheld**

Complaint

The complainant contacted the Council and complained that the Independent Living Team are required to test their pull cords.

Council's response

It was determined that an appropriate level of service was not provided as the complainant was allowed to enter into an agreement that allowed you to test your own pull cord.

This should not have been offered in the first place and is not standard procedure for the testing of pull cords.

The Independent Living Team subsequently provided the correct information regarding the pull cord testing.

The Council are obligated to test this equipment to ensure that it is working correctly and free of any damage or faults.

The Council will continue to test the pull cord equipment.

This is undertaken to ensure that residents are safe within their homes.

Assistant Director Comments

The Council recognises that this has caused confusion and inconvenience.

**6. Complaint against Housing Income**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had issued a tenancy warning to them due to unauthorised alterations to their property.

Council's response

It was determined that an appropriate level of service was provided as the Independent Living Team had correctly applied the terms of the tenancy agreement.

As alterations had been made to the property without permission, the Independent Living Team had appropriately issued the tenancy warnings.

**Assistant Director Comments**

The Council had acted appropriately and in line with the tenancy agreement.

**7. Complaint against Housing Income**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council would not provide a refund for their rent in advance despite only residing at the property for a week.

**Council's response**

It was determined that an appropriate level of service was provided as the Housing Income Team had correctly advised that a refund of the rent paid in advance cannot be undertaken.

As part of the Council's Tenancy Agreement, new tenants are required to pay rent in advance. As the complainant had signed the Tenancy Agreement, they are obligated to pay the first month's rent despite not residing at the property for the full month.

**Assistant Director Comments**

The Council had acted appropriately and in line with the tenancy agreement.

**Housing Operations****1. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Housing Operations Team did not correctly investigate their complaints of Anti-Social Behaviour and opened cases against them.

**Council's response**

It was determined that an appropriate level of service was provided as the Housing Operations Team are obligated to investigate issues of Anti-Social Behaviour when they are raised.

On the occasion that complaints had been raised against the complainant, the Council were required to investigate these issues. There was no evidence to suggest the Housing Operations Team have acted inappropriately when opening Anti-Social Behaviour cases against the complainant.

The issues the complainant had raised had been appropriately investigated. However, due to the lack of evidence, these issues could not be progressed.

#### Assistant Director Comments

The Council had acted appropriately and inline with Policies to investigate the Anti-Social Behaviour reports.

## **2. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

#### Complaint

The complainant contacted the Council and complained that the Housing Operations Team did not correctly consult them on their Independent Living accommodation transferring to General Needs. Furthermore, the Housing Operations Team had not correctly recorded their medical issues.

#### Council's response

It was determined that an appropriate level of service was provided as the Council had appropriately consulted on the redesignation of their property from Independent Living to General Needs in 2022.

During the consultation process, the Housing Department offered the complainant alternative accommodation in an Independent Living Scheme. However, the complainant chose to stay at their current property.

The Council had requested applicants to submit new applications on the Homechoice system in order for the most up to date information to be registered and used when determining the new applications.

In this instance, the complainant's application was not updated until April 2025, the Council was unable to use their most up to date information to determine their housing band.

Furthermore, the information that had been submitted did not support that their banding requires increasing.

#### Assistant Director Comments

The Council had acted appropriately when consulting with the individual.

### **3. Complaint against Housing Operations**

Response – 20 working days

**Withdrawn**

#### **Complaint**

The complainant contacted the Council and complained that the Housing Operations Team had not investigated an issue of cats causing a mess in a communal area.

#### **Council's response**

This complaint was withdrawn during the course of the investigation.

### **4. Complaint against Housing Operations**

Response – 20 working days

**Complaint upheld**

#### **Complaint**

The complainant contacted the Council and complained that the Housing Operations Team incorrectly removed items from a communal area before the expiry of a formal Notice.

#### **Council's response**

It was determined that an appropriate level of service was not provided as the Tenancy Services Team removed items from a communal area before the prescribed deadline had expired.

While the Tenancy Services Team had provided the correct notices, it was not appropriate for the Tenancy Services Team to remove the items before the expiry of the Notice.

An apology was offered.

#### **Assistant Director Comments**

The Council recognises the inconvenience and distress caused by removing the items from the communal area before the expiry of the Notice.

#### **Complaint Team Recommendations/actions**

- The Tenancy Services Team have changed the process of hand delivering Notices to all residents to ensure that individuals are given the full amount of time of the Notice.
- The Tenancy Services Team have changed the process of removing items stored in the communal areas. Items will now be removed and stored, without being disposed of, until the full amount of time given in the Notice has expired. The Tenancy Services Team will notify residents of where these items have been stored and how to collect them, should they wish to.

## **5. Complaint against Housing Operations**

Response – 20 working days

**Complaint upheld**

### **Complaint**

The complainant contacted the Council and complained that the Housing Operations Team delayed a decision as to whether they were able to retain their XL Bully dog at their property.

### **Council's response**

It was determined that an appropriate level of service was not provided as there had been delays in the Council providing the complainant with clarity in the decision made as to whether they were able to keep their XL Bully dog at the property.

The delays to the decision as to whether they were able to keep the dog at the property occurred due to the change in law which did not match the Council's Pet Policy at the time.

The Tenancy Services Team used their discretion to allow the complainant to move into a property and retain the dog.

Furthermore, there was a delay in the Tenancy Options Team registering the complaint.

An apology was offered.

### **Assistant Director Comments**

The Council recognises the inconvenience and distress caused by delay the decision as to whether the complainant's dog could be kept.

### **Complaint Team Recommendations/actions**

- The Tenancy Services Team has been reminded of the importance of escalating complaints in a timely manner and to avoid delays in line with the Complaints Policy and Complaint Code.
- The Tenancy Services Team has been reminded of their responsibility to provide advise regarding tenancy issues in a timely manner.

## **6. Complaint against Housing Operations**

Response – 20 working days

**Complaint upheld**

### **Complaint**

The complainant contacted the Council and complained that the Housing Operations Team did not correctly assess their homelessness application.

**Council's response**

It was determined that an appropriate level of service was provided as the Housing Options Team considered the application in line with the evidence that had been provided.

The evidence provided through Citizens Advice demonstrated that the complainant did not have a local connection with the Council and therefore were not in priority need of housing.

Furthermore, the evidence provided highlighted that the complainant had a local connection with Milton Keynes Council as they had previously resided there for 6 of the last 12 months.

The information provided through Citizens Advice demonstrated that the complainant had a local connection with Milton Keynes Council and they were subsequently referred to them.

**Assistant Director Comments**

The Council had correctly assessed the complainant's homelessness application in line with Legislation and internal Policies.

**7. Complaint against Housing Operations**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that the Housing Operations Team did not correctly assess their housing application.

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Allocations Team had not provided the complainant with the appropriate communication surrounding their housing application.

Furthermore, the Housing Allocations Team closed the complainant's application inappropriately due to a misunderstanding surrounding their employment and how it would affect their local connection.

The Housing Allocations Team did not proactively contact the complainant to resolve the confusion surrounding their local connection.

The Council recognised that the application had been delayed due to the Housing Allocations Team not reviewing the application with the updated information for the complainant's local connection.

An apology and £500 compensation was offered and accepted. The housing application was reopened.

**Assistant Director Comments**

The Council recognises the inconvenience and distress caused by not proactively checking the information provided by the complainant.

**Complaint Team Recommendations/actions**

- The Housing Allocations Team have been reminded to communicate effectively with individuals.
- The Housing Allocations Team have been reminded to proactively investigate and contact individuals on the Homechoice system where the evidence remains unclear.
- The Housing Allocations Team have been reminded of their responsibility to review applications on the Homechoice system to avoid unnecessary delays.

**8. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Housing Operations Team were harassing them by asking them to remove rubbish from their garden, asking them to remove a doorbell camera and wanting to discuss the language used against Council employees.

**Council's response**

It was determined that an appropriate level of service was provided as the Tenancy Services Team had contacted the complainant for issues relating to their tenancy.

The Tenancy Services Team are obligated to investigate issues when concerns are raised.

As the issue of the doorbell camera, language used to the Housing Repairs Team and the items/rubbish in the complainant's garden were reported, these required investigation by the Tenancy Services Team.

There was no evidence to suggest that the Tenancy Services Team had treated the complainant unfairly or had acted inappropriately when investigating these issues.

**Assistant Director Comments**

The Council had acted appropriately and in line with Policies to investigate the Anti-Social Behaviour reports.

## **9. Complaint against Housing Operations**

Response – 20 working days

### **Complaint upheld**

#### Complaint

The complainant contacted the Council and complained that the Housing Operations Team had requested that they stop parking their car on a communal pathway leading to a block of flats. Additionally, the stage 1 complaint response accused them of laying slabs near the pathway to extend it to a driveway.

#### Council's response

It was determined that an appropriate level of service was not provided as the Housing Department had included factually incorrect information in the stage 1 complaint response.

The Housing Department, as part of the stage 1 complaint response, stated that the complainant had install additional slabs to create a driveway out of the existing pathway. However, these slabs were in place before the start of the complainant's tenancy.

As the slabs were in place before the complainant's tenancy, the Council recognises that this information has given them the impression of being falsely accused of undertaking this action.

There was no evidence to suggest that the Tenancy Services Team have acted inappropriately when requesting that the complainant does not park on the pathway.

The pathway is the communal entrance to the block flats. It has been reported to the Tenancy Services Team that this is causing an obstruction to other residents. As this has been formally reported, the Tenancy Services Team were obligated to investigate this issue.

The Tenancy Services Team had concluded that by parking on the footpath, this is causing an obstruction to the other residents and a request was made that the complainant does not continue to do this.

#### Assistant Director Comments

The Council had acted appropriately and in line with Policies to request that the complainant does not park on the communal pathway. However, it is recognised that distress was caused by accusing the complainant of creating the driveway in the first instance.

#### Complaint Team Recommendations/actions

The Housing Department has been reminded to only include factual information in the responses to complaints.

**10. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had not dealt with an issue of Anti-Social Behaviour.

Council's response

It was determined that an appropriate level of service was provided as the Tenancy Services Team are unable to act upon instances of Anti-Social Behaviour (ASB) without the necessary evidence.

In this instance, as the complainant had not provided any evidence to substantiate the alleged ASB they were experiencing, the Tenancy Services Team were unable to undertake any action.

Assistant Director Comments

The Council had acted appropriately and in line with Policies to investigate the Anti-Social Behaviour reports.

**11. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had inappropriately registered their housing needs as requiring one bedroom.

Council's response

It was determined that an appropriate level of service was provided as the Housing Allocations Team have determined the application in line with the information the complainant had submitted.

The information the complainant had submitted did not support that a two-bed property was required.

Assistant Director Comments

The Council had acted appropriately and in line with the Allocations Policy.

**12. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had not dealt with an issue of Anti-Social Behaviour and the removal of a fence.

**Council's response**

It was determined that an appropriate level of service was provided as the Tenancy Services Team had acted appropriately in removing the fence and returning it to its original position.

The Council recognises that this was undertaken due to the complainant's safety concerns. However, as this was undertaken without permission and was causing access issues for other residents, this could not be allowed to remain in the new position.

The Council's records indicate that the reports of Anti-Social Behaviour had been investigated promptly.

**Assistant Director Comments**

The Council had acted appropriately and in line with Policies to investigate the Anti-Social Behaviour reports.

**13. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had inappropriately entered their temporary accommodation property to check on their wellbeing.

**Council's response**

It was determined that an appropriate level of service was provided as the Temporary Accommodation Team acted upon reports of the complainant's property being unsecure and the fire alarm sounding in a prompt manner.

The Temporary Accommodation Team undertook this action due to genuine concerns for the complainant's safety and acted appropriately to ensure they and their child were safe.

**Assistant Director Comments**

The Council had acted appropriately on safeguarding concerns to ensure that the resident and their family was safe.

**14. Complaint against Housing Operations**

Response – 20 working days

**Complaint upheld**Complaint

The complainant contacted the Council and complained that the Council had recorded inappropriate comments about them.

Council's response

It was determined that an appropriate level of service was not provided as the Housing Options Team inappropriately included an opinion based record on to the complainant's housing file which stated that they were a racist.

These entries onto housing application should not have taken place as there is no evidence to suggest that this record required entry.

The record has now been deleted from the housing application.

However, due to the language used in the complainant's complaints of Anti-Social Behaviour (ASB) there was sufficient concern from the Housing Department to make a note of their submissions.

An apology was offered to the complainant.

Assistant Director Comments

It is recognised that the opinion based evidence should not be placed on to individual's housing files if these cannot be substantiated.

**15. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**Complaint

The complainant contacted the Council and complained that the banding decision from their Housing Application has been made incorrectly.

Council's response

It was determined that an appropriate level of service was provided as the Housing Options Team have appropriately assessed the complainant's homelessness application in line with the Allocations Policy.

The Housing Options Team had determined that the complainant was not in priority need for housing and had subsequently discharged its homelessness duty.

The was no information that was excluded from the complainant's housing banding review. All information on the housing file had been assessed. The information that had been provided, particularly in regards to the complainant's children, had been reviewed. However, it has been determined that the complainant was not their primary carer and this would not contribute to their banding or property size.

#### Assistant Director Comments

The Council had acted appropriately and in line with the Allocations Policy.

### **16. Complaint against Housing Operations**

Response – 20 working days

#### **Complaint not upheld**

#### Complaint

The complainant contacted the Council and complained that their tenancy as ended despite no termination form, valid notice or key return.

#### Council's response

It was determined that an appropriate level of service was provided as the Tenancy Services Team had correctly terminated the tenancy.

The Tenancy Service attempted to make contact with the complainant on multiple occasions to determine if they were still residing at the property. As no contact had been made by the complainant, over several months, it was determined that they were no longer living at the property.

The Tenancy Services Team served the correct Notices against the complainant to notify them of the intention to terminate the tenancy and dispose for the remaining items at the property should they not confirm their residence.

#### Assistant Director Comments

The Council had acted appropriately and in line with the tenancy agreement.

### **17. Complaint against Housing Operations**

Response – 20 working days

#### **Complaint not upheld**

#### Complaint

The complainant contacted the Council and complained that the Housing Allocations Team has refused to award them a band 1 priority on the Housing Register twice.

**Council's response**

It was determined that an appropriate level of service was provided as the Housing Allocations Team had determined the application in line with the information the complainant had submitted.

The information that the complainant had submitted does not support that a two-bed property is required.

**Assistant Director Comments**

The Council had acted appropriately and in line with the Allocations Policy.

**18. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had not dealt with an issue of Anti-Social Behaviour.

**Council's response**

It was determined that an appropriate level of service was provided as the Tenancy Services Team are unable to act upon instances of Anti-Social Behaviour (ASB) without the necessary evidence.

In this instance, as the complainant had not provided any evidence to substantiate the alleged ASB they were experiencing, the Tenancy Services Team were unable to undertake any action.

**Assistant Director Comments**

The Council had acted appropriately and in line with Policies to investigate the Anti-Social Behaviour reports.

**19. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had requested that they remove their belongings from the communal areas.

Council's response

It was determined that an appropriate level of service was provided as the Tenancy Services Team had appropriately requested that the complainant remove their items from the communal areas following a fire safety assessment.

The Council undertook this action to ensure that residents are safe in their homes by reducing fire risks.

Assistant Director Comments

The Council had acted appropriately and in line with the tenancy agreement.

**20. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had requested that they remove their belongings from the communal areas.

Council's response

It was determined that an appropriate level of service was provided as the Tenancy Services Team had appropriately requested that the complainant remove their items from the communal areas following a fire safety assessment.

The Council undertook this action to ensure that residents are safe in their homes by reducing fire risks.

Assistant Director Comments

The Council had acted appropriately and in line with the tenancy agreement.

**21. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had not dealt with their homelessness application correctly.

Council's response

It was determined that an appropriate level of service was provided as the Housing Options Team had correctly assessed the homelessness applications in line with the Council's Allocations Policy.

There was no information to suggest that the homelessness applications had been incorrectly dealt with. The Council's records indicate that the correct advice and processes had been followed.

Assistant Director Comments

The Council had acted appropriately and in line with the Allocations Policy.

**22. Complaint against Housing Operations/Capital Works**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had requested that they remove their belongings from the communal areas.

Council's response

It was determined that an appropriate level of service was provided as the Capital Works Team and Tenancy Services Team had correctly undertaken the actions relating to the fire risk assessments.

In order for the Council to ensure that residents are safe within their homes, the decision had been made to remove all items from communal areas and areas which could be used to escape a potential fire.

This decision was factored by the recommendation provided by the fire risk assessment undertaken by the contractor, Savilles.

Assistant Director Comments

The Council had acted appropriately and in line with the tenancy agreement.

**23. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that the Council had not dealt with their homelessness application correctly.

Council's response

It was determined that an appropriate level of service was provided as the Housing Options Team had appropriately assessed the complainant's homelessness case.

During the complainant's initial homelessness case in 2024, the Council correctly discharged its duty when the offer of Derwentio Housing Trust accommodation was presented and accepted.

While Derwentio Housing Trust was supported housing, and not permanent accommodation, the complainant was appropriately housed for the Council to discharge its homelessness duty as they had accommodation.

Following the complainant's eviction from Derwentio Housing Trust, the Housing Options Team had attempted to contact the complainant to assess their current homelessness situation. This contact had been unsuccessful and the Housing Options Team could not progress the current application due to the lack of communication.

#### Assistant Director Comments

The Council had acted appropriately and in line with the Allocations Policy.

### **24. Complaint against Housing Operations**

Response – 20 working days  
**Complaint not upheld**

#### Complaint

The complainant contacted the Council and complained that the Council had not correctly banded them on the housing register.

#### Council's response

It was determined that an appropriate level of service was provided as the Housing Options Team had correctly banded the complainant at band 2 with the appropriate number of bedrooms.

While information had been supplied that demonstrates the band 2 allocation, this information did not provide sufficient information for a two bedroom property.

#### Assistant Director Comments

The Council had acted appropriately and in line with the Allocations Policy.

### **25. Complaint against Housing Operations**

Response – 20 working days  
**Complaint upheld**

#### Complaint

The complainant contacted the Council and complained that the Council had charged them for the removal of items from a communal garden.

**Council's response**

It was determined that an appropriate level of service was not provided as the Tenancy Services Team did not correctly assess the items left at the property which were mistaken as being the complainants.

While Tenancy Services Team correctly identified that the items required removing, further investigations were not correctly undertaken to assess as to whether these items belong to the complainant.

An apology and £100 compensation was offered.

**Assistant Director Comments**

The Council recognises that the correct action was not undertaken to identify the owner of the items that required removal.

**26. Complaint against Housing Operations**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had not increased their banding despite paying and supplying a doctors letter.

**Council's response**

It was determined that an appropriate level of service was provided as the Housing Allocations Team had correctly assessed the medical information they had provided.

The information provided was not sufficient enough to provide the complainant with a change of banding.

However, the Council recognises that obtaining this letter has cost the complainant £45 and had caused frustration as this has not affected their banding.

**Assistant Director Comments**

The Council had acted appropriately and in line with the Allocations Policy.

**27. Complaint against Housing Operations**

Response – 20 working days

**Complaint upheld**

**Complaint**

The complainant contacted the Council and complained that the Council did not provide the correct advice regarding a Discretionary Housing Payment (DHP).

**Council's response**

It was determined that an appropriate level of service was not provided as the Housing Allocations Team did not provide the correct advice regarding the DHP application.

The Council's records indicate that while an application was submitted, this was undertaken on the same day as the beginning of the complainant's tenancy as advised by the Lettings Officer.

As a DHP application requires completing and processing before the commencement of a tenancy, as this was undertaken on the same day as the start of the tenancy the application was not valid and was rejected.

Furthermore, the Council did not provide the complainant with sufficient time to complete the application for it processed and determined due to the short amount time from the viewing of the property and the tenancy sign up.

An apology and £150 compensation was offered.

**Assistant Director Comments**

It is recognised that the Council had not provided the complainant with the correct advice. This advice as given by a temporary member of staff who has since left the Council. There is no wider concern that the incorrect advice is being provided in relation to DHP.

**Housing Strategy****1. Complaint against Housing Strategy**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that they had been issued a warning for installing a fence at their Leasehold Property despite having planning permission.

**Council's response**

It was determined that an appropriate level of service was provided as the Housing Strategy Team had appropriately enforced the conditions of the Lease.

The alterations the complainant had made to the property were not permitted as per the terms of the Lease.

**Assistant Director Comments**

The correct actions were undertaken to enforce the terms of the Lease. While planning permission may have been granted, the Council remain the owner of the land and permission has not been granted to alter the property.

## **2. Complaint against Housing Strategy**

Response – 20 working days

**Complaint not upheld**

### **Complaint**

The complainant contacted the Council and complained that their service charge estimate bill was higher than it should be.

### **Council's response**

It was determined that an appropriate level of service was provided as the Leaseholder Team had appropriately issued a service charge estimate.

This estimate is intended to give Leaseholders an overview of the intended charges and this is subject to change.

### **Assistant Director Comments**

The correct actions were undertaken to produce the service charge estimate. This is only an estimate and a final bill is issued detailing all charges.

## **3. Complaint against Housing Strategy**

Response – 20 working days

**Complaint not upheld**

### **Complaint**

The complainant contacted the Council and complained that they had been asked to remove a gate that they had installed.

### **Council's response**

It was determined that an appropriate level of service was provided as the Leaseholder Team had appropriately requested that the complainant remove the gate that had been identified as a potential fire risk.

The Council are obligated to comply with the outcomes of the fire risk assessment.

In this case, as the gate has been identified as a risk, the Council is obligated to request that it be removed.

### **Assistant Director Comments**

The Council had acted appropriately and in line with the tenancy agreement.

**4. Complaint against Housing Strategy**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that they the Leaseholder Team had not dealt with their complaints of Anti-Social Behaviour correctly.

**Council's response**

It was determined that an appropriate level of service was provided as the Tenancy Services Team had appropriately investigated the complaints of Anti-Social Behaviour (ASB).

The Tenancy Services Team reviewed the information that had provided in a timely manner and it was determined that there was not enough evidence to pursue any further action.

**Assistant Director Comments**

The Council had acted appropriately and in line with the Anti-Social Behaviour Policy.

**5. Complaint against Housing Strategy**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Homeownership Team had not dealt with an issue of Anti-Social Behaviour.

**Council's response**

It was determined that an appropriate level of service was provided as the Homeownership and Tenancy Services Team had correctly investigated the complaints of Anti-Social Behaviour and the complaints made against the complainant.

**Assistant Director Comments**

The correct actions were undertaken to investigate the complaint of Anti-Social Behaviour.

**Environmental Health****1. Complaint against Environmental Health**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Private Sector Housing Team inappropriately served them with an Improvement Notice due to the condition of the property they rented as a landlord.

**Council's response**

It was determined that an appropriate level of service was provided as the Private Sector Housing Team have appropriately contacted the complainant following concerns raised by their tenants.

The correspondence between the Private Sector Housing Team and the complainant had been polite and factual and there was no evidence to suggest that any of the correspondence had been inappropriate.

The Private Sector Housing Team used the relevant information, including site visits, information provided by the complainant's tenant and the complainant to form their conclusion.

The Private Sector Housing Team deemed it to be necessary to issue the complainant with an Improvement Notice due to the condition of your property.

The Private Sector Housing Team had issued the complainant with the necessary guidance in order to improve the condition of their property and how to comply with the Improvement Notice.

**Assistant Director Comments**

The Council had acted appropriately and in line with Policies to investigate the condition of the property.

**2. Complaint against Environmental Health**

Response – 20 working days

**Complaint upheld**

**Complaint**

The complainant contacted the Council and complained that the Environmental Health Team had not investigated their complaints of Anti-Social Behaviour correctly.

Council's response

It was determined that an appropriate level of service was not provided as the Environmental Health Team had not appropriately managed the complainant's expectations in relation to actions that could be undertaken as part of their Anti-Social Behaviour (ASB) case.

Furthermore, there was a delay in the Environmental Health Team issuing a Community Protection Warning (CPW) and Community Protection Notice (CPN) which led to additional delays in the preventative action being undertaken.

Additionally, the Environmental Health and Communities Teams inappropriately passed the responsibility of the case between themselves instead of collaborating more effectively in jointly resolving the issues. This resulted in complainant having to contact multiple different departments which further led to their distress and confusion.

As two teams of the Council, it was a reasonable expectation that one team (albeit a Team that required collaboration from other Council departments) would need to be contacted in order to progress any issues with the ASB case.

An apology and £3,000 compensation was offered and accepted.

Assistant Director Comments

The Council recognises that the appropriate action was not undertaken correctly which led to delays and distress of the complainant.

Complaint Team Recommendations/actions

- The Environmental Health and Communities Teams have been reminded of their responsibility to appropriately communicate with individuals.
- The Environmental Health and Communities Teams have been reminded to appropriately manage an individual's expectations.
- The Environmental Health and Communities Teams have been reminded to appropriately collaborate to ensure that individuals are supported throughout the ASB process.
- The Environmental Health and Communities Teams have been reminded to issue Notices in a timely manner where clear breaches have been identified and informal approaches to resolve matters have failed.
- The Environmental Health and Communities Teams have been reminded of their responsibilities to identify vulnerability as a potential factor in ASB cases. Where vulnerabilities have been identified the Environmental Health and Communities Teams should look to take these into account in expediting any actions in accordance with the Council's policies.

**3. Complaint against Environmental Health**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Licensing Team inappropriately granted a license to a massage business.

**Council's response**

It was determined that an appropriate level of service was provided as the Licensing Team had appropriately considered the application for the massage and special treatment business.

No objections were raised by Nottinghamshire Police and as part of this process the Environmental Health Team considered the application and had no objections.

Due to this, there was no justification for the license to be refused.

**Assistant Director Comments**

The correct actions were undertaken to review the license. There was no evidence to suggest that the license should be refused.

**4. Complaint against Environmental Health**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Environmental Health Team have not dealt with an issue of rubbish accumulation in a neighbouring garden.

**Council's response**

It was determined that an appropriate level of service was provided as the Environmental Health Team have appropriately investigated the issues raised regarding the neighbour's garden.

The Environmental Health Team had undertaken the appropriate visits in a timely manner and had issued the correct warnings and notices following the investigation of the garden.

**5. Complaint against Environmental Health**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Environmental Health Team have not reconnected their gas supply to their property.

**Council's response**

It was determined that an appropriate level of service was provided as the appropriate advice had been provided regarding the gas being disconnected from complainant's property.

The Council does not have the power to reconnect the gas or dictate the method in which Cadent would reconnect the gas. This remains an issue between the complainant and Cadent to resolve as a private home owner.

There was no information to suggest that the Environmental Health Team have misinterpreted their enforcement powers. The Environmental Health Team cannot undertake enforcement on Cadent.

Under the Housing Act 2004, if the Council identifies hazards with a dwelling and deem enforcement action is required the action must be taken against the person who has a legal responsibility for the dwelling where the hazard is identified. It does not allow the Council to take action against any person who does not have a legal interest in the property affected.

**Assistant Director Comments**

The correct actions were undertaken to advise the complainant that as the legal owner of their property they are responsible for the reconnection of the gas supply.

**Assistant Director Comments**

The correct actions had been taken to investigate the issue raised. These were undertaken promptly and Notices were issued to ensure that the garden is tidied.

**Information Governance****1. Complaint against Information Governance**

Response – 20 working days

**Complaint upheld**

**Complaint**

The complainant contacted the Council and complained that the Information Governance Team had not released the requested data as part of a Freedom of Information request.

**Council's response**

It was determined that an appropriate level of service was not provided as the Information Governance Team had incorrectly identified the requested information relating to the outcomes of complaints/accusations made against the Council's Senior Management Team as being exempt due to it containing personal data.

Furthermore, the Information Governance Team did provide the complainant with the correct Decision Notice for this refusal as required by the Freedom of Information Act.

The data was subsequently release as part of the stage 2 complaint response.

An apology was offered to the complainant.

**Assistant Director Comments**

The Council recognises that the information was incorrectly withheld in the first instance and the correct Decision Notice was not provided which led to confusion.

**Capital Works****1. Complaint against Capital Works**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Capital Works have refused to install a fence at their property to protect their privacy and their new build property had been built incorrectly.

**Council's response**

It was determined that an appropriate level of service was provided as the Council and its contractors have correctly built the property in accordance with the approved plans.

The Council was unable to erect a fence around the property as this would interfere with the public highway, the communal access to the properties and would sit flush with the windows.

Furthermore, a fence can only be installed up to 1m on a public highway. Any fence higher than 1m would require planning permission.

There was no information to suggest that the Council had acted inappropriately when constructing the property or in contravention of the Housing Ombudsman Guidance and Housing Act 1996.

**Assistant Director Comments**

The property has been constructed in accordance with the approved plans and remains a safe place to reside.

**2. Complaint against Capital Works**

Response – 20 working days

**Complaint upheld****Complaint**

The complainant contacted the Council and complained that the Council had delayed the works to complete their kitchen replacement.

**Council's response**

It was determined that an appropriate level of service was not provided as the Council did not communicate the delays in the kitchen being installed.

During the course of the kitchen installation, damp and mould was discovered behind the kitchen cabinets.

While the Council undertook the correct action to have the damp removed and investigated, the delay that occurred due to these works were not communicated with the complainant.

An apology and £500 compensation was offered.

**Assistant Director Comments**

The Council recognises the inconvenience caused by not communicating correctly with the complainant.

**Complaint Team Recommendations/actions**

- The Capital Works Team have been reminded of the necessity to communicate effectively with individuals.
- Where delays are expected, the Capital Works Team have been instructed to contact individuals to notify of them of any delays and remain in regular contact until a conclusion is reached.

**Revenues, Benefits and Customer Services****1. Complaint against Council Tax**

Response – 20 working days

**Complaint not upheld****Complaint**

The complainant contacted the Council and complained that the Council Tax Team did not appropriately update a forwarding address which resulted in enforcement action being undertaken.

**Council's response**

It was determined that an appropriate level of service was provided as the Council Tax Team had correctly issued the Council Tax bills to the address that had been provided.

As notification had not been received of the need to change the forwarding address, the bills continued to be sent to the last known address.

**Assistant Director Comments**

The Council Tax acted appropriately by continuing to send the Council Tax bills to the last known address.

**2. Complaint against Benefits**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Benefits Team had failed to undertake their duties in relation to sections 1, 2, 9, 18 and 42-44 of the Care Act 2014 and has failed to make reasonable adjustments under the Equality Act 2010.

**Council's response**

It was determined that an appropriate level of service was provided as the Benefits Team had correctly provided the complainant with assistance when making a benefit claim.

There was no evidence information to suggest that the Benefit Team had acted inappropriately toward the complainant or acted outside of the scope of the Care Act and Equality and Diversity Act.

**Assistant Director Comments**

There is no evidence to suggest the complainant had been treated poorly during their benefit claim.

**3. Complaint against Council Tax**

Response – 20 working days

**Complaint not upheld**

**Complaint**

The complainant contacted the Council and complained that the Council had not allowed them to pay their Council Tax with a Bill of Exchange.

**Council's response**

It was determined that an appropriate level of service was provided as a Bill of Exchange was not an acceptable form of payment toward Council Tax.

**Assistant Director Comments**

The correct action was undertaken in rejecting a Bill of Exchange as an acceptable form of payment.

**4. Complaint against Council Tax**

Response – 20 working days

**Complaint not upheld****Complaint**

The complainant contacted the Council and complained that the Council had obtained a Liability Order and then later withdrew it.

**Council's response**

It was determined that an appropriate level of service was provided as the Liability Order was granted due to arrears on the Council Tax account.

While payments had been made toward the Council Tax bill, these were late which resulted in the account being in arrears. This was sufficient to result in a Liability Order being granted.

However, in recognition of the payments toward the Council Tax Bill, the Council Tax Team ultimately undertook the decision to withdraw the Liability Order.

**Assistant Director Comments**

The correct action was undertaken in obtaining the Liability Order in the first instance and withdrawing following payments being made toward the arrears.

**Environment****1. Complaint against Environment**

Response – 20 working days

**Withdrawn****Complaint**

The complainant contacted the Council and complained that grass cutting had taken place on their property that they did not request.

**Council's response**

This complaint was withdrawn during the course of the investigation.

## **2. Complaint against Environment**

Response – 20 working days

**Complaint upheld**

### **Complaint**

The complainant contacted the Council and complained that the Waste Team had failed to collect their garden waste bin on the correct day.

### **Council's response**

It was determined that an appropriate level of service was not provided as the garden waste bin had not been collected correctly.

While the Council had attempted to collect the bin, access issues have prevented this from occurring.

### **Assistant Director Comments**

The Council recognises the inconvenience of not collecting the bin on the designated day.

## **3. Complaint against Environment**

Response – 20 working days

**Complaint upheld**

### **Complaint**

The complainant contacted the Council and complained that the Waste Team had failed to collect their waste bin on the correct day.

### **Council's response**

It was determined that an appropriate level of service was not provided as the garden waste bin had not been collected on the correct day.

This was a service error and the bin was collected following its reporting.

### **Assistant Director Comments**

The Council recognises the inconvenience of not collecting the bin on the designated day.

**4. Complaint against Environment**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that they had been inappropriately given a littering fine.

Council's response

It was determined that an appropriate level of service was provided as the WISE Team were correct in issuing the Fixed Penalty Notice as they had observed the complainant incorrectly disposing of a cigarette.

The body camera footage showed the complainant incorrectly disposing of the cigarette.

Assistant Director Comments

The Council issued the fine correctly as there was clear evidence of littering having occurred.

**5. Complaint against Environment**

Response – 20 working days

**Complaint upheld**

Complaint

The complainant contacted the Council and complained that the Waste Team had failed to collect their waste bin on the correct day.

Council's response

It was determined that an appropriate level of service was not provided as the garden waste bin had not been collected on the correct day.

This was a service error and the bin was collected following its reporting.

Assistant Director Comments

The Council recognises the inconvenience of not collecting the bin on the designated day.

**6. Complaint against Environment**

Response – 20 working days

**Complaint upheld**

Complaint

The complainant contacted the Council and complained that the Waste Team had failed to collect their waste bin on the correct day.

Council's response

It was determined that an appropriate level of service was not provided as the waste bin had not been collected on the correct day.

This was a service error and the bin was collected following its reporting.

Assistant Director Comments

The Council recognises the inconvenience of not collecting the bin on the designated day.

**7. Complaint against Environment**

Response – 20 working days

**Complaint upheld**

Complaint

The complainant contacted the Council and complained that the Waste Team had failed to collect their waste bin on the correct day.

Council's response

It was determined that an appropriate level of service was not provided as the bins had not been collected on the correct day.

This was a service error and the bin was collected following its reporting.

Assistant Director Comments

The Council recognises the inconvenience of not collecting the bin on the designated day.

**8. Complaint against Environment**

Response – 20 working days

**Complaint not upheld**

Complaint

The complainant contacted the Council and complained that a overgrown hedge had not been maintained.

**Council's response**

It was determined that an appropriate level of service was provided as the Environment Team does not have responsibility for the maintenance of the hedge as this was on the highway.

**Assistant Director Comments**

As the hedge was not the responsibility of the Council, this was referred to Nottinghamshire County Council as the appropriate authority.

**Stage 3 - Ombudsman Complaint****1. Complaint against Communities (complaint concluded in 2024/25) – LGO****Complaint not Upheld.****Complaint**

The concern raised was that the Council issued a Community Protection Warning, followed by a further warning of a Community Protection Notice, without any evidence against the complainant.

**Ombudsman's conclusion**

The LGO found that a Community Protection Notice was issued, which could have appealed in court. Based on this evidence, the LGO have discontinued the investigation.

**2. Complaint against Bereavement Services (complaint concluded in 2024/25) - LGO****Complaint not Upheld.****Complaint**

The concern raised was that the complainant's memorial garden on their father's grave needed to be removed.

**Ombudsman's conclusion**

The LGO found that there was insufficient evidence of fault by the Council to warrant an investigation.

**3. Complaint against Housing Repairs (complaint concluded in 2024/25) - HO****Complaint Upheld.****Complaint**

The concern raised was the Housing Repairs Team handling of reports of a drain blockage.

**Ombudsman's conclusion**

The HO found that while the Council's repair responses were mostly timely, its failure to follow up a repair following access issues caused distress and inconvenience to the resident. It also failed to consider an escalated response given the repeated issue and the resident's vulnerabilities. Finally, it failed to address the resident's concerns about communication and the safety of their property.

The HO ordered the Council to undertake a £300 compensation payment which has been completed.

#### **4. Complaint against Housing Repairs (complaint concluded in 2023/24) - HO**

##### **Complaint Upheld.**

##### Complaint

The concern raised was that the Council did not repair a leaking ceiling in a timely manner.

##### Ombudsman's conclusion

The HO found that in accordance with paragraph 53(b) of the Housing Ombudsman Scheme, the Council had made an offer of redress prior to investigation which, in the Ombudsman's opinion, satisfactorily resolves the complaint about its handling of a roof leak at the resident's property.

There was a lack of attention to detail in the stage 1 response as the wrong block number was referred to and the Council addressed some unrelated issues that had been mentioned in the December 2015 email that had already been resolved some time ago.

Given it accepted some failings it would have been appropriate for the Council to have offered compensation in its stage 1 response. It is noted however that this was remedied in the Council's stage 2 response where it made an appropriate offer of compensation in line with the remedies guidance for the delays in resolving the roof leak.

The Council was ordered to pay £300 for the handling of the stage 1 complaint. This has been completed.

#### **5. Complaint against Housing Repairs (complaint concluded in 2024/25) - HO**

##### **Complaint Upheld.**

##### Complaint

The concern raised was that the Council did not handle a boiler repair appropriately.

##### Ombudsman's conclusion

The HO found that In accordance with paragraph 53(b) of the Housing Ombudsman Scheme, the Council provided reasonable redress in response to the resident's complaint about its handling of boiler repairs. A payment of £250 compensation was issued at stage 2 of the Council's complaint process.

The resident raised concerns about whether the Council considered her mother's vulnerabilities when it responded to the boiler issues. The HO would expect the Council to consider a resident's needs and vulnerabilities when responding to a boiler not working. The Council attended a day earlier than was required and this indicates that the Council had given the repair an additional priority but did not communicate this clearly to the resident.

The Council acknowledged there were failures in how it responded to the boiler issues and these include:

- The out of hours phone line did not work on the Easter bank holiday Friday.
- Its contractor did not bring overshoes to appointments.
- There was poor communication about when the contractor would be coming for follow up appointments.
- Its contractor did not initially identify why the new boiler was not working.

Overall, the HO were satisfied that the acknowledgement of its failures, apology, and compensation provided by the Council represents reasonable redress for the failures in respect to its handling of the boiler repairs. The compensation that it had paid is in line with what the HO may have awarded for this type of issue and, in their opinion, is proportionate to the impact to the residents.

#### **6. Complaint against Housing Repairs (complaint concluded in 2024/25) - HO**

##### **Complaint Upheld.**

##### Complaint

The concern raised was that the Council did not handle a report of a blocked drain.

##### Ombudsman's conclusion

The HO found that in accordance with paragraph 52 of the Scheme, there was maladministration in the landlord's handling of the repair of blocked drain.

Despite the multiple reports of the same issue and different contractors attending the property, the issue was not resolved to the resident's satisfaction.

It is reasonable for Council to rely on independent and professional contractor's advice. However, as this issue was repeatedly reported and there was a clear dispute on what was causing the blockage, the Council should have considered at an earlier stage an alternative approach or done more to investigate the resident's concerns.

This is particularly important as the resident reported significant inconvenience that they were unable to use their shower for months and the inconvenience caused by the multiple visits. Despite a contractor recommending cameras should be used, this was not done. It would have been appropriate to follow the expert advice. Its failure to consider an escalated response was therefore unreasonable in the circumstances.

The Council was ordered to pay £300 for the handling of the reports of the blocked drain. This has been completed.

**7. Complaint against Planning (complaint concluded in 2024/25) - LGO**

**Complaint not Upheld.**

Complaint

The concern raised was that the Council did not consider a planning application correctly.

Ombudsman's conclusion

The LGO would not investigate this complaint about how the Council dealt with a planning application. This is because they were unlikely to find fault.

In this case, the LGO were satisfied the Council properly assessed the acceptability of the development, including the impact on the complainant's, the character of the area and the impact on highway visibility, before granting planning permission. The case officer's report referred to the objections received and explains why the Planning Officer considers the proposal overcomes these.

**8. Complaint against Planning (complaint concluded in 2024/25) - LGO**

**Complaint not Upheld.**

Complaint

The concern raised was that the Council did not consider a planning application correctly.

Ombudsman's conclusion

The LGO would not investigate the complainant's complaint because they have the right to appeal to the Planning Inspector.

The complainant has complained about how the Council dealt with his planning application.

They disagreed with how the Council reached its decision to request additional information to support the application and believes it has been dishonest. The complainant says the Council has misinterpreted planning policies and it has approved similar applications in the area.

However, the complainant can choose not to provide the information requested if they does not agree with the Council's reasons for requesting it.

The complainant would have the right to appeal to the Planning Inspector if the Council subsequently decides to refuse permission for the development. The LGO consider it would be reasonable for the complainant to use their right to appeal.

The Ombudsman will not usually investigate when someone has a right to appeal to the Planning Inspector, even if the appeal would not address all the issues complained about.

**9. Complaint against Housing Repairs (complaint concluded in 2023/24)****Complaint Upheld.**Complaint

The concern raised was that the Council did not deal with an issue of noise being created by an adjoining stair case.

Ombudsman's conclusion

The Council's stage 1 complaint response set out its position in relation to any repairs needed to the stairs. Which was appropriate. However, its response failed to address the specific concerns the resident raised in their complaint, the noise disturbance. This was an error in its handling of the matter. The resident was inconvenienced by the lack of response to the actual concerns raised.

The Council's stage 2 complaint response went some way to putting the above error right by setting out its position on the noise disturbance from the stairs. It explained its position that no repairs were needed. It also explained it needed recommendations from an Occupational Therapist (OT) before it would install sound proofing. While evidently disappointing for the resident, the Council's position was reasonable. OTs are best placed to understand what specific adaptations are needed based on the needs of an individual. The Council's stage 2 complaint response failed to address the lack of detail and shortcomings of its stage 1 complaint response.

While an appropriate position to take, the Council should have been more supportive in terms of assisting the resident with an OT referral/assessment.

The HO ordered the Council to issue an apology and £100 compensation.

**10. Complaint against Housing Operations (complaint concluded in 2023/24) - HO****Complaint not Upheld.**Complaint

The concern raised was that the Council did not deal with an issue of noise generated by the building of new Council properties.

Ombudsman's conclusion

It was determined that the complaint was outside of the HO's jurisdiction.

**11. Complaint against Housing Operations (complaint concluded in 2024/25) - LGO**

**Complaint Upheld.**

Complaint

The concern raised was that the Council did not deal with an issue of housing allocation correctly during a homelessness application.

Ombudsman's conclusion

The LGO would not investigate the complaint about the Council's decision to end the relief duty after the complainant refused an offer of housing because they have appeal rights, which are reasonable for them to exercise.

In any case, there is insufficient evidence of fault in the Council's decision-making to justify the LGOs involvement.

**12. Complaint against Environmental Health (complaint completed in Q3 2025/26) - LGO**

**Complaint Not Upheld.**

Complaint

The concern raised was that the Council did not deal with an rodents at a neighbouring property correctly.

Ombudsman's conclusion

The LGO would not investigate this complaint about the Council's responses to reports of rats living in a neighbour's garden which is in poor condition. There is insufficient evidence that any further investigation would lead to a different outcome.

**Report of the Interim Director of Housing, Environmental Health and Communities**

|                                                                      |
|----------------------------------------------------------------------|
| <b>Regulator of Social Housing - Service Improvement Plan Review</b> |
|----------------------------------------------------------------------|

1. Purpose of Report

To review and scrutinise the Service Improvement Plan and relevant documents to ensure appropriate action is aligned with the Regulator of Social Housing standards and outcomes.

2. Recommendation

**The Committee is asked to NOTE this report.**

3. Detail

The Council continues to implement actions within the refreshed Housing and Asset Management Service Improvement Plan following the inspection from the Regulator for Social Housing (RSH) in October 2025. Progress continues to be made to meet the Regulator requirements and improve service delivery.

Recent feedback from the RSH suggests that the scrutiny of Housing, Repairs and Asset Management performance requires strengthening. As such, it has been requested that this Committee reviews and scrutinises the Service Improvement Plan and relevant documents to ensure that action is aligned with the Regulator of Social Housing standards and outcomes.

The following are attached to this report:

- **Appendix 1:** RSH judgement
- **Appendix 2:** The Service Improvement Plan that was developed following the judgement
- **Appendix 3:** The agenda for Housing Improvement Board on 11 June 2026
- **Appendix 4:** The Safety Performance Report that was shared with Housing Improvement Board on 11 June 2026
- **Appendix 5:** Minutes from Housing Improvement Board on 11 June 2026.

4. Financial Implications

The comments from the Interim Deputy Chief Executive and Section 151 Officer were as follows:

There are no financial implications to consider for the Housing Revenue Account (HRA) at this stage. Any uplift in costs going forward that cannot be contained within existing resources would require approval by Cabinet.

5. Legal Implications

The comments from the Head of Legal Services were as follows:

The legislative powers of the Regulator of Social Housing are set out in the Social Housing (Regulation) Act of 2023 however Section 193 of the Housing and Regeneration Act 2008 introduced the inspection programme which states that the 'regulator may set Standards for registered providers as to the nature, extent, safety, energy efficiency and quality of accommodation, facilities or services provided by them in connection with social housing'.

The regulatory judgement is a formal process as part of the assessment on the Council's Landlord functions. The report sets out the details around the judgement and actions required. Failure to adhere to the recommendations of the Regulator will have consequences. It is imperative that the Regulators recommendations are considered and implemented as soon as practicably possible.

6. Human Resources Implications

Not applicable.

7. Union Comments

Not applicable.

8. Climate Change Implications

Any climate change implications are contained within the report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

Not applicable.

11. Background Papers

Nil.



# Broxtowe Borough Council (37UD) Regulatory Judgement

14 January 2026

## Our judgement

|          | Grade/Judgement                                                                                                                                                     | Change        | Date of assessment |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|
| Consumer | C3<br><br>Our judgement is that there are serious failings in the landlord delivering the outcomes of the consumer standards and significant improvement is needed. | First grading | January 2026       |

## Reason for publication

We are publishing a regulatory judgement for Broxtowe Borough Council (Broxtowe BC) following an inspection completed in January 2026.

The regulatory judgement confirms a consumer grading of C3. This is the first time we have issued a consumer grading in relation to this landlord.

### **Summary of the decision**

From the evidence and assurance gained during the inspection, we have concluded that there are serious failings in Broxtowe BC delivering the outcomes of the consumer standards and significant improvement is needed, specifically in relation to outcomes in our Safety and Quality Standard and Transparency, Influence and Accountability Standard. Based on this assessment, we have concluded a C3 grade for Broxtowe BC.

### **How we reached our judgement**

We carried out an inspection of Broxtowe BC to assess how well it is delivering the outcomes of the consumer standards as part of our planned regulatory inspection programme. During the inspection, we considered all four of the consumer standards: Neighbourhood and Community Standard, Safety and Quality Standard, Tenancy Standard, and the Transparency, Influence and Accountability Standard.

During the inspection we observed two Cabinet meetings and the Housing Influence Panel meeting. We met with tenants, officers, the leader of Broxtowe BC and the Portfolio Holder for Housing. We also reviewed a wide range of documents provided by Broxtowe BC.

Our regulatory judgement is based on all the relevant information obtained during the inspection as well as analysis of information received through routine regulatory returns and other regulatory engagement activity.

### **Summary of findings**

#### **Consumer – C3 – January 2026**

The Safety and Quality Standard requires landlords to identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas and ensure that all actions arising from required health and safety assessments are conducted within appropriate timescales. We identified serious failings in relation to this outcome. In respect of fire safety, Broxtowe BC had more than 3,000 overdue fire remedial actions. Although most actions were assessed as medium risk, there was a lack of clarity about the length of time they had been open, as well as a lack of evidence of mitigations in place while these actions remain outstanding. While we found that Broxtowe BC was meeting legal requirements for

completing the majority of tests and assessments in all areas, we identified weaknesses in the assurance of data quality across areas of health and safety.

The Safety and Quality Standard also requires landlords to have an accurate record, at an individual property level, of the condition of their homes based on a physical assessment of all homes and ensure that homes meet the requirements of the Decent Homes Standard (DHS). Broxtowe BC does not currently have accurate and up to date information on the quality of all of its tenants' homes (including any potential hazards in homes), with 63% of homes having a stock condition survey completed in the last 18 months. The council reported 99.5% decency, with 23 non-decent homes (0.5%) across its stock. Its target is to complete 100% of surveys by the end of 2026, following an accelerated programme. Broxtowe BC acknowledges its weaknesses around stock condition reporting and is implementing a new system to resolve these issues.

The Safety and Quality Standard requires Broxtowe BC to provide an effective, efficient, and timely repairs and maintenance and planned improvement service for its tenants, and we have reasonable assurance that the council is delivering this. We saw evidence that the latest performance data demonstrated consistent improvements across all satisfaction and performance measures, with repairs targets largely being met across all categories. Tenant Satisfaction Measures (TSM) data for the last two years demonstrates an improvement in tenant satisfaction with repairs.

The Transparency, Influence and Accountability Standard sets out the outcomes landlords must deliver about being open with tenants and treating them with fairness and respect so that tenants can access services, raise complaints, influence decision making and hold their landlord to account. Through our inspection, we found serious failings in Broxtowe BC's delivery of some of the required outcomes within this area.

We were provided with assurance that Broxtowe BC treats its tenants and prospective tenants with fairness and respect. However, Broxtowe BC does not fully understand the diverse needs of all its tenants which is a serious failing. Broxtowe BC is focussing on improving its tenant data, however we saw no evidence of a formal plan or targets for how Broxtowe BC will collect data for all tenants. As Broxtowe BC does not hold data on the protected characteristics of its tenants, it is unable to proactively tailor services to meet all tenants' needs, or demonstrate that tenants are receiving fair and equitable outcomes. Broxtowe BC did provide evidence of services tailored to meet the needs of tenants on an ad-hoc basis, but it relies on tenants to inform them of additional needs when they report a repair or require another service.

We found weaknesses in Broxtowe BC meeting the requirements of the Transparency, Influence and Accountability Standard for tenant engagement. Due to the lack of data on its tenants, Broxtowe BC cannot be assured it provides equitable access to tenant engagement activities. Broxtowe BC has made recent changes to how it engages with tenants, with a newly established scrutiny panel.

We also found weaknesses in the council's approach to collecting and providing performance information to tenants as there was limited performance information accessible for tenants to scrutinise the housing service's performance.

In respect of complaint handling, the Transparency, Influence and Accountability Standard requires landlords to ensure complaints are being dealt with fairly, effectively, and promptly. Broxtowe BC has recently made service improvements to how it manages complaints, though these are not yet fully embedded. We also saw limited evidence of how Broxtowe BC is identifying and sharing lessons learnt from complaints.

The Neighbourhood and Community Standard requires landlords to work in partnership with appropriate local authority departments, the police, and other relevant organisations to deter and tackle anti-social behaviour (ASB) and hate incidents in the neighbourhoods where they provide social housing. We have assurance that Broxtowe BC is working in partnership to deter and tackle ASB and hate incidents in the neighbourhoods that it provides social housing. However, there are weaknesses in the accessibility of information available for tenants reporting ASB and hate crime, and how it is assured that it is taking prompt and appropriate action. In relation to the Tenancy Standard, we have assurance that Broxtowe BC is meeting the tenure requirements of the standard.

Broxtowe BC has been engaging constructively with us and we have assurance that there is a commitment to ensuring improved outcomes for tenants. Broxtowe BC has an understanding of the issues and a willingness to resolve them. We will work with Broxtowe BC to ensure that relevant risks to tenants are effectively managed and mitigated as a priority, while it undertakes the improvements required. Our engagement will be intensive, and we will seek assurance that Broxtowe BC is making sufficient progress, including ongoing monitoring of how it delivers its improvement plan. Our priority will be that risks to tenants are adequately managed and mitigated. We are not proposing to use our enforcement powers at this stage but will keep this under review as Broxtowe BC seeks to resolve these issues.

## **Background to the judgement**

### **About the landlord**

Broxtowe BC lies to the west of the city of Nottingham and owns around 4,415 social housing homes.

### **Our role and regulatory approach**

We regulate for a viable, efficient, and well governed social housing sector able to deliver quality homes and services for current and future tenants.

We regulate at the landlord level to drive improvement in how landlords operate. By landlord we mean a registered provider of social housing. These can either be local authorities, or private registered providers (other organisations registered with us such as non-profit housing associations, co-operatives, or profit-making organisations).

We set standards which state outcomes that landlords must deliver. The outcomes of our standards include both the required outcomes and specific expectations we set. Where we find there are significant failures in landlords which we consider to be material to the landlord's delivery of those outcomes, we hold them to account. Ultimately this provides protection for tenants' homes and services and achieves better outcomes for current and future tenants. It also contributes to a sustainable sector which can attract strong investment.

We have a different role for regulating local authorities than for other landlords. This is because we have a narrower role for local authorities and the Governance and Financial Viability Standard, and Value for Money Standard do not apply. Further detail on which standards apply to different landlords can be found on our [standards page](#).

We assess the performance of landlords through inspections and by reviewing data that landlords are required to submit to us. In-Depth Assessments (IDAs) were one of our previous assessment processes, which are now replaced by our new inspections programme from 1 April 2024. We also respond where there is an issue or a potential issue that may be material to a landlord's delivery of the outcomes of our standards. We publish regulatory judgements that describe our view of landlords' performance with our standards. We also publish grades for landlords with more than 1,000 social housing homes.

The Housing Ombudsman deals with individual complaints. When individual complaints are referred to us, we investigate if we consider that the issue may be material to a landlord's delivery of the outcomes of our standards.

For more information about our approach to regulation, please see [Regulating the standards](#).

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| Theme            | RSH<br>STAN<br>DARD | RJ                                                                                                                                                                                                                                                                                                                        | ACTION                                                                                                                       | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01<br>Compliance | S&Q                 | <p>Fire safety: a lack of clarity about the length of time the outstanding remedial actions (3000+) had been open, as well as a lack of evidence of mitigations in place while these actions remain outstanding.</p> <p>Compliance data quality: Lack of assurance of data quality across areas of health and safety.</p> | Review / decision of the governance and associated structure aligned to compliance                                           | HIGH     |             | Tuesday         | 31/12/26       | <p>High level report shared with GMT re: recommendations for change.</p> <p>Detailed plan required re: next steps (aligned to roles and responsibilities / proposed structure etc)</p> <p>Tuesday to present the report at HIB (liaise with Zulf first)</p> <p>Progress has been paused whilst recruitment to the CEO and Director roles take place.</p> <p>Whilst the recruitment takes place, a number of measures are being implemented to improve compliance. Such measures include more robust monitoring of compliance at Housing Improvement Board and additional resource hired for FRA.</p> <p>Proposed structure going to Cabinet on 30/06/2026</p> |
| 01<br>Compliance | S&Q                 | <p>Fire safety: a lack of clarity about the length of time the outstanding remedial actions (3000+) had been open, as well as a lack of evidence of mitigations in place while these actions remain outstanding.</p> <p>Compliance data quality: Lack of</p>                                                              | Development and implementation of a written and clear interim action plan to resolve the issues aligned to FRA and Asbestos. | HIGH     |             | Darren          | 31/12/26       | Action plans for both FRA and asbestos have been developed and are currently being implemented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Theme            | RSH<br>STAN<br>DARD | RJ                                                                                            | ACTION                                                                                                                                                                                                                                | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                     |
|------------------|---------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |                     | assurance of data quality across areas of health and safety                                   |                                                                                                                                                                                                                                       |          |             |                 |                |                                                                                                                                                                              |
| 01<br>Compliance | S&Q                 | General feedback from RSH                                                                     | Clarify the responsibility of C3 actions from EICR services - and implement the process                                                                                                                                               | MED      |             | Andy            | 31/05/26       | Meeting scheduled with Assistant Director of Asset Management to agree next steps .                                                                                          |
| 01<br>Compliance | S&Q                 | Compliance data quality: Lack of assurance of data quality across areas of health and safety. | Ensure there is external and internal auditing for the Big 6 (including Co2 and Fire)<br><br>Consider options for further lines of defence (e.g. internal / external dip-tests and review of sub-contractor model, where appropriate) | MED      |             | Tuesday         | 31/05/26       | Tuesday and Chris to agree the approach<br>External and internal auditing in place for Gas and EICR.<br>Replication for other compliance streams to be developed by May 2026 |

| Theme  | RSH<br>STAN<br>DARD | RJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACTION                                                                                                                                                                                                                                                                                                                                                                                             | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                                              |
|--------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02 KIM | ALL                 | <p>(example)</p> <p>Compliance data quality: Lack of assurance of data quality across areas of health and safety.</p> <p>Stock Condition: Lack of accurate and up to date information on the quality of all of its tenants' homes (including any potential hazards in homes).</p> <p>Engagement activities: Due to the lack of data on its tenants, we cannot provide equitable access to tenant engagement activities.</p> <p>does not hold data on the protected characteristics of its tenants</p> | <p>Review of the governance, structure and procedures aligned to record-keeping / KIM, including agreement on;</p> <ul style="list-style-type: none"> <li>· roles &amp; responsibilities aligned to data management</li> <li>· resource required to meet required to sustain data quality</li> <li>· 'single version of the truth' getting to a point where what is reported is what is</li> </ul> | HIGH     |             | Andy            | 30/06/26       | <p>Initial discussions have taken place regarding data quality options</p> <p>Added as an agenda item for HIB in May 2026</p> <p>Further work required on the review</p> <p>This will align closely with the Total Mobile project</p> |
| 02 KIM | ALL                 | As above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Development and implementation of a written and clear action plan to resolve the issues aligned to KIM.</p> <p>Develop a clear plan for collection and use of tenant data and ensure there is a tested process so that any changes required to Capita are easily implemented</p>                                                                                                                | HIGH     |             | Andy            | 31/12/26       | <p>Some positive activities have been implemented, including data quality exercise on 'smokes' / new temporary officer.</p> <p>Action plan is required</p> <p>To be developed following guidance from HIB</p>                         |

| Theme  | RSH<br>STAN<br>DARD | RJ                        | ACTION                                                                                                                                                                                                                                                                                     | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------|---------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02 KIM | ALL                 | general feedback from RSH | <p>Strengthen the scrutiny of Housing, Repairs and Asset Management performance. To include offering Cabinet members training on Regulator and H&amp;S responsibilities</p> <p>n.b. The annual Housing report does not have the level of performance information RSH had hoped to see.</p> | HIGH     |             | Rachel          | 30/06/26       | <p>Detailed performance reports continue to be shared with Housing Improvement Board. This gives the Portfolio Holder for Housing more information to scrutinise performance of Housing and Asset Management</p> <p>Some positive activities have been implemented, including minuted meeting with Portfolio holder</p> <p>Monthly report being shared with Cabinet</p> <p>Currently investigating options to request scrutiny from GAS and O&amp;S</p> |
| 02 KIM | ALL                 | general feedback from HQN | <p>Create a definitive list of policies and procedures that either need updating or creating</p> <p>Ensure the policy review process is implemented so that policies are reviewed every 3 years and updated/ readopted/ replaced as required.</p>                                          | low      |             | Andy            | 31/12/26       | To commence in July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 02 KIM | Tenan<br>cy         | general feedback from HQN | <p>For learning purposes, consider introducing an annual report on tenancy outcomes (sustainability), identifying;</p> <ul style="list-style-type: none"> <li>number of evictions / not evicted but bailiff stage</li> <li>number tenancies that</li> </ul>                                | low      |             | Louise          | 31/12/26       | To commence in July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Theme  | RSH<br>STAN<br>DARD | RJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ACTION                                                                                                                                                                                                                                                                                                                                     | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | are failing<br>· Introductory tenancies<br>that are subsequently<br>abandoned                                                                                                                                                                                                                                                              |          |             |                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 02 KIM | TIA                 | <p>Diverse needs: does not fully understand the diverse needs of all its tenants.</p> <p>no evidence of a formal plan or targets for how we will collect data for all tenants.</p> <p>does not hold data on the protected characteristics of its tenants</p> <p>unable to proactively tailor services to meet all tenants' needs, or demonstrate that tenants are receiving fair and equitable outcomes (relies on tenants to inform of additional needs when they report a repair or require another service).</p> | <p>Development and implementation of a written and clear action plan to fully understand the diverse needs of all our tenants so we can tailor services to meet needs</p> <p>To include understanding / feasibility of how Capita and the iPlans could potentially be linked. If not feasible, alternative countermeasure to be agreed</p> | HIGH     |             | Kim D           | 30/06/26       | <p>Colleagues continue to contact our tenants to check that their records are up to date. Officers have now contacted over 2,100 General Needs tenants (an increase of 200 since last month's update). The aim is to reach out to all relevant tenants by 31 May 2026.</p> <p>Phase 2 of the project, visiting tenants where contact has not been made, is likely to start week commencing 13th April 2026.</p> <p>In regard to phase 3 of the project, it has been confirmed that the current Capita Open Housing system does not have the capacity to store all of the information held within I-Plans. However, there is an additional module which offers this functionality. A demonstration is being arranged and quotes have been requested to explore this option further.</p> |

| Theme  | RSH<br>STAN<br>DARD | RJ                                                                                                                                                                                                                                                | ACTION                                                                                                                                                                                                         | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                                                                                                                                                    |
|--------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02 KIM | TIA                 | Due to the lack of data on its tenants, Broxtowe BC cannot be assured it provides equitable access to tenant engagement activities. Broxtowe BC has made recent changes to how it engages with tenants, with a newly established scrutiny panel." | New action: Development and implementation of a written and clear action plan to improve equitable access to tenant engagement activities.                                                                     | MED      |             | Kim D           | 31/07/26       |                                                                                                                                                                                                                                                                                                                                             |
| 02 KIM | TIA                 | We also found weaknesses in the council's approach to collecting and providing performance information to tenants; there was limited performance information accessible for tenants to scrutinise the housing service's performance               | New action: agreement with HIP on what performance data is to be shared on a regular basis (and in what format)                                                                                                | MED      |             | Kim D           | 31/07/26       |                                                                                                                                                                                                                                                                                                                                             |
| 02 KIM | TIA                 | Complaints: limited evidence of how we identify and share lessons learnt                                                                                                                                                                          | Improve performance in responding to complaints on time, including...<br>* Implement a system to identify and record learning<br>* improve the communication on how to raise a complaint (i.e. on the website) | MED      | -           | Jeremy          | 30/06/26       | Standard agenda item at the quarterly Housing Management Team performance meeting<br><br>Regular discussions taking place with the Complaints Group (aligned with the Housing Influence Panel) on how we can learn from complaints and implement changes<br><br>Meeting scheduled with key stakeholders for 6/05/26 to agree tgh next steps |

| Theme                      | RSH<br>STAN<br>DARD | RJ                                                                                                                                                                    | ACTION                                                                                                                                                                   | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                                                                                                      |
|----------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02 KIM                     | TIA                 | general feedback from RSH                                                                                                                                             | Improve the visibility of reporting on analysis and associated service improvements. This includes TSM action plan being published for tenants online.                   | MED      | -           | Rachel          | 31/03/26       | TSM information can be found on the website and is also shared via current communication channels<br><br>TSM action plan progress report to be sent to the Housing Influence Panel for feedback in May 2026                                                                                   |
| 02 KIM                     | ALL                 | (example)<br><br>Stock Condition: Lack of accurate and up to date information on the quality of all of its tenants' homes (including any potential hazards in homes). | Implementation of Total Mobile                                                                                                                                           | HIGH     |             | Rachel          | 31/12/26       | Final Statement of Works has been signed off<br><br>Internal resource plan approved by HIB April 2026<br><br>Reset meeting with Total Mobile completed 16 April 2026<br><br>Order of rollout internally agreed<br><br>Total Mobile to share PID / POAP                                        |
| 03 Asset<br>Manageme<br>nt | S&Q                 | Stock Condition: Lack of accurate and up to date information on the quality of all of its tenants' homes (including any potential hazards in homes).                  | Continue with the implementation of the 2025-2030 asset management strategy. Developed from and aligned to the stock condition survey and the future investment program. | MED      |             | Darren          | 31/12/26       | Asset Management 'away-day' completed with colleagues to review progress of the strategy, identify barriers that are restricting progress and opportunities for improvement<br><br>A further 220 stock condition surveys have been completed<br><br>New Housing Development Manager recruited |

| Theme                      | RSH<br>STAN<br>DARD | RJ                        | ACTION                                                                                                                                                                                                                                                                                                                                                             | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                        |
|----------------------------|---------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 03 Asset<br>Manageme<br>nt | S&Q                 | general feedback from HQN | Review adaptations service–<br>agree clear service measures<br>with tenants, implement and<br>monitor service delivery                                                                                                                                                                                                                                             | MED      |             | Darren          | 31/12/26       | To commence in July 2026                                                                                                                        |
| 04 Housing                 | S&Q                 | general feedback from HQN | Ensure the (currently draft)<br>Damp and Mould policy is fully<br>resourced to enable all desired<br>action aligned to Awaab's Law.                                                                                                                                                                                                                                | HIGH     |             | Rachel          | 30/06/26       | Interim senior inspector has been in<br>position for the last five months.<br>Permanent resources currently being<br>reviewed                   |
| 04 Housing                 | N&C                 | general feedback from HQN | Implement process<br>improvements aligned to<br>estate walkabouts – ensuring<br>there is;<br>· a regular schedule in<br>place<br>· monitoring of attendance<br>and issues identified/ follow up<br>actions delivered<br>· a clear and tested<br>process so that any changes<br>required to Capita are easily<br>updated<br>· good publicity captured<br>and shared | MED      |             | Kim D           | 31/07/26       | Reviewing best-practice examples from<br>other authorities to ascertain how to<br>improve current process<br><br>Pilot to commence in July 2026 |

| Theme               | RSH<br>STAN<br>DARD | RJ                                                                                                                                                                                                                                                                                                                                 | ACTION                                                                                                                                                                                                                                                                  | Priority | R<br>A<br>G | Lead<br>Officer | Target<br>Date | Progress                                                                                                                                                                                                     |
|---------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 04 Housing          | N&C                 | ASB: the accessibility of information available for tenants reporting ASB and hate crime, and how we take prompt and appropriate action.<br><br>there are weaknesses in the accessibility of information available for tenants reporting ASB and hate crime, and how it is assured that it is taking prompt and appropriate action | Improving the information available for tenants reporting ASB and hate crime, to enable the Council to take prompt and appropriate action<br><br>Action plan to be developed to identify how BBC are assured that it is taking prompt and appropriate action            | MED      | -           | Louise          | 31/03/26       | Website search terms have been simplified<br><br>The link to the Housing section is more prominent on the home page<br><br>Further communications being developed to highlight improvements and achievements |
| 05 Staff Engagement | ALL                 | Internal feedback                                                                                                                                                                                                                                                                                                                  | Develop and implement a staff engagement and behaviour guidance document / code of conduct (aligned to the upcoming additional Standard) that defines expected behaviours and engagement principles aligned to organisational values (including continuous improvement) | MED      |             | Kim D           | 31/05/26       | Meeting scheduled with the new Director and Assistant Director of Asset Management to plan next steps                                                                                                        |
| 05 Staff Engagement | ALL                 | Internal feedback                                                                                                                                                                                                                                                                                                                  | Complete a service-wide training needs analysis and produce a role-based training needs matrix (e.g. operatives) in preparation for the upcoming additional Standard                                                                                                    | MED      |             | Kim D           | 31/08/26       | Being developed as part of the appraisal process<br><br>Annual 'training needs' spreadsheet currently being refreshed following appraisals                                                                   |
| 05 Staff Engagement | ALL                 | Internal feedback                                                                                                                                                                                                                                                                                                                  | Introduce mechanisms to improve team cohesion and collaboration                                                                                                                                                                                                         | MED      |             | Rachel          | 31/08/26       | Meeting scheduled with the new Director and Assistant Director of Asset Management to plan next steps                                                                                                        |

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**HOUSING IMPROVEMENT BOARD AGENDA.11.06.26**

| <b>No</b> | <b>Item</b>                                                                                                                                                                                                                                                                       |                          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>1.</b> | <b>Welcome / apologies</b>                                                                                                                                                                                                                                                        | <b>ZD</b>                |
| <b>2.</b> | <b>Minutes of last meeting: 14/05/26</b>                                                                                                                                                                                                                                          | <b>ZD/All</b>            |
| <b>3.</b> | <b>Discussion point: non-access</b>                                                                                                                                                                                                                                               | <b>All</b>               |
| <b>4.</b> | <b>Compliance updates:</b> <ul style="list-style-type: none"> <li>○ <b>Review and scrutiny of the Safety Performance Report</b></li> </ul>                                                                                                                                        | <b>All</b>               |
| <b>5.</b> | <b>Review of Service Improvement Plan actions:</b> <ul style="list-style-type: none"> <li>○ <b>Compliance</b></li> <li>○ <b>Knowledge &amp; Information Management</b></li> <li>○ <b>Asset Management</b></li> <li>○ <b>Housing</b></li> <li>○ <b>Staff Engagement</b></li> </ul> | <b>AC / All</b>          |
| <b>6.</b> | <b>Housing Influence Panel (HIP) feedback:</b> <ul style="list-style-type: none"> <li>○ <b>Update on current topics and next steps</b></li> </ul>                                                                                                                                 | <b>AH</b>                |
| <b>7.</b> | <b>Discussion point: upcoming meeting with the Regulator</b>                                                                                                                                                                                                                      | <b>All</b>               |
| <b>8.</b> | <b>Any other business</b>                                                                                                                                                                                                                                                         | <b>All</b>               |
| <b>9.</b> | <b>Private and Confidential matters</b>                                                                                                                                                                                                                                           | <b>GMT /<br/>AC / VS</b> |

**Future Meetings:** Next meeting – Thursday 09.07.26 4pm.

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|                                  |
|----------------------------------|
| <b>Safety Performance Report</b> |
|----------------------------------|

1. Purpose of Report  
To provide Housing Improvement Board with an update on key areas of Housing and Asset management, including the 'Big 6' compliance themes (plus Damp & Mould).
2. Recommendation  
**To NOTE the contents of the report and provide guidance on the considerations within 'additional information' sections**
3. Detail

Figure 1: Month end figures (n.b. FRA data captured from 8/6/26)

|       |                                             | Feb 26 | Mar 26 | Apr 26 | May 26 | Jun 26 | Jul 26 | Aug 26 | RAG |
|-------|---------------------------------------------|--------|--------|--------|--------|--------|--------|--------|-----|
| 1(a). | FRA % compliance (assessment)               | 100    | 100    | 100    | 100    | 100    |        |        |     |
| 1(b). | FRA % compliance (action)                   | 95     | 95     | 95     | 95     | 94     |        |        |     |
| 1(c). | FRA No. outstanding (action)                | 3,117  | 2,876  | 2,691  | 2,447  | 2,330  |        |        |     |
| 1(d). | FRA No. overdue (action)                    | 115    | 160    | 148    | 124    | 117    |        |        |     |
| 2.    | Gas % compliance                            | 100    | 100    | 100    | 100    |        |        |        |     |
| 3.    | LOLER % compliance                          | 100    | 100    | 100    | 100    |        |        |        |     |
| 4.    | Legionella % compliance                     | 100    | 100    | 100    | 100    |        |        |        |     |
| 5.    | Electrical % compliance                     | 98.1   | 98.3   | 98.38  | 97.91  |        |        |        |     |
| 6(a). | Asbestos % communal compliance (assessment) | 100    | 100    | 100    | 100    |        |        |        |     |
| 7(a). | D&M No. outstanding                         | 233    | 142    | 104    | 106    |        |        |        |     |
| 7(b). | D&M No. outstanding >12 weeks               | 119    | 41     | 30     | 31     |        |        |        |     |
| 7(c). | D&M No. new cases reported                  | 60     | 67     | 43     | 26     |        |        |        |     |

|                             |
|-----------------------------|
| <b>Fire Risk Management</b> |
|-----------------------------|

1. Detail

Figure 2 highlights the number of current actions related to the prioritisation and risk level identified by Savills Any information in 'red' identifies the categories where actions are overdue. These actions (133 in total) are being acted upon as a matter of urgency.

| Priority    | Responsible function                 | Risk Level 1          | Risk Level 2        | Risk Level 3            | Totals       |
|-------------|--------------------------------------|-----------------------|---------------------|-------------------------|--------------|
| <b>U</b>    | Urgent                               | 1 day<br>(0)          | 1 day<br>(0)        | 1 day<br>(0)            | <b>0</b>     |
| <b>A</b>    | Contractor                           | 3 months<br>(33 / 27) | 6 months<br>(4 / 2) | 12 months<br>(408 / 21) | 445          |
| <b>B</b>    | Contractor                           | 12 months<br>(58)     | 18 months<br>(4)    | 24 months<br>(372)      | 434          |
| <b>C</b>    | Contractor                           | 18 months<br>(49)     | 24 months<br>(5)    | 30 months<br>(116)      | 170          |
| <b>R</b>    | Contractor Recommended               | Unlimited<br>(25)     | Unlimited<br>(1)    | Unlimited<br>(73)       | 99           |
| <b>Man1</b> | Management function                  | 1 month<br>(2 / 2)    | 1 month<br>(1 / 1)  | 1 month<br>(0 / 0)      | 3            |
| <b>Man2</b> | Management function                  | 3 months<br>(94 / 64) | 12 months<br>(6)    | 24 months<br>(1,076)    | 1,176        |
| <b>Man3</b> | Management function                  | 6 months<br>(0)       | 18 months<br>(0)    | 30 months<br>(0)        | 0            |
| <b>ManR</b> | Management function<br>(Recommended) | Unlimited<br>(0)      | Unlimited<br>(0)    | Unlimited<br>(3)        | 3            |
|             | total                                | 267                   | 22                  | 2,057                   | <b>2,330</b> |

Figure 3 highlights the current state of actions.

| Item               | Feb 26       | Mar 26       | Apr 26       | May 26       | Jun 26       | Jul 26 | Aug 26 |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------|--------|
| Contractor actions | 1683         | 1440         | 1319         | 1134         | 1148         |        |        |
| A                  | (606)        | (487)        | (476)        | (473)        | (445)        |        |        |
| B                  | (620)        | (539)        | (492)        | (466)        | (434)        |        |        |
| C                  | (316)        | (276)        | (248)        | (195)        | (170)        |        |        |
| R                  | (141)        | (138)        | (102)        | (98)         | (99)         |        |        |
| (overdue)          | (19)         | (32)         | (29)         | (32)         | (50)         |        |        |
| (overdue <60 days) | (34)         | (16)         | (15)         | (3)          | (9)          |        |        |
| Management actions | 1434         | 1,436        | 1,372        | 1,215        | 1,182        |        |        |
| Man 1              | (15)         | (23)         | (16)         | (6)          | (3)          |        |        |
| Man 2              | (1,413)      | (1,407)      | (1,350)      | (1,203)      | (1,176)      |        |        |
| Man 3              | (0)          | (0)          | (0)          | (0)          | (0)          |        |        |
| Man R              | (6)          | (6)          | (6)          | (6)          | (3)          |        |        |
| (overdue)          | (96)         | (128)        | (119)        | (92)         | (67)         |        |        |
| (overdue <60 days) | (52)         | (16)         | (2)          | (38)         | (8)          |        |        |
| Total              | <b>3,117</b> | <b>2,876</b> | <b>2,691</b> | <b>2,447</b> | <b>2,330</b> |        |        |

## 2. Additional information

- **Mitigation**

- Change Delivery Manager has worked with key colleagues to develop the mitigation plan. Please refer to appendix 1 for an overview of the plan.
- Please refer to appendix 2 for an overview of the overdue actions.

- **Communication**

- The tenant fire safety booklets and leaflets have been distributed to relevant tenants.

- **Resource**

- The Capital Works Manager has taken back accountability of the FRA programme.

- **Risks / Issues**

- The number of overdue actions has decreased from 124 to 117. Extra scrutiny in place to review and mitigate.
- There are currently delays to the implementation of actions related to doors due to procurement timelines

- **HIB to consider the following...**

- There may be periods where the completion run rate may drop (e.g. the completion of more technical / structural actions)
- Completion of some FRA actions may generate further work or follow-up recommendations (e.g. upgrading of emergency lighting)

**Gas Servicing**1. Detail**Gas**

100% compliance was achieved in this period.

2. Additional information

There were 330 completed services throughout the month. Two properties had a legal letter, but no cases required progression to court. One external meter was capped to maintain compliancy.

**LOLER (Lifts)**1. Detail

100% compliance was achieved in this period.

2. Additional information

One lift required inspection in this period. All lifts remain compliant.

**Legionella**1. Detail

100% compliance was achieved in this period.

2. Additional information

All sites have had new risk assessments completed, which has identified 85 remedial actions:

High risk - 2  
Medium risk - 56  
High risk - 24

Completed in this period  
High risk - 12  
Medium risk - 3  
Low risk - 2

High risk actions will be completed within one month of the survey. Medium and low risk actions will be completed within three months of the survey. There are no concerns that these deadlines will not be met.

**Electrical**1. Detail

97.91% compliance was achieved in this period.

2. Additional information

There are currently 99 properties overdue.

There are no communal areas overdue.

There has been admin resource issues to upload certificates into the system. We believe we have approximately 15 properties which are overdue to upload which would sit us around the 84 overdue mark which would be approx. 98.2%

## Asbestos

### 1. Detail

All communal blocks (318 identified for this work stream) have received an annual survey. A rolling programme of re-inspection has commenced with our contractor MCP (as each report is valid for 12 months). With regards to current inspections:

- A total of 19 blocks have been identified as having no asbestos.
- 17 areas of asbestos have been identified as needing removing (the 4 highest priority areas have been completed)
- 3 areas of asbestos have been identified as needing encapsulation

Our Asset Management Consultants (Focus) continue to work with MCP and the removals specialists EAS to plan and complete the remedial action.

Figure 4 highlights the status of the 17 areas of removal

| Building Name           | Location Description     | Item                        | Material                                     | Status           |
|-------------------------|--------------------------|-----------------------------|----------------------------------------------|------------------|
| Block 6 Martell Court   | External                 | Debris                      | Cement                                       | Complete         |
| 1-15 Bradley Court      | External                 | Profiled roof sheets        | Cement                                       | Complete         |
| 1-15 Bradley Court      | External                 | Profiled roof sheets debris | Cement                                       | Complete         |
| 2-12 Manor Road         | Flat 2/4 Entrance Hall 1 | Floor                       | Thermoplastic floor tiles & bitumen adhesive | Complete         |
| Regency Court           | Electric cupboard        | Flue seal                   | Woven product                                | To be programmed |
| Blocks 1-4 Beacon Flats | Block 1                  | Cowls                       | Bituminous product                           | To be programmed |
| Blocks 1-4 Beacon Flats | Block 1                  | Undercloaking               | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 1                  | Wall panels                 | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 2                  | Cowls                       | Bituminous product                           | To be programmed |
| Blocks 1-4 Beacon Flats | Block 2                  | Undercloaking               | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 2                  | Wall panels                 | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 3                  | Cowls                       | Bituminous product                           | To be programmed |
| Blocks 1-4 Beacon Flats | Block 3                  | Undercloaking               | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 3                  | Wall panels                 | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 4                  | Undercloaking               | Cement                                       | To be programmed |
| Blocks 1-4 Beacon Flats | Block 4                  | Wall panels                 | Cement                                       | To be programmed |
| 1-36 Yew Tree Court     | External                 | Roof tiles                  | Cement                                       | To be programmed |

## Damp and Mould

### 1. Detail

As this is the first time Damp and Mould has been included in the Safety Performance Report, it was deemed prudent to give an overview of recent activity. Over the last nine months, significant progress has been made in strengthening the Council's approach to damp and mould in line with the implementation of Awaab's Law. Key achievements include:

- A comprehensive review and re-write of the Damp and Mould Policy
- Development and implementation of an in-house damp and mould tracking system.
- Recruitment of an interim D&M Inspector to provide additional operational oversight and support.
- Strengthened working arrangements with the Council's repairs contractor (Bagley & Jenkins)

Whilst the service is responding effectively to the highest-risk cases, several operational challenges continue to affect overall performance and the Council's ability to adhere to policy timescales. Challenges include:

- Difficulties gaining entry into properties can delay inspections, surveys and remedial works
- Not having any dedicated administrative support to help the interim D&M inspector with coordination, progress monitoring and performance reporting
- The absence of key colleagues within other areas of Housing reducing operational oversight on Damp and Mould performance
- Limited number of internal painters dedicated to this workstream

Although there have been challenges, the number of outstanding cases has reduced by 55% over the last 4 months. The Housing Repairs and Compliance Manager is planning to review the performance of this workstream during the summer period to ensure readiness for increased winter demand. This planning will also coincide with the proposed restructure of compliance.

## Appendix 1: FRA mitigation plan

| No. | Theme                                                      | Action Item                                                                                                          | Priority | Lead Officer (s) | Support team | Target Date |
|-----|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|------------------|--------------|-------------|
| 1   | Fire booklet / leaflets                                    | approval of draft documents                                                                                          | complete | Andy             |              |             |
| 2   | Fire booklet / leaflets                                    | send to printers                                                                                                     | complete | Jon              |              |             |
| 3   | Fire booklet / leaflets                                    | Update distribution spreadsheet                                                                                      | complete | Clare            |              |             |
| 4   | Fire booklet / leaflets                                    | Liaise with Business Support re: General Needs distribution                                                          | complete | Andy             |              |             |
| 5   | Fire booklet / leaflets                                    | Arrange for volunteers to help with IL distribution                                                                  | complete | Andy             |              |             |
| 6   | Fire booklet / leaflets                                    | distribute to General Needs                                                                                          | complete | BS               |              |             |
| 7   | Fire booklet / leaflets                                    | distribute to IL                                                                                                     | complete | Clare            |              |             |
| 8   | Fire booklet / leaflets                                    | Handover of process                                                                                                  | medium   | Clare            |              | 30/06/2026  |
| 9   | Fire booklet / leaflets                                    | plan for 2027 (review / refresh literature)                                                                          | low      | Harriet          |              | 31/12/2026  |
| 10  | Toolbox talks re: bin storage                              | Liaise with Emma G re: dates for toolbox talk                                                                        | medium   | Steve            | Harriet      | 31/07/2026  |
| 11  | Toolbox talks re: bin storage                              | meet with operatives to share key message                                                                            | medium   | Steve            | Harriet      | 31/07/2026  |
| 12  | Toolbox talks re: bin storage                              | monitor impact of toolbox talk / arrange follow-up session if required                                               | medium   | Steve            | Harriet      | 31/07/2026  |
| 13  | Charley P training                                         | Liaise with relevant training providers on potential rollout                                                         | complete | Louise           |              |             |
| 14  | Charley P training                                         | Arrange for all relevant tenancy and IL colleagues to receive face-to-face Charlie P training                        | complete | Louise           |              |             |
| 15  | Charley P training                                         | Organise online training for all new starters (or in person if running)                                              | complete | Louise           |              |             |
| 16  | Charley P training                                         | Train tenancy team on the development of PCRA when relevant vulnerability is identified                              | complete | Louise           |              |             |
| 17  | Charley P training                                         | Train allocations team on process of passing information across to tenancy team relevant vulnerability is identified | complete | Louise           |              |             |
| 18  | Charley P training                                         | Rollout online training for all relevant tenant-facing staff (e.g. mods officers / operatives)                       | medium   | Louise           |              | on-going    |
| 19  | Monitor the sterile area approach                          | Communication to tenants on sterile areas approach                                                                   | complete | Louise           | Clare        |             |
| 20  | Monitor the sterile area approach                          | complete all actions aligned to sterile areas from FRA                                                               | complete | Louise           | Clare        |             |
| 21  | Monitor the sterile area approach                          | Housing Officers to identify and resolve any sterile area issues within estate inspections                           | complete | Louise           |              |             |
| 22  | Monitor the sterile area approach                          | ILC to identify and resolve any sterile area issues within estate inspections                                        | complete | Clare            |              |             |
| 23  | Monitor the sterile area approach                          | Train mobile cleaners / caretakers on process to identify / and report issues with sterile areas                     | complete | Louise           |              |             |
| 24  | Monitor the sterile area approach                          | Monitor progress and report any issues to HIB                                                                        | medium   | Louise           | Clare        | on-going    |
| 25  | Monitor the sterile area approach                          | prepare teams for FRA anniversary                                                                                    | medium   | Louise           | Clare        | on-going    |
| 26  | Programme of coffee mornings re: Fire safety advice / NRFS | Liaison with the Fire service on options for rollout                                                                 | medium   | April            | Tuesday      | 31/05/2026  |
| 27  | Programme of coffee mornings re: Fire safety advice / NRFS | ensure key messages from NRFS align with policy                                                                      | high     | April            | Tuesday      | 10/06/2026  |
| 28  | Programme of coffee mornings re: Fire safety advice / NRFS | schedule a programme of rollout (aligned to the FRA remedial plans)                                                  | high     | April            | Andy         | 10/06/2026  |
| 29  | Programme of coffee mornings re: Fire safety advice / NRFS | Work with the activities coordinators to schedule the dates                                                          | medium   | April            |              | 10/06/2026  |
| 30  | Programme of coffee mornings re: Fire safety advice / NRFS | Liaise with internal colleagues regarding invites / sessions                                                         | medium   | April            |              | 30/06/2026  |
| 31  | Programme of coffee mornings re: Fire safety advice / NRFS | Agree with senior management attendees (e.g. Cllrs)                                                                  | medium   | April            |              | 30/06/2026  |
| 32  | Programme of coffee mornings re: Fire safety advice / NRFS | Organise supplies (e.g. refreshments / freebies etc)                                                                 | medium   | April            |              | 30/06/2026  |
| 33  | Programme of coffee mornings re: Fire safety advice / NRFS | create feedback process                                                                                              | medium   | April            |              | 30/06/2026  |
| 34  | Programme of coffee mornings re: Fire safety advice / NRFS | Communicate / invite tenants                                                                                         | medium   | April            |              | 30/07/2026  |
| 35  | Programme of coffee mornings re: Fire safety advice / NRFS | review feedback and improve                                                                                          | medium   | April            |              | 30/09/2026  |
| 36  | Community events / pop ups                                 | Trial and test pop up at Hemlock Happening (6/6/2026)                                                                | medium   | April            |              | 06/06/2026  |
| 37  | Community events / pop ups                                 | Organise supplies (e.g. refreshments / freebies / fliers / games / quizzes etc)                                      | medium   | April            |              | 06/06/2026  |
| 38  | Community events / pop ups                                 | review feedback and improve                                                                                          | medium   | April            |              | 10/06/2026  |
| 39  | Community events / pop ups                                 | Plan to utilise the organised Playdays across the summer                                                             | medium   | April            |              | 30/06/2026  |
| 40  | Community events / pop ups                                 | Utilise Housing News for compliance articles                                                                         | medium   | April            |              | 30/07/2026  |
| 41  | Community events / pop ups                                 | Utilise Housing Magazine for compliance articles                                                                     | medium   | April            |              | 30/08/2026  |
| 42  | Community events / pop ups                                 | Rolling programme of Socials - for compliance topics                                                                 | medium   | April            |              | 30/08/2026  |
| 43  | Contractor method statements                               | develop, share and communicate                                                                                       | medium   | Steve            | Harriet      | 30/08/2026  |

**Appendix 2: overview of overdue actions**

|                                                                                                                                                                                                                                                                                                                                                     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| The Grade A common area fire alarm system should be confirmed as having been designed and installed to support the Stay Put strategy. This requires there to be no common system smoke detectors and sounders in flats and that the sound pressure level within flats from the common system does not exceed 45dB(A). (No. of Flats to check is 36) | 24 |
| Common area doors and frames as noted should be replaced with E30S (FD30S) lockable fire door sets, installed strictly in accordance with the manufacturer's test certification, including appropriate 'Fire door keep locked' signage to the outer face.                                                                                           | 19 |
| 30-minute fire resisting material should be installed in the fanlights and/or side panels to common area fire doors as noted.                                                                                                                                                                                                                       | 17 |
| It should be confirmed/ensured that the wall/ceiling linings noted achieve the required period of fire resistance.                                                                                                                                                                                                                                  | 8  |
| Compartmentation within the roof space over the common area should be checked to confirm that there is adequate separation between the flats and the common area, and where applicable, between individual flats.                                                                                                                                   | 7  |
| A sample check should be made of the boxed-in services ductwork to confirm that the construction is adequately fire resisting and that compartmentation behind has not been compromised at services penetrations etc.                                                                                                                               | 4  |
| An inspection of the hidden voids noted should be undertaken to confirm/ensure that compartmentation within is adequate.                                                                                                                                                                                                                            | 3  |
| It should be confirmed/ensured that the external attachments as noted are suitably non-combustible to reduce the possibility of external fire spread.                                                                                                                                                                                               | 3  |
| Minor joinery repairs are required to the door/frame as noted - Common area doors where incorrectly fitted or missing the floor plate/threshold plate should be remediated. This should ensure the threshold gaps do not exceed 10mm when correctly fitted. This related to cross corridor doors, stairway doors and cupboard doors.                | 3  |
| E 30 (30-minutes integrity) fire resisting glazing (and associated glazing channel and beading) should be installed in the common area fire doors as noted.                                                                                                                                                                                         | 2  |
| It should be arranged for an assessment of the external wall construction to be completed by a competent person. The findings of this assessment should be shared with Savills so that any impact on fire safety can be considered before reviewing this FRA.                                                                                       | 2  |
| It should be confirmed/ensured that the fire blankets provided in the kitchen are serviced annually in accordance with BS 5306-3 and records kept on-site or in a central database.                                                                                                                                                                 | 2  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| It should be confirmed/ensured that the infill panels are adequate to reduce the possibility of external fire spread.                                                                                                                                                                                                                                                                                                                    | 2 |
| It should be confirmed/ensured that the scaffolding contractor's fire risk assessment has taken account of the potential for external fire spread and any possible impact on smoke ventilation from protected routes within the building.                                                                                                                                                                                                | 2 |
| The locking device to the gate on the escape route as noted should be removed or replaced with a lock which can be easily opened without the use of a key.                                                                                                                                                                                                                                                                               | 2 |
| All fire extinguishers and associated signage should be removed from this general needs, purpose-built block of 18 flats, operating a stay put policy                                                                                                                                                                                                                                                                                    | 1 |
| An effective self-closing device should be fitted to the doors as noted.                                                                                                                                                                                                                                                                                                                                                                 | 1 |
| Doors and frames as noted should be replaced with E30S (FD30S) self-closing fire door sets, installed strictly in accordance with the manufacturer's test certification.                                                                                                                                                                                                                                                                 | 1 |
| It should be confirmed/ensured that staff are nominated to use fire extinguishing appliances in the event of a fire.                                                                                                                                                                                                                                                                                                                     | 1 |
| It should be ensured that all common area cupboard/riser doors are kept locked when not in use.                                                                                                                                                                                                                                                                                                                                          | 1 |
| Management should confirm the guest room has the required means of escape and AFD.                                                                                                                                                                                                                                                                                                                                                       | 1 |
| Services casing as noted should be checked to confirm that they are appropriately enclosed with fire-resisting construction and adequately fire-stopped where services pass through compartment walls/floors.                                                                                                                                                                                                                            | 1 |
| The BS5839-1 category L5 common area automatic fire detection system should be checked to confirm that it has been extended into individual flats if required in accordance with the NFCC publication 'Guidance to support a temporary change to a simultaneous evacuation strategy in purpose-built blocks of flats', Version 4, Appendix A (25 flats). This is in addition to any Waking Watch/Evacuation Management service provided. | 1 |
| The central mechanical ventilation system should be confirmed as being designed and installed to prevent the transfer of fire and smoke through the building.                                                                                                                                                                                                                                                                            | 1 |
| The damaged lock fitted to the building entrance door should be replaced with an easy opening device (e.g. thumb turn) to enable the door to be opened from the inside without the use of a key. 'Turn to Open' signage indicating the turn direction of the lock should be provided where appropriate.                                                                                                                                  | 1 |
| The detector heads as noted should be checked by an approved competent fire alarm engineer to determine if the type is suitable for the risk presented. The correct detector types should be fitted where appropriate.                                                                                                                                                                                                                   | 1 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| The Euro key lock on the door should be replaced with an easy opening device (e.g. thumb turn) to enable the door to be opened from the inside without the use of a key. 'Turn to Open' signage indicating the turn direction of the lock should be provided where appropriate.                                                                                                                                                          | 1 |
| The locked riser/cupboard doors as noted should be checked to confirm that adequate intumescent strips and smoke seals are fitted.                                                                                                                                                                                                                                                                                                       | 1 |
| The self-closing devices fitted to the doors as noted should be repaired or adjusted to ensure the door closes fully from all angles.                                                                                                                                                                                                                                                                                                    | 1 |
| The Tunstall fire alarm systems can be configured to meet a BS 5839-6 Grade A Category LD2 system common area fire alarm system should be confirmed as having been designed and installed to support the Stay Put strategy. This requires there to be no common system smoke detectors and sounders in flats and that the sound pressure level within flats from the common system does not exceed 45dB(A). (No. of Flats to check is 4) | 1 |
| The ventilation points should be confirmed as being designed and installed to prevent the transfer of fire and smoke through the building.                                                                                                                                                                                                                                                                                               | 1 |
| The windows between the balconies and the common area, as noted, should be upgraded with fixed shut fire-resistant units to provide 30 minutes fire resistance (integrity and insulation).                                                                                                                                                                                                                                               | 1 |

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**HOUSING IMPROVEMENT BOARD (HIB)****MEETING MINUTES 10.06.2026****Present**

- Zulf Darr, ZD (Interim Chief Executive)
- Vanessa Smith, VC (Councillor, Portfolio Holder for Housing)
- Rachel Shaw, RS (Assistant Director of Housing)
- Darren Ibell, DI (Assistant Director of Asset Management)
- Emma Georgiou, EG (Assistant Director of Environment)
- Razina Ayoub – Head of Legal Services
- Andy Culshaw (Change Delivery Manager)
- April Hatcher, AH (Engagement Manager)
- Stuart Tyler, ST (tenant representative)
- Patrisha Clay, TC (Tenant representative)

**Apologies:**

- Martin Paine, MP (Interim Deputy Chief Executive)
- Sachdev Khosa (Director of Legal and Democratic Services / Monitoring Officer)
- Tuesday Hanley, TH (Head of Health, Safety, Compliance and Emergency Planning)

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1  | <p><b><u>Open actions from previous meeting</u></b></p> <p><b>DI and team to coordinate non-access activity with Matt Yates and Legal Services:</b> Ongoing activity (<i>please refer to notes below, Legal are co-ordinating an approach across Repairs and A&amp;D in terms of the use of legal powers, to secure access for viable work streams.</i>)</p> <p><b>RS to liaise with Cabinet Members regarding training on Regulator and health &amp; safety responsibilities:</b> to consider a training session before council meeting. RS to schedule coinciding with Full Council.</p> | <p>DI</p> <p>RS</p> |
| 2. | <p><b><u>Discussion point: non-access</u></b></p> <p>AC gave a verbal update to HIB from SK. Unfortunately, SK could not attend the meeting due to a meeting clash re: LGR. It is probable that RA will be the legal representative going forward.</p> <p>The legal team have commissioned external advice to ascertain whether there are more efficient processes (that we could learn from) to support the non-access issue. The team have also reached out to neighbouring Authorities to capture further guidance.</p>                                                                 |                     |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|   | <p>The suggestion is to hold a separate meeting with key stakeholders to review the external advice and agree next steps.</p> <ul style="list-style-type: none"> <li><b>ACTION: AC to liaise with SK and RA to arrange the non-access meeting</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AC |
| 3 | <p><b><u>Compliance – the Big Six</u></b></p> <ul style="list-style-type: none"> <li>RS and DI gave an overview of the submitted Safety Performance Report</li> </ul> <p><b>FRA</b></p> <ul style="list-style-type: none"> <li>DI stated that we are on a reducing trend, but numbers are still quite high. Of the 117 overdue, 34 are fire door related. There are supply issues due to a number of different social housing providers requiring stock. None of the overdue are urgent. There are circa. 25 that relate to the Tunstall alarm system.</li> <li>DI was pleased with the recent article in the Nottingham Post, giving a balanced view. The trend is going in the right way. Two large procurement process are coming to an end (aligned to fire door contracts)</li> <li>ZD queried the appetite of the contractors to complete the work.</li> <li>DI explained that we have McConnells, Astraseal and A&amp;G working on the actions. their performance is monitored by the team and Focus.</li> <li>AC stated that there is a lot of scrutiny on the overdue actions. there is also scrutiny on the actions that are at risk of becoming overdue. Currently, within the next 60 days, there are only 17 actions at risk. If the team focus on these, then we should see a reduction in overdue.</li> <li>VS queried whether we have mitigation in place regarding evacuation plans? Are we changing advice on stay put?</li> <li><i>Post meeting note - The approach, once all outstanding FRA remedial works have been completed, to formally submit a request through GMT and Cabinet, to recommend that all General Needs blocks move to a Stay Put protocol.</i></li> <li>AC shared the mitigation plan and explained that this has been developed in the knowledge that some schemes will have actions completed earlier than others. All tenants in IL and General Needs blocks have recently received a Fire Safety booklet and leaflet explaining the evacuation procedure. AH is in the process of organising coffee mornings across the borough in schemes with fire rescue service to give further advice.</li> <li>TC shared positive feedback regarding the letter residents received from DI on the remedial works where PC lives. PC was complimentary on the clarity about what was going to happen and by whom. TC also</li> </ul> |    |

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shared that, within two days of the letter being received, a large print poster was shared by McConnells with clear and useful information.

- DI appreciated the feedback and is pleased that the communication has improved.
- AH suggested that the HIP could get involved in future procurement processes. DI agreed. The Modernisation Working Group is looking to include involved customers in the work being done to procure the new capital works contracts for 27-28.

**Gas**

- RS shared that Dario has handed in his notice, meaning there is a slight risk of slippage re: Gas Servicing (post is difficult to recruit to). RS to keep HIB updated on recruitment

**EICR**

- ZD questioned why the compliance rate has dropped
- RS stated that there has been absence issues within admin support and MY has been on paternity leave. Additional checks have been completed, but the information isn't in the system. We only count each service when properly checked within the system. There are non-access issues within this workstream.

**ASBESTOS**

- RS asks why Yew Tree requires roof tile replacement as we have similar roof tiles in other areas.
- DI will get the details and report back
- *Post meeting note: Rain continues to come through communal lounge ceiling down the walls & quiet room / damaging the ceiling tiles. This has led to a large scale repair, and the removal of significant levels of asbestos cement.*
- EG asked for clarity on how many of the blocks have asbestos and how many are labelled / captured on the register.
- DI explained that 19 out of the 318 blocks don't have asbestos. The register is held via MCP, with EAS being our removals contractor. The plan is to move all the data on to Total Mobile in the future.
- RS commented that some of the blocks should be on the dip-test sample.
- ZD asked what percentage of domestic have been tested?
- DI stated that R&D and sample tests are completed regularly when required (i.e. prior to a relevant repair), however, we are also experiencing non-access in this area.

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|   | <ul style="list-style-type: none"> <li>• EG tabled the draft dip-test report from TH.</li> <li>• RS stated that we want to focus on the 10 sample sites.</li> <li>• VS reiterated the requirement about us having reassurance that the data is aligned</li> <li>• EG will liaise with TH re: amendments to the draft report</li> </ul><br><ul style="list-style-type: none"> <li>• <b>ACTION:</b></li> <li>• <b>DI to share details of Yew-Tree roof</b></li> <li>• <b>EG to liaise with TH re: suggested amendments to the Asbestos dip-test report</b></li> </ul> <p><b>DAMP and Mould</b></p> <ul style="list-style-type: none"> <li>• AC gave an update on this workstream. JW has had challenges with resources/staff sickness. JW is keen to get more internal painters in to reduce the cases. We will need to review repeat request for service. The tracker identifies where there are clusters.</li> <li>• VS states that the number of outstanding cases is a concern. Do we need to look at getting more resources? If we have outstanding cases now in the summer, it will be a different challenge once the winter hits.</li> <li>• RS states that this should be resolved with the compliance restructure. We have experienced some resourcing challenges. This workstream will sit with new manager with additional resources.</li> <li>• DI to share / present portal re: AICO pilot to tenants at a separate meeting</li> <li>• ZD appreciates the rich detail on compliance and is pleased with progress.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>DI to share / present portal re: AICO pilot to tenant reps at a separate meeting</b></li> </ul> | <div style="text-align: right;">DI<br/>EG</div> <div style="text-align: right;">DI</div> |
| 4 | <p><b>Review of Service Improvement Plan actions:</b></p> <ul style="list-style-type: none"> <li>• AC gave an overview of the Service Improvement Plan. Each action now aligns with the Regulatory judgement. Anything in red is additional information following RSH feedback</li> <li>• The proposed compliance restructure is going to Cabinet on the 30<sup>th</sup> June.</li> <li>• Although the KIM actions have paused, there is a lot of data cleansing taking place in the Tenant Data project and preparation in Total Mobile rollout.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |

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|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|   | <ul style="list-style-type: none"> <li>The level of scrutiny is to increase going forward, with HIP having more clarity on what to focus on and GAS completing quarterly reviews going forward.</li> <li>RS stated that the first phase of the tenant data project is coming to a close, with 152 tenants require contact. AH is picking up this project on a temporary basis.</li> </ul>                                                                                                                                                                                                                                                                                                    |  |
| 5 | <p><b><u>Housing Influence Panel (HIP)</u></b></p> <ul style="list-style-type: none"> <li>AH provided an overview of the submitted report.</li> <li>Clarity has been shared with HIP regarding outside taps.</li> <li>ST questioned the Tunstall alarm system and whether it meets legislation.</li> <li>RS explained that we are engaging with Tunstall regarding a programme of upgrades. Tunstall are to complete an upgrade of the system where required.</li> <li>ST reiterated the importance that the system meets legislation and it is an obligation that Tunstall supplies systems that meets requirements.</li> <li>RS states that BBC will be paying for the upgrades</li> </ul> |  |
| 6 | <p><b>Discussion point: upcoming meeting with the Regulator</b></p> <ul style="list-style-type: none"> <li>AC provided an overview of the agenda for the RSH meeting on the 17<sup>th</sup> June.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 7 | <p><b>AOB</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

Date of next meeting: 09/07/2026 (4pm – Teams)

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**ACTION TABLE**

| <b><u>Agenda Item</u></b> | <b><u>Action</u></b>                                                                                                                      | <b><u>Responsible</u></b> | <b><u>Deadline</u></b> |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|
| Compliance                | RS to liaise with Cabinet members regarding the option to receive training on Regulator and H&S responsibilities (strengthening scrutiny) | RS                        | 11.06.2026             |
| Compliance                | RS to liaise with Iqra re: clarity on a simultaneous approach to injunction / tenancy breach                                              | RS                        | 11.06.2026             |
| Compliance                | report back next month on Damp & Mould stock volumes and case assurance.                                                                  | AC                        | 11.06.2026             |
| Compliance                | DI to share portal re: AICO pilot                                                                                                         | DI                        | 11.06.2026             |
| Total Mobile              | Provide update on the forward plan re: Total Mobile                                                                                       | RS                        | 11.06.2026             |
| Compliance                | DI to provide full asbestos report for next meeting.                                                                                      | DI                        | 11.06.2026             |
| Complaints                | AC to review performance report options and report back at next meeting.                                                                  | AC                        | 11.06.2026             |
| Compliance                | AC to liaise with SK and RA to arrange the non-access meeting                                                                             | AC                        | 13.08.2026             |
| Compliance                | DI to share details of Yew-Tree roof                                                                                                      | DI                        | 9.07.2026              |
| Compliance                | EG to liaise with TH re: suggested amendments to the Asbestos dip-test report                                                             | EG                        | 9.07.2026              |
| Compliance                | DI to share / present portal re: AICO pilot to tenants at a separate meeting                                                              | DI                        | 13.08.2026             |

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|                          |                                                                                                                        |         |            |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|---------|------------|
|                          |                                                                                                                        |         |            |
| SME                      | To send closure report to March HIB.                                                                                   | CL      | Complete   |
| Compliance               | Communication message re: staff / data quality - information being in the right place.                                 | RS      | Complete   |
| Compliance               | Tenant Data Project Update                                                                                             | RS      | Complete   |
|                          | AC to Include Damp and Mould update                                                                                    | AC      | Complete   |
| HIP                      | To collaborate with the new member, train and invite to observe the board in March, and become a full member in April. | AH      | Complete   |
| HIP                      | For GMT to attend a future Housing Influence Panel to meet the member                                                  | GMT     | Complete   |
|                          | AC to liaise with Milan re: options for D&M policy approval                                                            | AC      | Complete   |
| Compliance               | AC to share contractor run rates and continue to develop graph in FRA report                                           | AC      | On-going   |
| HIP                      | Create a 1-page summary of HIB for HIP members going forward.                                                          | AH      | On-going   |
| Service Improvement Plan | To share updates and plans for Service Improvement Plan at the next Housing Improvement Board                          | AC      | On-going   |
| Compliance               | Review the refreshed RAs (when available)                                                                              | SK      | BAU        |
| Compliance               | Provide a full breakdown of the overdue FRA actions for review at the May HIB.                                         | DI / AC | On-going   |
| Compliance               | Action: AC to develop FRA mitigation plan following the                                                                | AC      | 11.06.2026 |

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|            |                                                                                           |           |            |
|------------|-------------------------------------------------------------------------------------------|-----------|------------|
|            | management meeting on the 18 <sup>th</sup> March)                                         |           |            |
| Compliance | DI to pause introducing external resource and review viability of internal capacity first | DI        | 11.06.2026 |
| Compliance | DI to provide full asbestos report for next meeting.                                      | DI        | 10.06.2026 |
| Compliance | AC to provide a monthly appendix summarising overdue actions and trends.                  | AC        | 10.06.2026 |
| D&M        | AC to report back next month on Damp & Mould stock volumes and case assurance             | AC        | 10.06.2026 |
| Compliance | TH to share a report of Asbestos (similar format to other compliance reports) – Q4        | TH        | 11.06.2026 |
| Compliance | DI / team to coordinate non-access with Matt Yates and legal team                         | DI / Team | On-going   |

## Report of the Deputy Chief Executive

### Work Programme

#### 1. Purpose of Report

To consider items for inclusion in the Work Programme for future meetings.

#### 2. Recommendation

**The Committee is asked to consider the Work Programme and RESOLVE accordingly.**

#### 3. Detail

Items which have already been suggested for inclusion in the Work Programme of future meetings are given below. Members are asked to consider any additional items that they may wish to see in the Programme.

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 September 2026 | <ul style="list-style-type: none"> <li>• Internal Audit Progress Report</li> <li>• Annual Counter Fraud Report 2025/256</li> <li>• Governance Dashboard – Major Projects</li> <li>• Review of Strategic Risk Register</li> <li>• Complaints report Quarter 1</li> <li>• Statement of Accounts 2025/26– Going Concern</li> <li>• Annual Constitutional Review</li> <li>• Annual Code of Conduct Review</li> </ul> |
| 23 November 2026  | <ul style="list-style-type: none"> <li>• Annual Audit Letter – External Auditors Report on the Statement of Account 2025/26</li> <li>• Internal Audit Progress Report</li> <li>• Review of Strategic Risk Register</li> <li>• Complaints report</li> <li>• Complaints report Quarter 2</li> </ul>                                                                                                                |

#### 4. Financial Implications

The comments from the Interim Deputy Chief Executive were as follows:

There are no financial implications as a result of this report.

5. Legal Implications

The comments from the Monitoring Officer / Head of Legal Services were as follows:

The terms of reference are set out in the Council's constitution. It is good practice to include a work programme to help the Council manage the portfolios.

6. Human Resources Implications

The comments from the Human Resources Manager were as follows:

Not applicable.

7. Union Comments

The Union comments were as follows:

Not applicable.

8. Climate Change Implications

The climate change implications are contained within the report.

9. Data Protection Compliance Implications

This report does not contain any OFFICIAL(SENSITIVE) information and there are no Data Protection issues in relation to this report.

10. Equality Impact Assessment

As this is not a change to policy and no Equality Impact Assessment is required.

11. Background Papers

Nil.