Theme	RSH STANDARD	RJ	ACTION	Priority	RAG	Lead Officer	Target Date	Progress
01 Compliance	S&Q	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. Compliance data quality: Lack of assurance of data quality across areas of health and safety.	Review / decision of the governance and associated structure aligned to compliance	HIGH		Tuesday	31/12/26	High level report shared with GMT re: recommendations for change. Detailed plan required re: next steps (aligned to roles and responsibilities / proposed structure etc) Tuesday to present the report at HIB (liaise with Zulf first) Progress has been paused whilst recruitment to the CEO and Director roles take place. 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. Proposed structure going to Cabinet on 30/06/2026
01 Compliance	S&Q	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. Compliance data quality: Lack of	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

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		assurance of data quality across areas of health and safety						
01 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 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) 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 External and internal auditing in place for Gas and EICR. Replication for other compliance streams to be developed by May 2026

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02 KIM	ALL	(example) Compliance data quality: Lack of assurance of data quality across areas of health and safety. 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). Engagement activities: Due to the lack of data on its tenants, we cannot provide equitable access to tenant engagement activities. does not hold data on the protected characteristics of its tenants	Review of the governance, structure and procedures aligned to record-keeping / KIM, including agreement on; · roles & responsibilities aligned to data management · resource required to meet required to sustain data quality · 'single version of the truth' getting to a point where what is reported is what is	HIGH		Andy	30/06/26	Initial discussions have taken place regarding data quality options Added as an agenda item for HIB in May 2026 Further work required on the review This will align closely with the Total Mobile project
02 KIM	ALL	As above	Development and implementation of a written and clear action plan to resolve the issues aligned to KIM. 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	HIGH		Andy	31/12/26	Some positive activities have been implemented, including data quality exercise on 'smokes' / new temporary officer. Action plan is required To be developed following guidance from HIB

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02 KIM	ALL	general feedback from RSH	Strengthen the scrutiny of Housing, Repairs and Asset Management performance. To include offering Cabinet members training on Regulator and H&S responsibilities n.b. The annual Housing report does not have the level of performance information RSH had hoped to see.	HIGH		Rachel	30/06/26	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 Some positive activities have been implemented, including minuted meeting with Portfolio holder Monthly report being shared with Cabinet Currently investigating options to request scrutiny from GAS and O&S
02 KIM	ALL	general feedback from HQN	Create a definitive list of policies and procedures that either need updating or creating Ensure the policy review process is implemented so that policies are reviewed every 3 years and updated/ readopted/ replaced as required.	low		Andy	31/12/26	To commence in July 2026
02 KIM	Tenancy	general feedback from HQN	For learning purposes, consider introducing an annual report on tenancy outcomes (sustainability), identifying; · number of evictions / not evicted but bailiff stage · number tenancies that	low		Louise	31/12/26	To commence in July 2026

Theme	RSH STANDARD	RJ	ACTION	Priority	RAG	Lead Officer	Target Date	Progress
			are failing · Introductory tenancies that are subsequently abandoned					
02 KIM	TIA	Diverse needs: does not fully understand the diverse needs of all its tenants. no evidence of a formal plan or targets for how we will collect data for all tenants. does not hold data on the protected characteristics of its tenants 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).	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 To include understanding / feasibility of how Capita and the iPlans could potentially be linked. If not feasible, alternative countermeasure to be agreed	HIGH		Kim D	30/06/26	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. Phase 2 of the project, visiting tenants where contact has not been made, is likely to start week commencing 13th April 2026. 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.

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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… * Implement a system to identify and record learning * 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 Regular discussions taking place with the Complaints Group (aligned with the Housing Influence Panel) on how we can learn from complaints and implement changes Meeting scheduled with key stakeholders for 6/05/26 to agree tghe next steps

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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 TSM action plan progress report to be sent to the Housing Influence Panel for feedback in May 2026
02 KIM	ALL	(example) 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 Internal resource plan approved by HIB April 2026 Reset meeting with Total Mobile completed 16 April 2026 Order of rollout internally agreed Total Mobile to share PID / POAP
03 Asset Management	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 A further 220 stock condition surveys have been completed New Housing Development Manager recruited

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03 Asset Management	S&Q	general feedback from HQN	Review adaptations service– agree clear service measures with tenants, implement and 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) Damp and Mould policy is fully resourced to enable all desired action aligned to Awaab's Law.	HIGH		Rachel	30/06/26	Interim senior inspector has been in position for the last five months. Permanent resources currently being reviewed
04 Housing	N&C	general feedback from HQN	Implement process improvements aligned to estate walkabouts – ensuring there is; · a regular schedule in place · monitoring of attendance and issues identified/ follow up actions delivered · a clear and tested process so that any changes required to Capita are easily updated · good publicity captured and shared	MED		Kim D	31/07/26	Reviewing best-practice examples from other authorities to ascertain how to improve current process Pilot to commence in July 2026

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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. 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 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 The link to the Housing section is more prominent on the home page 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 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