

Operations – Assessment Table



Annual Assurance Statement – Assessment Table – October 2025

The first three columns have been taken directly from the SFHA guidance revised in April 2024. The cross-reference to the Regulatory Standards column has been incorporated from elsewhere in the guidance. The final column contains information on whether we are complying. Action points will be raised in a separate report and will also be incorporated into an operational tracker for easier monitoring.

At the end of each section there is an evidence box – this contains details of the suggested evidence (taken from the guidance) plus any other piece of evidence that we consider relevant.

Please remember – **we are trying to assess whether there is any material non-compliance**. Non-material non-compliance and/or anything we need to do are noted as action points but do not, in themselves, lead us to reporting non-compliance.

Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
Assurance and Notification				
AN3	Each landlord must have assurance and evidence that it is meeting all of its legal obligations associated with housing and homelessness services, equality and human rights, and tenant and resident safety.	1.1 Are we confident that we have an appropriate understanding of the legal requirements associated with our duties as a social landlord? 1.2 Do we have effective arrangements to ensure that our knowledge is kept up-to-date effectively? What systems do we have in place to ensure we are aware of changes in legislation?	1.3 4.1	Sufficient compliance – Yes 1.1 We are able to answer “yes” to the self-assurance questions noted in column 3. As well as being able to signpost to appropriate evidence, the independent assessment of performance in relation to the Scottish Social Housing Charter (in June 2022) showed a good level of compliance against the standards and outcomes relevant to this section and was supported by the in-house exercises conducted annually since 2023.

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		1.3 Do our policies refer to relevant legislation and the associated requirements? 1.4 Do we consider legal implications under each Committee report? 1.5 Do we consider equality and human rights impacts under each relevant GB / committee report? 1.6 Have we implemented a lessons learned approach to monitoring our performance? 1.7 How are we maintaining assurance that our contractors and agents are implementing safe working practices when acting on our behalf (e.g. construction sites, repairs visits, estate maintenance, use of vehicles)? 1.8 How do we test the validity of our information relating to tenant and resident safety? 1.9 Does the GB / committee receive reports of the types of complaints / concerns raised by tenants and service users and resulting action?		1.2 To ensure continued compliance, staff undertake training on legal requirements on a periodic basis and information on this is included within the induction programme dependent on role. We are members of several forums, which staff attend regularly to keep up to date with best practice. 1.3 All policies have a section included on legal and/or regulatory basis. 1.4 We trialled the use of a legal implication table at the beginning of Committee reports in November 2020. This was thought to be unwieldy and therefore we amended this to a regulatory section in all Management Committee agenda's, and information on legal implications is found within the body of reports. 1.5 We consider the majority of our Management Committee reports to be neutral on the impact of equality and human rights and this is therefore not currently necessary. Discussion was held at the Management Committee meeting in June 2025 to evaluate whether this is something members would appreciate being included, and Committee determined that this was not necessary in each report – but should be included within any reports staff do deem to have an equalities impact.

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		1.10 How do we assure ourselves that our allocations policy and practice are compliant with the law and good practice? How do we gain assurance about the effective implementation of the allocations policy? 1.11 How do we ensure that we take account of the views of current and future tenants? 1.12 How do we gain assurance that our housing stock is being used to meet housing need effectively? 1.13 How do we gain assurance that our housing stock is being managed effectively? 1.14 How do we gain assurance that our housing stock is being maintained in accordance with safety standards? 1.15 Are we developing processes to ensure that our allocations policy is informed by the data we collect about equalities?		1.6 Following each Management Committee meeting, the whole staff team receive feedback at a staff meeting. For specific teams, particularly housing management and maintenance who have performance targets, there is a meeting after each Operations sub-Committee meeting where the senior officer goes through feedback from the sub-Committee, including performance statistics. This is then the basis for workplans for each section. KPIs are also discussed at each monthly Management Team meeting. 1.7 We do not specifically monitor contractor working practices, but gain assurance from the declarations submitted as part of the tender process. Following discussion as part of pulling this Assurance Statement together, the maintenance team confirmed that there is ad-hoc spot checks done on contractors when working on larger repair items with any issues saved within the maintenance folders, although there have been none found in several years. 1.8 In relation to monitoring data on tenant and resident safety, we gain assurance through the use of surveyors, post-inspection of works, stock condition surveys, property inspections and through the use of an external validator of ARC data. There is a program of checks performed by our gas contractor, who test 10% of all jobs. The Association also then checks 10% of these to test their validity through

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		1.16 How do we assure ourselves that ASB is being tackled effectively and that our legal responsibilities are being met? 1.17 How are we assured that we always act within the law? Do we make appropriate use of specialist legal advice? 1.18 How do we gain assurance that our abandonment policy is compliant with the law? How do we oversee its effective implementation? 1.19 How do we maintain assurance that our tenancy agreements comply with legislative requirements? All Landlords: 1.20 How do we assure ourselves that we are meeting our legal obligations to people who are homeless? 1.21 Have we developed an appropriate strategic / policy framework to meet our responsibilities?		use of an independent gas contractor. The Association carried out an internal audit on gas safety in 2023/24 which had minimal recommendations and held substantial assurance. The Association also carried out an internal audit on the EICR process in 2023 which has helped make recommendations for improvement. The Association has also commenced 10% checks on the EICR contractors performance. The Association is also undertaking advice to determine whether some communal areas require to be included in the EICR programme as there has been debate within the sector about the necessity of this. Should this be the case, they will be brought into the programme. We have also recently implemented repairs surveys following completion of each job through CX Feedback and receive around a 26% return rate on these. The Association has registers of compliance with all fire safety requirements, including the installation of interlinked smoke and heat alarms in all properties. These are serviced annually alongside the gas servicing programme and recorded on a spreadsheet as well as data from the SDM system. This has been checked by the Association's ARC consultant in preparation for the new ARC reporting requirements.

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		1.22 Do our Committee reports include consideration of equalities? 1.23 Do we carry out Equalities Impact Assessments on all plans, policies and proposals? 1.24 Is equalities at the heart of our service delivery, allocations and recruitment practices? Tenant and resident safety 1.25 How do we gain assurance that the roles and responsibilities of health and safety – related duty holders are clearly defined and understood? How do we assure ourselves that these responsibilities are being fulfilled effectively? 1.26 How do we assure ourselves that our legal responsibilities are met for fire safety? 1.27 Do we receive information relating to the renewal of fire safety certificates in residential buildings which require them? How do we gain assurance that the necessary tests are carried out (evacuation;		For water safety, the Association has data on each property which is serviced by a water storage tank, and has recently completed the latest programme of decommissioning which resulted in a further 20 tanks being decommissioned, with 12 tanks remaining – purely in mixed tenure blocks where owner consent for decommission has not yet been granted. The Association noticed some inconsistencies with information held for water tanks in 2023, and subsequently had an internal audit carried of this process. This highlighted several areas for improvement and good progress has been made across all recommendations. The Association reports on this at each Operations sub-Committee and each Management Team meeting. A new policy for Legionella Management was approved in September 2024 which has been based on the EVH safety manual. The improvement programme has now concluded, with all tanks and properties compliant and risk-assessed for the cyclical process to continue in 2026. Due to the level of changes taking place over the lifespan of the improvement programme, the Association will carry out an additional internal audit on legionella in 2026. 1.9 The Management Committee receive an annual report on complaints, with a quarterly report being made to the sub-Committee. This gives detail on complaint categories, any

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		alarms)? Are we satisfied that we are meeting our obligations? 1.28 Are we assured that we are compliant with the 2018 fire safety regulations and that there is an effective system for monitoring and component renewal, where required? 1.29 Are we ensuring that the staff handling calls reports from tenants are adequately trained to assess and manage the risks associated with gas safety? Are we assured that there are no outstanding gas safety requirements? 1.30 How do we gain assurance that residential buildings meet other relevant safety standards (e.g. electrical safety; legionella; lift maintenance; asbestos removal)? 1.31 How do we gain assurance that contractors working on our behalf comply with safety legislation? 1.32 How do we gain assurance that plans and designs for construction and for major repairs		follow up actions taken, as well as compliments given to the Association in the same time period. 1.10 We operate a common allocation policy with other DRUMCOG landlords. Mini-audits and the independent internal audit programme (which would include an examination of EPB lets should there be any) have confirmed appropriate compliance into the current year. An internal audit was carried out on allocations in 2024/25 with minimal recommendations and substantial assurance. 1.11 Specifically with regard to consulting with applicants, we issued survey questionnaires to everyone on the housing list for the most recent review of the common allocations policy (2023); in order to try to increase input from applicants, staff also contacted some applicants by phone (selected on a random basis) and this resulted in additional feedback. 1.12 We gain assurance on best use of stock through regular reporting to the Operations sub-Committee. They set quotas for allocations on an annual basis and consider a range of factors when making decisions on how best to allocate stock to alleviate housing need, whilst retaining a healthy housing mix as well as aspirational and practical internal transfer options.

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		projects are compliant with all relevant safety legislation and good practice advice? 1.33 How are we taking account of recent amendments to the law relating to construction? 1.34 Do our processes for the recruitment and appointment of consultants ensure that we are appointing appropriately qualified and experienced specialists? 1.35 How do we gain assurance that we are complying with our obligations in respect of data protection and Freedom of Information? 1.36 Do we use internal audit effectively to provide assurance?		1.13 The Association has a well-trained and efficient staff team who manage our processes well. We have a robust suite of housing management policies, including key areas such as rent setting, rent management, estate management, anti-social behaviour. We have audits carried out in key areas on a periodical basis, including audits conducted in 2024 for ASB and Estate Management, both receiving the highest level of assurance from the internal auditor. 1.14 The Association carries out significant work to ensure compliance with safety standards across all housing stock. We have policies and procedures in place for each element, with many contained within the Repairs and Maintenance Policy, as well as the Legionella Management Policy and Management of Asbestos Policy. We are also in the process of bringing the EVH manual into our policies and hope to have this fully completed by the end of 2026/27. In relation to damp, condensation and mould the Association has a register to manage reports and has installed environmental equipment in several properties to monitor moisture levels and will take reactive action where necessary. Maintenance is generally reported to the sub-Committee, including a section on tenant safety in each report. 1.15 We have data on our applicants which is stored anonymously and separately from housing application forms. We monitor this and take statistical reports on an annual

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				basis. We are awaiting population data being published from the Scottish Government to carry out more robust statistical data, however we were able to carry out more detailed statistical analysis following the completion of our LSTSS which included anonymised equalities data. We therefore presented comparative information at the Management Committee in April 2025. 1.16 We have an up-to-date ASB policy and performance is reported regularly to the Operations sub-Committee. We recently reviewed the Abandonment procedure and have conducted staff training on this to ensure processes are followed effectively. This is monitored operationally by the Senior Housing Officer and the policy is due for review in November 2025. 1.17 We take legal advice at the point of seeking any legal outcome for tenants or owners, up to and including decree for eviction. 1.18 We keep detailed records of any abandonment action carried out, including inventory information alongside photographs. The Association has a detailed abandonment procedure which is reviewed regularly by the Senior Housing Officer and includes reference to legal implements and best practice when carrying out action on this basis.

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				1.19 At the last revision of tenancy agreements following the implementation of the Housing (Scotland) Act 2014 we used the model tenancy agreements provided as the basis for our policy. Our tenancy agreement has been seen by the Association's solicitors as part of the legal action process and there have been no concerns. 1.20 We responded positively to a request from GCC for additional temporary lets (to help the council fulfil its homelessness duty) and this is working well; we did move two of the leases back to standard tenancies following discussion with the homeless casework team. Also in relation to homelessness, the Committee has agreed make 50% of all lets available to Section 5 referrals, following GCC requesting 67%. This will allow the Association to effectively tackle homelessness whilst retaining options for internal applicants as well as the Association's own housing list. Take-up from homeless households has historically been low as GCC advises that people do not wish to move to the area; we are nonetheless hoping that more referrals can be forthcoming, particularly given the increase in homelessness in the city. In terms of information sharing, we provide monthly updates on turnover to GCC's Section 5 team. 1.21 We do not have a set homelessness policy, however we report annually on homeless allocations to our Operations sub-Committee and monitor this regularly. We

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				also attend meetings with the homeless casework team through the local lettings planning group. 1.22 Management Committee reports contain information on equalities where relevant, however this is not routinely included as the majority of business at Management Committee meetings have a neutral impact on equalities. This was discussed and agreed with Committee in June 2025. 1.23 We carry out EIAs on all policies and on key organisational documents, such as our business plan. 1.24 We have an up-to-date policy and action plan for equalities which was reviewed in 2025-26 in line with our policy schedule. We will continue to complete equalities data collection in line with our plans. 1.25 As part of the revision of standing orders, delegated authorities and committee remits, more information related to tenant health and safety has been presented to the sub-Committee within their workplan and reporting format. Tenant safety is also reported on at each Management Team meeting to ensure the entire management team is well briefed on progress in relation to this. Tenant safety is managed by the Association's Maintenance team and overall by the Operations Manager – all of whom have received

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				training on tenant safety and continue to attend professional training and networks in this area to ensure up-to-date knowledge. 1.26, 1.27 and 1.28 The Association installed fire safety measures including interlinked smoke alarms and heat detectors, as well as carbon monoxide alarms prior to the 2022 deadline. These are checked annually at the gas safety inspection. In relation to fire safety, we do not have any buildings which are covered under the 2018 regulations, however this was checked and assessed in 2018 to gain assurance of this. Cladding has been inspected as part of a 2024 stock rebuild valuation exercise and no issues causing concern were found. 1.29 Our staff who handle gas safety are trained in how to handle all areas of safety, and the most recent training took place in April, 2022. However, it would be useful to hold refresher training for all members of the maintenance team as there have been some staffing changes. This will be therefore be a recommendation from this statement. All staff have an awareness of gas and who the designated members of staff are. We have had no late certificates so far in 2025/26. 1.30 We gain assurance on tenant health and safety through our repairs contractors and through certification from the

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				contractors where relevant – ie asbestos checks within properties, electrical certificates. We check that our contractors have appropriate qualifications and insurance at the time of contract award. In preparing this assurance statement, we asked a sample of tenants on their confidence in the Association's ability to carry out necessary duties in relation to resident safety and there were no concerns in our practice noted. Electrical In relation to electrical safety, all properties due to be completed within the five-year timescale in 2024/25 were completed within their due date. There is a rolling programme to include all properties due in the current financial year based upon their five-year anniversary date. We had an internal audit carried out on these processes in April 2023 which informed our procedures and confirmed the Association's compliance with best practice. Where we have difficulty in accessing particular properties, we have time in the programme to escalate these and to take further action to gain access prior to the year end as we moved to a four-year programme to ensure five-year anniversary compliance.

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				Legionella The Association identified some weaknesses with record keeping and processes as part of the 2023 AAS. The Association had an internal audit carried out and a range of recommendations made to strengthen processes and improve compliance. These recommendations have been placed into an action plan and this has now completed, with the decommissioning and tank cleaning phase completed, and risk assessments also carried out. A new policy was approved in September 2023 based on the EVH manual and all staff involved have received training. We have also had specialist advice from SHSN and are planning to re run the audit in 2026 to assess compliance following completion of the improvement programme. Asbestos The association carries out an internal risk assessment when carrying out works in properties where asbestos may be present, or is known to be present but encapsulated. Where there is a presence, or suspected presence, the Association employs a specialist company to carry out a survey and make recommendations accordingly. A recommendation from the previous AAS was to move the individual property records on to a single register. Work has commenced on populating this register and using an

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				established system of cloning to risk assess likelihood of presence. This register continues to be updated as new properties receive tests. The policy for asbestos is due for review in April 2026 and the Association's approach to data cloning and inspection will be confirmed within this. Lifts The Association does not operate any traditional lifts in residential buildings, but does operate two hoists in specialist accommodations at 35 and 41 Achamore Road. These were renewed in 2023, and are inspected six-monthly. Trees While this is not currently an area with specific statutory guidance from the Scottish Housing Regulator – this is an area where the Association is looking to develop a more comprehensive and planned approach. At present, most work in relation to tree maintenance is ad-hoc and safety checks are undertaken on a sporadic basis. Therefore, a recommendation from this statement will be to develop a policy, procedure, and action plan in relation to tree, maintenance in our areas.

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				1.31 and 1.32 We do not have any construction projects at present. Major repairs generally have a report prepared by the relevant contractor and considered in conjunction with the resident where applicable. These contractors will be either procured through our reactive framework, and therefore will have safety certificates and insurances collected at the beginning of the contract, or be specialist contractors who will supply this at the design stage of the project. 1.33 We do not currently have any developments in progress and so do not require consider new construction requirements. 1.34 For contractor appointments, we use established frameworks (Scotland Excel) and the use of procurement consultants such as Atkinson Partnerships to assist and ensure qualified contractors are in place. 1.35 We have an external DPO who provides external guidance and validation in respect of data protection and FOI matters. Operationally, this is managed by the Corporate Services Officer. 1.36 We conduct internal audits at least annually, and on an exceptions basis should any matters arise. The programme is set by management committee and takes account of

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				changes in practice, legislation and length of time since any previous internal audits.
Evidence bank documents				Ref
	Internal audit reports			AN3.1
	Reports from specialist advisers (stock condition surveys, RAAC report, rebuild valuation survey)			AN3.2
	External validation assessments (compliance assessment reports, ARC validation)			AN3.3
	Allocations: policy; local lettings initiatives; consultation reports; monitoring reports			AN3.4
	Examples of the allocations mini-audits (anonymised)			AN3.5
	Anti-Social Behaviour: policy; monitoring reports			AN3.6
	Training notes from legal advice training on ASB			AN3.7
	Evictions: policy; monitoring reports (Rent management policy and anonymised NoP sheet)			AN3.8
	Abandonment: policy; monitoring reports			AN3.9
	Tenancy Agreement (including all types)			AN3.10
	Homelessness: performance reports/trackers			AN3.11
	Equality and Human Rights (a few examples of translated documents), data gathering systems, GB reports, Equalities Action Plan, monitoring reports, comparison reports			AN3.12
	Rent consultation documents – Special cttee meeting agenda and reports, consultation feedback, survey information			AN3.13

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		Major works information – evidence of quoting exercises		AN3.14
		Damp, condensation and mould register and policy document		AN3.15
		Tenant Safety Registers – Gas register, EICR register, Asbestos register, Water Tank register, Smoke alarm example cert, lift maintenance certificate		AN3.16
		Committee reporting on tenant safety – ops sub report sample		AN3.17
		Revised Legionella Policy		AN3.18
AN4	Notify us (SHR) of any tenant and resident safety matters which have been reported to, or are being investigated by, the Health and Safety Executive, or reports from regulatory or statutory authorities, or insurance providers, relating to safety concerns.	2.1 Have we successfully restored full compliance relating to tenant and resident safety? Are we monitoring progress/performance effectively? 2.2 Are we satisfied that we are adopting a risk-based approach to resolving identified areas of non-compliance (e.g. EICRs) and that risks are being monitored and managed effectively? 2.3 How are we notified about any investigations being carried out by the Health and Safety Executive (HSE)? 2.4 Are there any cases being investigated currently by the HSE relating to the safety of our tenants and/or residents?	2.5	Sufficient compliance – Yes 2.1 We did not previously report any material non-compliance in respect of tenant and resident safety. Our Operations sub-Committee receives reports in this area to ensure ongoing compliance. 2.2 Where there are areas of improvement actions, or non-material non-compliance, these are developed into recommendations which are monitored by the Assurance sub-Committee quarterly, and the Management Committee on an exceptions basis. These recommendations are assigned a timescale and a lead officer which are determined on a risk basis, as well as to take account of other operational priorities. Where there are actions which present higher risks, these will be added to the Association's overall risk matrix.

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		2.5 If there are (or have been during the last year), are we co-operating with the HSE? Are we engaging effectively with affected tenants/residents (and their families if relevant)? Have we notified the SHR? How will/did we consider the report from the investigation? 2.6 Have we considered any reports by any regulatory or statutory authorities or insurance provider relating to safety concerns in or around any of our properties in the last year? How are we notified about any such reports / investigations? How are we assured that any recommendations are/have been implemented effectively? 2.7 Are we assured that there is an effective approach to assessing and reporting on the safety of our properties? 2.8 How are we assured that the frequency of these assessments is adequate?		2.3,2.4,2.5 Any investigations being undertaken by the HSE would be a notifiable event and would automatically be raised with the SHR. There have been no investigations so far nor are we aware of any that are on the horizon. 2.6 Our approach in relation to keeping the SHR informed would mean that, again, we'd err on the side of caution (in relation to the notifiable events policy) by advising the SHR of any concerns raised by other bodies, including our insurers. 2.7 Regular and comprehensive stock condition surveys are undertaken by appropriately qualified independent experts; in-house, we also monitor trends in the reactive programme that may flag up something new at an early stage. The next stock condition survey is due in late 2025 with the most recent exercise taking place in October 2023. 2.8 We use best practice guidance to ensure our stock condition information is updated timeously and we therefore carry out these checks every two years. 2.9 As we have not had any concerns addressed from specific agencies, or from the stock condition surveys, we have not had to perform any remedial action. We update our stock condition survey information and incorporate this into

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		2.9 Are we assured that all necessary actions from these assessments are implemented effectively? 2.10 Are there any necessary actions outstanding that result in a property being unsafe? How would such a situation be managed? 2.11 Are there any assessments or investigations relating to tenant and resident safety planned to be undertaken in the current year (e.g. asset management; stock condition; internal audit)?		our five and thirty year planned maintenance programmes which are reviewed annually. 2.10 There are no current issues known which make a property unsafe. Should any arise, we will make a plan for remedial action as soon as practicably possible. In a previous year, there was one property where some remedial actions were found as a result of an EICR and there requires a partial rewire to the property. This was progressed and completed by our reactive repair contractor in consultation with the resident and did not highlight any particular concerns around procedure. 2.11 While there are no investigations in relation to tenant and resident safety due, however we do use internal audit to gain assurance on our approach to different areas of tenant safety. In 2023/24 we had audits carried out on gas safety, electrical safety and legionella and in the current year we plan on re-running an audit on legionella following an improvement programme.
Evidence bank documents				Ref
Stock condition survey				AN4.1
Asset Management Strategy				AN4.2
Anonymised extract of gas programme showing ten-month cycle				AN4.3

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	Gas audits			AN4.4
	Re-worked five year planned and cyclical maintenance programme			AN4.5
	Internal Audit – EICRs, Gas safety, Legionella			AN4.6
	Action plan trackers – Compliance Assessments, Assurance Statement, Internal Audits			AN4.7
Scottish Social Housing Charter Performance				
CH1	Submit an Annual Return on the Charter (ARC) to us (SHR) each year in accordance with our published guidance.	3.1 Did we submit our Annual Return on the Charter by the end of May this year? 3.2 How are we assured that our systems and processes ensure the reliability of the data collected and submitted? 3.3 Did the Committee review the ARC data effectively in advance of it being submitted? 3.4 Does the Committee get regular reports on our performance against the Charter? 3.5 Do we undertake benchmarking to compare our performance with other landlords and with national averages? How	1.3	Sufficient compliance – Yes 3.1 ARCs always submitted timeously. Independent validation exercises are conducted annually. 3.2 In-house information gathering, including double checking and putting all evidence into one file for ease of reference. 3.3 The ARC figures were presented to the Management Committee in advance of submission alongside cover papers outlining performance in comparison to previous years. Discussion took place on any trends prior to submission. 3.4 Committee/the Operations sub-Committee receive regular reports on performance, and the Association set revised KPIs at the March 2025 Management Committee

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		do we use the results of such comparisons to influence service delivery? 3.6 How do we consult/engage with tenants about assessing our performance? Are we assured that we make effective use of engagement/consultation to drive service improvement? 3.7 Are we assured that we are fully compliant with the requirements of the Charter? If not, is an effective Action Plan being implemented successfully and are we engaging with our tenants about this?		meeting following a Strategy Day in February 2025 which was incorporated into the business plan and is reported to the Management Committee on a bi-annual basis. This is monitored internally at each monthly Management Team meeting. 3.5 We took a report to the May 2025 Committee (which considered the draft ARC) and, in June 2025, we took a report comparing our performance with the members of the QEF benchmarking group. The Management Committee find this to be the most effective comparison for size of landlord and the spread of urban landlords included in this group. Where there are areas of performance where the Association is performing poorer in comparison to other landlords, these have been commented on within the in-house Charter compliance assessments and any remedial actions made into an action plan. 3.6 The Association has recently changed the residents panel to a less formal 'tea & talk' event held several times throughout the year. We surveyed residents as part of our 2025 Assurance survey and they confirmed they were satisfied with this format. As we comprehensively revised our format in 2022 following consultation, this is perhaps unsurprising but useful to gain continued assurance. The Senior Housing Officer and Corporate Services Officer continue to develop the events, with proposals for guest

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				speakers from community organisations the current focus area. 3.7 We are confident in continuing to meet charter outcomes and received positive feedback through external validation through the April 2022 baseline assessments and no issues were raised as part of the in-house assessments conducted annually, most recently in Summer 2025. We always note items for improvement which are made into an action plan and tracked throughout the year. Progress against this action plan is reported to the Assurance sub-Committee and on an exceptions basis to the Management Committee. We have incorporated feedback from this, and the previous year's Assurance Statement to detail further in our Annual Report areas of planned improvement.
Evidence bank documents				Ref
ARC submission				CH1.1
Sample of an external validation report from Visual Stats				CH1.2
Charter performance reports to Committee				CH1.3
Annual report from 2024/25				CH1.4
QEF comparison table and/or Committee report				CH1.5
Compliance Assessments				CH1.6

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CH2	Each landlord must involve tenants, and where relevant, other service users, in the preparation and scrutiny of performance information. It must: • agree its approach with tenants • ensure that it is effective and meaningful – that the chosen approach gives tenants a real and demonstrable say in the assessment of performance • publicise the approach to tenants	4.1 Are we assured that tenants have had opportunities to contribute to how performance is monitored? 4.2 How did we agree our approach to tenant scrutiny with tenants? 4.3 Do tenants determine their scrutiny priorities? Are we assured that tenants and service users are actively and meaningfully involved in providing feedback on performance and/or scrutinising it through tenant panels or scrutiny groups etc? Do we receive reports on the results from tenant scrutiny exercises? 4.4 Are we confident that our engagement activities provide us with access to a representative range of tenant opinions? 4.5 How do we gain assurance that tenant views inform and influence our delivery of services? 4.6 How have tenants influenced our performance? How are tenants involved in monitoring our performance?	Standard 2 2.1 2.2	Sufficient compliance – Yes 4.1 We have a great track record of tenant involvement and have always had positive feedback when we ask tenants about the degree to which they feel involved and their ability to influence. This is reflected in our improved large-scale tenant satisfaction survey results. 4.2 and 4.3 The Association's approach to resident engagement was developed through the review of the policy in 2025, which was discussed by the tea & talk attendees. To date, we have not had huge interest in tenant scrutiny activities. However, we hope to continue to develop interest in the Association more generally through 'tea & talk', resident estate walkabouts and through using CX Feedback. We will therefore continue to assess interest and look to implement some scrutiny activities where relevant. There is an active group which attend 'tea&talk' events which contributes to policy reviews, the AAS and our annual tenant events programme. They have not identified any further areas they wish to contribute to at this stage, but have carried out various one-off activities such as reviewing the website and conducting a voids visit. They do not currently perform any explicit scrutiny activities, however this is within the resident engagement action plan to develop this task.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
	- ensure that it can be verified and be able to show the agreed approach to involving tenants has happened - involve other service users in an appropriate way, having asked and had regard to their needs and wishes.	4.7 Have we sought (or considered seeking) specialist support in developing our engagement and consultation with tenants and/or in assessing its effectiveness? 4.8 Are we confident that we provide appropriate support to tenants to enable them to exercise their scrutiny role effectively? 4.9 Do we include information about how tenants can become involved in helping to assess our performance on our website, social media platforms and in our publications? 4.10 Do we publish tenant scrutiny reports and our responses? 4.11 Do we use our equalities data to inform our engagement with tenants? Are we assured that there are effective arrangements to support tenants with specific needs to participate in our scrutiny and engagement activities?		4.4 Our current group of tea & talk attendees does have a relatively good mix of genders, disabilities and ages, however we do need to develop this opportunity further to engage other underrepresented groups. We have therefore made use of CX feedback to target groups who are unable to physically attend in-person meetings such as those with caring responsibilities or those working full time. This should help to ensure a more representative spread. Our last tenant survey indicated that the majority of our tenants are of working age, and many are families, which has been the basis for this more digital approach. 4.5 All our policies that are relevant to residents are presented to 'tea & talk' attendees, or circulated online, where views can be gathered as well as some discussion of how these will operate in practice. We conducted our large-scale satisfaction survey in March 2025 and will use the results of this to inform decision making and gauge interest in various resident participation activities – this was asked of both tenants and factored owners. We have an action plan in place for resident participation. 4.6 We have continued to distribute information documents (such as newsletters and/or fliers) and will progress our rent consultation in December. We receive high engagement with our rent consultation annually, alongside good feedback on the way the survey is conducted. We have used the website,

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
		4.12 Do we have effective arrangements for engaging with other service users (e.g. owners who purchase factoring services; tenants of other landlords who use our support services; family members of tenants and residents in our supported accommodation)? 4.13 How have we taken account of the views of tenants and service users about our performance in the preparation of the AAS?		CX Feedback, and social media to engage with tenants and publish our Annual Report each year detailing comparative information with other relevant landlords. This was redesigned in 2022 in conjunction with the residents panel to reflect how they wanted to be presented with performance information and residents confirmed the effectiveness of this format as part of the Assurance survey in 2025. 4.7 The Association are members of TPAS and TIS and staff have attended sessions over the last year to increase knowledge and gain new ideas in this area. Staff also attend forums through CX Feedback where they can engage with staff from other landlords to gather suggestions for feedback. 4.8 We reviewed our resident engagement policy in 2025 and have an action plan to build on work thus far. This takes account of areas for development such as digital participation and building community outreach, as well as strengthening our tea & talk events. It also includes explicit reference to the Association providing funding for travel and/or childcare to allow them to participate in these activities. 4.9 We issue information on participation to all new tenants, regularly advertise in our newsletter and hold information on our website.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
				4.10 As we have had limited tenant scrutiny activity, we do not regularly publish information on this. However, we do publish outcomes from specific exercises in our newsletters. 4.11 We took account of the equalities information available and conducted an EIA on our resident engagement policy. This included actions to increase participation to those facing access barriers such as childcare and office accessibility. 4.12 Owners are welcome and encouraged to join the Association's tea & talk activities and a specific owners meeting was held in 2025 to consult on our Factoring Policy. We consulted with the residents and their families/support workers when carrying out major improvements at Kingsmore Gardens in 2016. We also engaged with these residents and their families in 2023/24 regarding the installation of renewed baths. 4.13 We carried out a short resident survey as part of the process of pulling together the 2025 AAS, and have done the same in the previous two years. This includes questions on how tenants feel assured about the Association across several topics, as well as an opportunity to ask further information about the AAS. As several tenants responded as part of this that they would have an interest in being more involved in the Assurance process, we will look to include an in-person meeting as part of the 2026 process.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
Evidence bank documents				Ref
	Current resident engagement policy			CH2.1
	Communication plan			CH2.2
	Example of CX Feedback reporting			CH2.3
	Example of leaflets			CH2.4
	Extract from N/T visit pro forma which asks if the new tenant is interested in TP/scrutiny			CH2.5
	Documents from rent consultation in 2024/25			CH2.6
CH3	Each landlord must report its performance in achieving or progressing towards the Charter outcomes and standards to its tenants and other service users (no later than October each year). It must agree the format of performance reporting with tenants, ensuring that it is accessible for tenants and other service users, with plain	5.1 How regularly do we consult with tenants and service users about the format of our annual Charter Report? 5.2 Are we assured that the views of tenants and service users have influenced the format of our annual report? 5.3 How did we gain that assurance? Have we acted on feedback from tenants and service users to revise the format of the report? 5.4 Did we publish our annual Charter report by October in the period covered by this	Standard 2 2.1 2.4 1.3	Sufficient compliance – Yes 5.1 We carried out consultation on the annual charter report with our residents panel in August 2022 which resulted in a redesigned format with clearer information. Through the baseline assessments process in 2022, our annual report was also reviewed and this brought recommendations to include further information on how we address any areas of lower performance and any priorities for the upcoming year. This has also been incorporated into the redesigned annual report. 5.2 and 5.3 Due to the above process, we have good assurance that changes were made based on resident feedback.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
	and jargon-free language.	Annual Assurance Statement? How did we make the report available to our tenants and service users?		5.4 The 2024 report has been distributed by the end of September 2024 and the 2025 report is scheduled to be delivered prior to the end of October 2025. All reports are available on the website and are posted to all tenants, owners and members.
Evidence bank documents				Ref
Annual charter report to tenants				CH3.1
QEF report to March 2025				CH3.2
Example of how we use performance information to inform target-setting (Away Day presentations/MC reports)				CH3.3
CH4	When reporting its performance to tenants and other service users each landlord must: provide them with an assessment of performance in delivering each of the Charter outcomes and standards which	6.1 Are we assured that our annual report includes comparisons with an appropriate range of other landlords as well as the national average? 6.2 Have we included comparisons between our current performance and our performance in previous years? 6.3 Have we agreed with tenants and service users how these comparisons should be presented and explained?	Standard 2 1.3	Sufficient compliance – Yes 6.1 Yes, we compare with local RSLs and with the QEF benchmarking group. The residents panel indicated in 2022 that they would like to see comparisons with the other Drumchapel landlords and this has been incorporated. 6.2 We also look at previous performance and comment on trends. 6.3 We consulted with tenants in 2022 and they advised that a more visual format from previous years would be beneficial and this is reflected in the redesigned report. We asked for

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
	are relevant to the landlord - include relevant comparisons – these should include comparisons with previous years, with other landlords and with national performance - set out how and when the landlord intends to address areas for improvement - give tenants and other service users a way to feed back their views on the style and form of the reporting.	6.4 Does our report explain clearly any factors that have influenced our performance (positively and/or negatively)? 6.5 Does our report explain clearly how we will address any areas for improvement? Are we assured that areas for improvement and appropriate actions have been discussed with our tenant scrutineers? 6.6 Does our report explain why specific Charter outcomes do not apply to us? 6.7 How have we responded to the performance report? Are we assured that we have effective ways of ensuring that intended improvements are delivered and that commitments to tenants and service users are met? 6.8 Are we assured that tenants and service users are able to comment on our report easily?		feedback prior to the redesign and consulted following the first year of the new format. All feedback was positive. We ask for feedback on the report each year, but do not tend to receive many responses. 6.4 We provide commentary on any sections where there has been a significant drop or improvement in performance. 6.5 We do not have a specific tenant scrutiny panel, however areas for improvement are addressed within the report. 6.6 No, we discuss the standards that are relevant to the Association rather than any specific focus on irrelevant items. We do not feel there would be value in including further information as this could be confusing to readers. 6.7 As the performance report is a reflective document, we do not have any specific mechanism for following up commitments within the Annual Report itself – however all items of improvement are included separately in the organisation's in-house compliance assessment, associated action plans, and Strategic Plan, which are therefore addressed by other means. 6.8 Tenants and service users are able to comment on the report via email or feedback slip included at the end of each report.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
Evidence bank documents				Ref
Charter report to tenants				CH4.1
CH5	Each landlord must make the SHR report on its performance easily available to its tenants, including online.	7.1 How have we made our report available to tenants and other service users? 7.2 Is our report easily accessible from our website? 7.3 Have we promoted our report on our social media platforms and in our newsletter? 7.4 Are we assured that our tenants have been consulted about the format in which our report is published? How have we gained that assurance?		Sufficient compliance – Yes 7.1, 7.2 and 7.3 The overall report is published in our newsletter which is hand delivered to tenants, factored owners and members. We also publicise this on our website and social media. The Scottish Housing Regulator's report is linked on our website. 7.4 As part of the large-scale satisfaction survey in 2025, we asked residents how they wanted to be communicated with and the above methods reflect their feedback.
Evidence bank documents				Ref
Charter report to tenants				CH5.1
Website (Word document with hyperlink to website)				CH5.2
Listening and responding to tenants and service users				
LR1	Each landlord must provide tenants,	8.1 How do we encourage feedback from tenants, service users and other customers?		Sufficient compliance – Yes

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
	residents and service users with easy and effective ways to provide feedback and raise concerns and ensure that it considers such information and provides a quick response	8.2 Have our arrangements been developed in consultation with them? Have we conducted an Equality Impact Assessment on our arrangements? 8.3 How do we gain assurance that these methods are effective? 8.4 Do we include periodic reminders in our newsletters and other communications? How do we gain assurance that responses are delivered quickly? 8.5 How regularly does the GB / committee receive reports about the feedback received and the actions prompted?		8.1 We regularly ask for feedback from service users through a number of means. We have a resident engagement policy and action plan to set and manage our approach to this. This was last reviewed in 2025. The Association also has a Communications Framework which sits behind this as an internal document, and this informs staff as to the overall strategy for receiving feedback from residents. We have been utilising CX-Feedback since 2024/25 to increase our digital engagement levels with residents. 8.2 We consulted on our policy in 2025 and seek continuous feedback through tea & talk events. We carried out an equality impact assessment on our arrangements in 2022 and 2025 which highlighted additions to the policy such as paying for care arrangements when residents see this as a barrier to participation. 8.3 We are planning to commence reporting on tenant and resident feedback to our Operations sub-Committee on a quarterly basis. We had originally planned to do this from June 2025, however this has been postponed so that the full results and recommendations following the 2025 large scale satisfaction survey can be fully incorporated and a tracker then monitored at each meeting. This will ensure the Management Committee are well informed on responses from residents, as well as monitor engagement levels on a

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
				regular basis. We also gain assurance by the increasing numbers of those involved in surveys. 8.4. Yes, the Association regularly has reminders of opportunities to participate in newsletters, social media, and on our website. 8.5 As discussed above, the Association will commence more regular reports on tenant feedback to the Operations sub-Committee on a quarterly basis. This will include feedback received, response numbers and any actions arising from these.
LR2	Each landlord must make information on reporting significant performance failures, including SHR leaflet, available to its tenants.	9.1 How do we make the SHR's leaflet on reporting significant performance failures available to our tenants? 9.2 Is it easy for tenants to access the leaflet? 9.3 Do we include periodic reminders about the leaflet in our newsletters and other communications with tenants?	1.3 2.2	Sufficient compliance – Yes 9.1 and 9.2 The leaflet is available on the website and in reception. A copy is also included in the paperwork for new tenants upon signing a tenancy with the Association. 9.3 We have included reminders on our website and social media.
<u>Evidence bank documents</u>				Ref
Resident Engagement Policy & Action Plan				LR1.1

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
Communication Framework				LR1.2
Sample CX Feedback results				LR1.3
Leaflets displayed in offices				LR2.1
LR3	Provide tenants and other service users with the information they need to exercise their right to complain and seek redress, and respond to tenants within the timescales outlined in its service standards, in accordance with guidance from the Scottish Public Services Ombudsman (SPSO).	10.1 How do we gain assurance that our tenants know how to complain about our services and how we deliver them? Are we confident that we provide information to tenants and other service users in ways that enable them to complain? Have we carried out an Equalities Impact Assessment on our complaints handling policy / process? Previous 10.2 removed 10.2 How are we assured that we respond to complaints within agreed timescales? How do we gain assurance that we are following SPSO guidance in our handling of complaints? 10.3 Are we confident that we receive reports that give us sufficient information about complaints received to enable us to monitor our performance in terms of both	2.2	Sufficient compliance – Yes 10.1 Complaints procedure widely publicised – in summary and in full. We gain assurance of this availability through the number of complaints from different sources which are recorded by the Association. Renewed focus on making sure all complaints are captured has resulted in increased numbers; this increase was reported to the Committee as a good thing as it gives us an opportunity to improve service. We previously saw increases in the number of complaints received and this may be an indicator that we are getting better at identifying and recording complaints/ expressions of dissatisfaction, and this has stabilised in recent years. We carried out an EIA on our complaints handling process in August 2022 which was attended by all staff at a staff meeting. Several areas were highlighted and ultimately we were assured that measures such as allowing complaints to come from advocates (formal or informal) and the availability of the process in different formats, and the range of methods acceptable for complaints were all sufficient to ensure no bias or restriction of access.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
		process and service delivery? Do we receive such reports at the right frequency? 10.4 How have we used information from complaints to inform our delivery of services and/or change our practices? Have we reported to tenants on how we have used complaints information in this way? 10.5 Do we compare our performance in handling complaints with that of other landlords? Are we assured that our performance meets our expectations and published standards? 10.6 Has complaints handling been included in a recent internal audit programme? Are we assured that any recommendations have been implemented effectively?		10.2 The Association uses a custom software to hold all complaints which gives statistical reporting on timescales. Staff have all received training on both the complaints system and on the SPSO guidance. We also carried out holistic complaints and customer service training for all staff in September 2025. 10.3 Complaints statistics have been reported to the Committee via the ARC and benchmark reporting with others in the QEF. Complaint monitoring is also a standing agenda item at the quarterly Assurance sub-Committee; this includes details on lessons learned. This is also taken annually to the Management Committee. 10.4 We also report on complaints periodically in our newsletter and annually in our Annual Report, this includes lessons learned from complaints. We had also implemented a survey for those making a complaint to complete following conclusion, to examine how they found the process, however we did not receive any responses on this and so have ceased issuing these at conclusion. We have also recently held complaints and customer services training in September 2025 for all staff, partially to address feedback in our service delivery. 10.5 We compare our complaints performance alongside other landlords through the Annual report to residents.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
				10.6 We completed an audit on complaints in 2025. This audit received substantial assurance and had no recommendations. This indicates a strong process with no concerns noted.
Evidence bank documents				Ref
Complaints Handling Procedure				LR3.1
Complaints reports to Assurance sub-Committee & Committee				LR3.2
Internal audit reports				LR3.3
Newsletter info on communications and complaints				LR3.4
LR4	Each landlord must ensure it has effective arrangements to learn from complaints and from other tenant and service user feedback, in accordance with	11.1 How do we use the information that we receive about complaints and other feedback about the services we provide? 11.2 Are we assured that we respond effectively to complaints and feedback and that we learn from them? Do we report annually on complaints performance?	2.4	Sufficient compliance – Yes 11.1 Lessons learned from complaints are advised to staff and Committee. We will also make any necessary policy or procedural changes as a result; this will normally be at the next review, but may be done more quickly if significant. We will also review any findings from resident feedback as part of our communications framework, as well as at Operations sub-Committee as part of the reporting schedule.

Operations – Assessment Table



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM/SS HC	Do we comply? What's outstanding? Other comments
	SPSO guidance	11.3 How have our services and/or processes been changed because of feedback from complaints? Where you have a Tenant Scrutiny Panel: 11.4 Does our Tenant Scrutiny Panel have a role in monitoring our response to complaints? Have we sought feedback on our handling of complaints from the scrutiny panel?		11.2 We report annually on complaints performance and lessons learned to tenants, periodically in our newsletter and quarterly to the Assurance sub-Committee. 11.3 We have implemented some changes from complaints , for example, increased communication training and changes to internal processes on reporting bulk uplift items. We are also currently evaluating the approach to factored owner billing as a result of a complaint. 11.4 – N/A as no panel in place.
Evidence bank documents				Ref
Complaints reports to Committee, Annual complaints report				LR4.1