

Governance and finance – Assessment Table



Annual Assurance Statement – Assessment Table – October 2023

The first three columns have been taken directly from the SFHA guidance revised in June 2023. 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, recommendations will be taken in a separate report and incorporated into a tracker.

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.

There is a separate table at the end which provides additional discussion on the seven Regulatory Standards.

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	Do we comply? What's outstanding? Other comments
Assurance and Notification				
AN1	Prepare an Annual Assurance Statement in accordance with SHR published guidance, submit it to us (SHR) between April and the end of October each year,	<p>Prior to submission: Has the Committee been involved effectively in assessing compliance with the Regulatory Framework?</p> <p>Have we gathered and reviewed sufficient evidence to provide us with appropriate assurance of the RSL's compliance prior to signing off our assurance statement?</p>	<p>2.2 2.5</p>	<p>Sufficient compliance – Yes</p> <p>Self-assurance at Cernach has been in place since 2013. Therefore, Committee reports/training is evident throughout this period rather than being confined to one or two discussions.</p> <p>The Committee commissioned an independent external review of our compliance in relation to the Regulatory</p>

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	<p>and make it available to tenants and other service users.</p>	<p>Have we considered the SHR guidance on Annual Assurance Statements?</p> <p>Have we identified any areas of material non-compliance? If so, have we agreed a realistic and deliverable compliance plan? Have we agreed how implementation will be monitored?</p> <p>Have we identified any areas of non-compliance that are not material? How have we satisfied ourselves the failure is not material? Have we obtained assurance about how the weakness will be resolved? How will that be monitored? Have we notified the SHR?</p> <p>Have we identified improvement actions? Are we clear about the intended benefits/outcomes from improvement? Have we agreed how will delivery be monitored, measured and reported?</p> <p>Post submission:</p>		<p>Standards and the Scottish Social Housing Charter in 2023, as it does each year. This generated some recommendations, all of which are being actioned by staff, reported to the Assurance sub-Committee and do not constitute non-compliance. There was therefore no requirement to notify the SHR.</p> <p>Following comments made in the 2020 annual appraisals assessment (conducted by SHARE) about members requiring more explicit links to assurance, we trialed the use of a table at the start of each report at the meeting in November 2020. However, members found this unwieldy and not helpful; we therefore tried an alternate approach in 2023 and amended the format of Management Committee reports to include a specific section on governance which includes a section on regulation.</p> <p>We have had AAS training and have given assurance a sharper focus via changes to the sub-Committee remit (and amending the AAHR sub to Assurance sub. Management Committee are all invited to feed in to the AAS process digitally and we have provided an assurance update at several Committee meetings as well as a standing item on Assurance at each Assurance sub-Committee.</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
		<p>Is our Annual Assurance Statement available to tenants and other service users? Is it published on our website?</p> <p>Have we engaged with tenants about the content of the AAS?</p> <p>Do we have effective arrangements for monitoring the implementation of compliance and improvement actions? Do we refer to these when reporting to tenants and when starting to prepare the subsequent AAS?</p>		<p>All staff at the Association have also been able to contribute through full staff meetings, as well as Assurance being a part of all staff's induction programme (a recommendation from the 2022 AAS).</p> <p>We publicised our AAS and asked for feedback; as well as bringing this to our residents panel for feedback on the format, publication and contents which has been incorporated into the collation of this statement.</p> <p>All AAS actions are incorporated into an actions tracker and this is presented to each quarterly Assurance sub-C. We also asked the internal auditor to evaluate our whole approach to assurance in 2021 which generated additional recommendations which were also incorporated into trackers and reported to the Assurance sub-C under internal audit. All these recommendations have lead staff assigned and deadlines noted, with covering reports delivered quarterly to inform on completion actions or, where necessary, information on slippage. To date, all actions are up to date.</p> <p>One of the main improvement actions from the 2021 AAS action plan was to increase resident engagement with the AAS. We therefore consulted the residents panel on the format and follow up of the report, and have conducted</p>

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				surveys published online to assist residents in feeding in to the 2023 AAS.
Evidence bank documents				Ref
	Previous Annual Assurance Statement (AAS)			AN1.1
	AAS action plan relating to improvements			AN1.2
	Self-assurance assessment/ evidence bank/supporting narrative and documentation			AN1.3
	Notes of working group/sub-Committee/Committee discussion			AN1.4
	Internal Audit on AAS process reports			AN1.5
	Action plans to support preparation of current AAS (draft action plan included)			AN1.6
	Notes of discussions/consultation with tenants			AN1.7
	Record of Committee consideration of compliance and approval of AAS (2021 papers in as pdf; 2022 can be added once approved)			AN1.8
	Post-Submission – Annual Assurance Statement/ report to tenants			AN1.9
AN2	Notify us (SHR) during the year of any material changes to the assurance in its Annual Assurance Statement.	How do we monitor ongoing compliance with the requirements of the Regulatory Framework? Do we have systems/processes in place to identify any material change? How do we test these systems?	2.2 2.5	Sufficient compliance – Yes We completed independent assessments of the standards in 2022 from our internal auditor and followed this up with in-house assessments in June 2023. The assessment tables generated from this were shared amongst the MT, with action plans being generated and relevant staff assigned to

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		<p>Are we assured that any changes in compliance will be communicated to the SHR (and other regulators as required), relevant stakeholders, including lenders and tenants?</p> <p>Post submission</p> <p>Have there been any material changes since we last submitted the Annual Assurance Statement?</p> <p>Have we notified the SHR?</p>		<p>progress work, all of which is reported to the Assurance sub-Committee. Our MC and sub-C workplans reflect the SGFM and SSHC and report compliance against key indicators on a period basis.</p> <p>All staff were consulted prior to submission of the 2023 AAS through a dedicated staff meeting and invited to share views on the Association's compliance, particularly in each staff members area of operation. The importance of recognising material changes in compliance has been communicated.</p> <p>We can gain assurance from our positive working relationship with SHR, examples of staff highlighting issues and the Association's proactive response to submitting NEs.</p> <p>There have been no changes to the AAS submitted in October 2022.</p>
Evidence bank documents				Ref
Most recent Annual Assurance Statement (2022 is most up-to-date at time of writing)				AN2.1
Compliance Assessment Reports				AN2.2

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
AN5	Each landlord must make its Engagement Plan easily available and accessible to its tenants and service users, inc. online.	<p>Is our Engagement Plan easily accessible via our website? How do we know?</p> <p>Have we promoted our Engagement Plan in our newsletter?</p>	Standard 2 2.1	<p>Sufficient compliance – Yes</p> <p>Yes, our Engagement Plan is on the website and we included an article in our newsletter in Autumn 2023. It is accessible through the search function on the website and on our 'About Us' section.</p>
Evidence bank documents				Ref
Current Engagement Plan				AN5.1
Word document signposting to dates/places of publication				AN5.2
Whistleblowing				
WB1	Each landlord must have effective arrangements and a policy for whistleblowing by staff and Committee members which it makes easily available and which it promotes.	<p>How have we made staff and Committee members aware of our policy on whistleblowing and the process to be followed where concerns exist?</p> <p>How are we assured that staff and GBMs are aware of the policy and process?</p> <p>Do we promote the whistleblowing policy regularly?</p>	Standard 5 5.2 5.6	<p>Sufficient compliance – Yes</p> <p>Policy in place. Staff and Committee are advised of whistleblowing as part of their (separate) induction programmes. Following a recommendation in the 2022 AAS, we conducted training for all staff on whistleblowing as well as providing a guidance note for reference.</p> <p>Committee training was done as part of the 2017/18 DRUMCOG programme and will be included in the programme going forward. A whistleblowing briefing was included in the induction for our two co-optees in 2020 and</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
		<p>Have we ensured the Whistleblowing Policy applies and is promoted throughout our group structure?</p> <p>Have we provided any training to staff and Committee members on whistleblowing?</p>		<p>early 2021, and the three new Committee members had this as part of their induction.</p> <p>As part of the compliance assessments in 2023 there are plans to complete training sessions for Management Committee members in 2024.</p>
Evidence bank documents				Ref
Whistleblowing policy				WB1.1
Reports on any whistleblowing cases that have taken place (n/a as there have been none)				n/a
Extract from staff survey confirming high levels of awareness				WB1.2
Whistleblowing briefing note for staff				WB1.3
Equality and Human Rights				
EH1	Each landlord must have assurance and evidence that it considers equality and human rights issues properly when making all of its decisions, in the design and review of internal and external policies, and in its day-	<p>Do our policies consider and take account of equalities implications? Do we carry out Equalities Impact Assessments when reviewing and developing policies?</p> <p>How are we assured that our policies and practices do not discriminate unlawfully or unfairly?</p>	<p>All standards</p> <p>1.3</p> <p>5.3</p>	<p>Sufficient compliance – Yes</p> <p>The Association reviewed its equality and human rights policy, and accompanying action plan, in April 2021. All policies include a section on equality and we carry out EIAs on all policies (including reviews) from 2022/23 onwards. The format of the EIAs were revised in 2021 following the revised policy, and we have carried out training for all staff</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	to-day service delivery.	<p>Do the reports that we consider include reference/links to equalities implications? Do we carry out equalities impact assessments on any proposals relating to service delivery? How do we use these assessments to support our decision-making?</p> <p>How do we monitor our performance in promoting equalities?</p>		<p>on how to administer these. We have also carried out an EIA on our business plan as part of the 2023 review.</p> <p>We are working towards collecting data across all protected characteristics for the five recommended groups, taking account of SHR/SFHA/GWSF guidance issued in April 2022. Data collection has commenced, however not all groups have had their information collected at present and we are working towards collecting the remainder.</p> <p>We received sufficient data on staff groups, as well as those that had applied for vacant positions at the association to be able to carry out some analysis in April 2023. This did not highlight any particular themes emerging that were cause for concern. We intend to carry out analysis following the release of wider population data following the census results becoming available during the course of 2023/24.</p> <p>We are able to take steps to make our services and publications as accessible as possible, for example transport, translation and office accessibility. We operate a Job Guarantee Scheme whereby we will automatically interview any disabled applicant who meets all of the essential criteria (if they chose to participate in this scheme).</p>

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				<p>Despite everything we have done, we still believe that more is required. We know, for example, that we're likely to be missing customers with particular communication needs (this may have been exacerbated by the pandemic) and our staff team is not representative across all areas.</p> <p>We had an internal audit carried out in November 2022 focusing on equalities. This audit resulted in a score of 'full assurance' and we received no recommendations for improvement.</p> <p>We carried out equalities training in February 2023 with a focus on practical skills for all staff as well as legislative requirements.</p> <p>We have a robust equalities action plan which includes a range of improvements which will span several years.</p>
Evidence bank documents				Ref
Equalities and diversity policy and action plan				EH1.1
Aids and adaptations policy (relevant section from maintenance policy)				EH1.2
Recruitment policy				EH1.3
ASB policy				EH1.4

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	Provision of policies and information in alternative formats and languages – statement of commitment and examples			EH1.5
	Availability of interpreting services – Word document outlining approach			EH1.6
	Accessible offices/venues – Word document with short statement on this			EH1.7
	Equalities monitoring data collection plan and forms			EH1.8
	Equalities data analysis report			EH1.9
	Internal Audit report on equalities			EH1.10
EH2	To comply with these duties, landlords must collect data relating to each of the protected characteristics for their existing tenants, new tenants, people on waiting lists, Committee members and staff.	<p>Have we established systems and processes for collecting, storing and monitoring equalities data? Have we taken account of good practice advice in respect of complying with regulatory requirements? Are we assured that our processes comply with GDPR?</p> <p>Do we carry out – and take account of - Equalities Impact Assessments on all plans, policies and proposals?</p>	1.3	<p>Sufficient compliance – In part</p> <p>We have established our own internal guidance for how we will be collecting and storing information. This information will not be linked to persons and therefore not subject to UK GDPR. This has taken account of the good practice guidance from SHR/SFHA/GWSF (most recently revised in April 2022).</p> <p>We are also represented in a small working group as part of the QEF to discuss implementation of this guidance.</p> <p>We conduct equality impact assessments when reviewing policies, and our equalities action plan included performing EIAs on non-policy documents such as our business plan,</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
				key procedures and action plans which we have now commenced.
Evidence bank documents				Ref
Equalities monitoring data collection plan and forms				EH2.1
Monitoring reports				EH2.2
Statutory Guidance				
SG1	Comply with, and submit information to us (SHR) in accordance with, our guidance on <u>notifiable events (NE)</u>	<p>Are we satisfied that the requirements of the NE guidance are well understood by staff and GB members?</p> <p>Are we satisfied that relevant policies and processes highlight the potential for NE to arise? Do we include consideration of NE on Committee agendas?</p> <p>Does our scheme of delegation specify where responsibility lies for submitting NE to the SHR?</p> <p>Do we have a reliable system for recording, monitoring and reporting notifiable events? Does the governing body review the notifiable events register (or equivalent) annually? How</p>	Standard 7 1.3 2.5	<p>Sufficient compliance – Yes</p> <p>We have a notifiable events policy and have reported a number of NEs over the years. We had one significant NE in 2022/23 concerning an adverse cyber event and discussion with SHR. This has been well documented and highlighted to MC and staff members through staff meetings and at MC meetings. The NE was closed at conclusion of the incident. The Association's internal auditor carried out an audit on the handling of this incident, which included commentary on how the Association handled reporting the NE and subsequent discussions with SHR. There were no concerns arising from this report and 'full assurance' was given.</p> <p>We understand when/who/how in relation to reporting. The Director will mainly report NEs via the SHR's portal.</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
		<p>do we gain assurance that we have dealt with NEs effectively?</p> <p>Are we satisfied that all required notifications have been made during the last year? How have we gained this assurance?</p> <p>Are we satisfied that, where a notifiable event arises, all other notifications are/have been made (e.g. to funders and/or other regulators?) How do we gain that assurance?</p>		<p>However, in some circumstances, this may be the Chair. The Depute Director and CSAM can also report NEs via the portal should the Director be unavailable or their reporting of an NE be inappropriate.</p> <p>We have a standing item on the agenda for all MC meetings which highlights SHR correspondence and notifiable events.</p> <p>We have an NE register which was put in place in April 2022 and the Committee review this annually.</p> <p>We will continue to maintain electronic folders for each NE where this is helpful and, of course, they will be recorded in the Committee papers. The portal will provide details of all the NEs that have been raised and whether or not they are open or closed.</p> <p>The Association also carried out staff training of NEs and provided staff with a briefing note for reference.</p>
Evidence bank documents				Ref
Notifiable events policy				SG1.1
Notifiable events register				SG1.2
Reports to GB				SG1.3
Notifiable event information for 2022/23				SG1.4

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	Scheme of delegation (Standing Orders)			SG1.5
	Internal audit on cyber event			SG1.6
	Staff briefing note on NEs			SG1.7
SG2 and SG3 do not apply to Cernach.				
SG4	Comply with, and submit information to us (SHR) in accordance with, our guidance on <u>financial viability of RSLs: information requirements</u>	<p>Are we assured that all financial returns are submitted to the SHR on time? How do we gain that assurance?</p> <p>Are we aware of any significant additional information requirements that the SHR has specified and how these are met?</p>	<p>1.3</p> <p>1.7</p>	<p>Sufficient compliance – Yes</p> <p>All returns are included in the Committee workplan – this is agreed in March each year and all members retain a copy throughout the year. These are all noted in our internal organisational management system, Monday.com.</p>
Evidence bank documents				Ref
Five Year Financial Projections (FYFP)				SG4.1
Audited accounts				SG4.2
Auditor's Management Letter				SG4.3
GB report and response to auditor				SG4.4
Audited financial statement return				SG4.5
Loan Portfolio Return (and in-year updates/amendments)				SG4.6

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
SG5	Comply with, and submit information to us (SHR) in accordance with, our guidance on <u>determination of accounting requirements</u>	<p>How are we assured that financial statements and reports comply with legal and regulatory requirements?</p> <p>Has the GB given due consideration to the financial statements before approving them for presentation to the membership?</p>	<p>1.3</p> <p>3.7</p>	<p>Sufficient compliance – Yes</p> <p>As above. We also comply with Constitutional Standard #3.</p> <p>Our financial accounts were presented by the auditor at the AGM. We were quorate and were able to fulfil our obligations in relation to the accounts.</p> <p>Our accounts are prepared by the external finance agents (FMD) and are routinely monitored by internal staff and annually, the external auditor. The internal auditor also routinely checks financial processes generally as part of the audit programme.</p>
Evidence bank documents				Ref
Financial statements and audited accounts				SG5.1
Auditor's management letter				SG5.2
GB and/or Audit Committee reports				SG5.3
Minutes of GB and/or Audit Committee meeting(s)				SG5.4
SG6	Comply with, and submit information to us (SHR) in accordance with, our guidance on	How are we assured that the preparation of financial statements accords with current statutory, regulatory and accounting practice?	<p>1.3</p> <p>3.7</p>	<p>Sufficient compliance – Yes</p> <p>As above. We also comply with Constitutional Standard #3</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	<u>preparation of financial statements.</u>	How have we gained assurance that the RSL remains a 'going concern'?		
Evidence bank documents				Ref
Notifiable events policy and register				SG6.1
GB/Audit Committee reports and minutes				SG6.2
Auditor's report				SG6.3
Organisational Details and Constitution				
OC1	<p>Make publicly available, including online, up-to-date details of:</p> <ul style="list-style-type: none"> Who is on the Committee, the date they first became a member/office bearer How to become a member of the RSL and of the Committee and 	<p>Do we have the names of our current Committee members on our website, along with the date they first became a Committee member?</p> <p>Have we published on our website and in relevant publications the names of our office bearers and the date they became an office bearer?</p> <p>Is the information about our GBMs and office-bearers easily accessed via our website? Is the information up to date?</p>	<p>1.3</p> <p>2.1</p> <p>6.4</p>	<p>Sufficient compliance – Yes</p> <p>The website has been updated following the AGM on 28 August – this now shows the relevant Committee members and reflects the change in Chairperson.</p> <p>We have historically kept the website up to date with the remainder of the noted information, and this has been checked in advance of submission of the 2023 AAS.</p> <p>We routinely publish Committee minutes as soon as these are approved.</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	<ul style="list-style-type: none"> Minutes of Committee meetings 	<p>Are there details on our website of how to become a Committee member?</p> <p>Do we publish information about joining the GB, including the specific skills and knowledge we have identified we need, in advance of our Annual General Meeting (AGM)?</p> <p>Is our process for recruiting GBMs clear and transparent?</p> <p>Are the minutes of GB meetings available on our website?</p>		<p>We publish details of how to join the Committee, but have not yet included details of any gaps in specific skills and/or knowledge. Through the MC appraisal process, we have not identified any gaps which require to be resolved with additional MC members and have had a well resourced MC for several years. We are currently considering how to attract new Management Committee members and will aim to attract new members from the local area in the first instance, with a particular focus on those demonstrating underrepresented skillsets such as HR or Finance experience.</p>
Evidence bank documents				Ref
Website (Word document with appropriate hyperlinks)				OC1.1
Newsletters				OC1.2
Annual report(s)				OC1.3
OC2	Keep up-to-date organisational details in the Register of Social Landlords, by maintaining the	Do we regularly update our entry on the Register of Social Landlords as and when required?	1.3 2.5	<p style="color: purple;">Sufficient compliance – Yes</p> <p>The portal was updated on 30 August with the new Committee members' details following the AGM on 28 August.</p>

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	information provided through the Landlord Portal.	Where is responsibility for updating our entry on the register located?		
Evidence bank documents				Ref
Scheme of delegation (Standing Orders and Delegated Authorities)				OC2.1
Staff role descriptions (Director has overall responsibility)				OC2.2
OC3	The constitution of the RSL must comply with all legislative requirements under the 2010 Act and the SHR Constitutional Standards	<p>Are our rules based on the SFHA model or an alternative?</p> <p>Are we satisfied that any amendments to the model comply with the Constitutional Standards?</p> <p>Are we satisfied that the composition of our GB and any sub-committees is consistent with our constitution?</p> <p>Are we satisfied that our GB is kept up to date about the requirements contained in our Rules?</p> <p>How have we gained this assurance?</p>	1.3	<p>Sufficient compliance – Yes</p> <p>We held an SGM on 30 August 2021 to approve the new (2020) Rules. Our solicitor attended to present the Rules and have them registered.</p> <p>The Management Committee require to sign declarations and a code of conduct each year which contain most of the provisions within the Rules. These declarations are also presented to a Management Committee meeting, usually in September each year. This last took place in September 2023 following the AGM.</p>
Evidence bank documents				Ref

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Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	Rules			OC3.1
	Legal advice			OC3.2
	Committee minutes			OC3.3

SHR Regulatory Requirement/Standard	Self-Assurance Factors	Do we comply? What's outstanding? Other comments
Regulatory Standards #1 to #6 (excluding Covid-19 impact on #3) – relates to disposals/acquisitions, and organisational or constitutional change		
Comply with the Standards of Governance and Financial Management and associated guidance	<p>Are we satisfied that we have assessed our compliance with the regulatory standards effectively?</p> <p>Have we reviewed our compliance with each standard at least once in the last three years?</p> <p>Have we considered the materiality of any areas of non-compliance and are our conclusions supported by the evidence we have reviewed?</p> <p>Have we accurately disclosed any areas of material non-compliance and are we satisfied that there is a</p>	<p>Sufficient compliance – Yes</p> <p>We completed the external baseline assessments in June 2023. The recommendations from this have been incorporated into an action plan which is reported quarterly to the Assurance sub-C.</p> <p>There are also cross-references to the Standards within internal audit reports and the annual external audit takes account of relevant Standards.</p> <p>The Association's approach is to conduct ongoing assessment in-house, with periodic external validation (every four years unless there are concerns and</p>

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		<p>deliverable action plan in place to address these areas?</p> <p>Do we have an effective framework for monitoring achievement and for notifying the SHR when complete?</p>	<p>Committee wishes to do this more frequently). The most recent assessments were conducted in-house following the 2022 assessments being completed externally by the Association's internal auditor.</p> <p>This assessment identified no areas of material non-compliance.</p>
Evidence bank documents			Ref
Records of baseline assessment process			SGFM1
Action plan(s)			SGFM2
Regulatory Standard #7 – relates to disposals/acquisitions, and organisational or constitutional change			
7.1	The Committee discusses and scrutinises any proposal for organisational change and ensures that the proposal will benefit current and future tenants.	<p>Is the GB clear about the objectives of the proposal? What are the implications for current and future tenants? How will the proposed changes deliver improvement?</p> <p>Has the GB been involved in developing the proposals? Has there been consultation with tenants?</p> <p>Was the SHR notified in accordance with regulatory requirements?</p>	<p>Sufficient compliance – Yes</p> <p>In recent times, this has applied when agreeing to acquire land for development and also to grant a number of leases to GCC. The land acquisition was subject to a full appraisal by the Committee and the resultant acquisition done with appropriate legal (and other technical) input, whilst the disposals were done following a Committee decision to offer temporary lets to GCC to assist them in discharging their duty in relation to homelessness.</p>

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		<p><u>Links to other Regulatory Requirements/Standards</u> Requirements: SG1 Standards: 1,2 and 3</p>	<p>We funded the non-grant parts our Phase 1 and 2 developments entirely from reserves. We did not therefore seek a disposal to grant security. We do not have any further plans for disposals/acquisitions or organisational change at this time.</p>
<p>Evidence bank documents</p> <p>As there has been no organisational change nor disposals or acquisitions that would be relevant under Standard #7, there is no evidence to attach here.</p>			<p>Ref n/a</p>
7.2	<p>The RSL ensures that its governance structures are as simple as possible, clear and allow it to meet the Standards of Governance and Financial Management, Constitutional Requirements, and Group Structures guidance.</p>	<p>Has the GB considered how the proposed organisational change will affect the strength and effectiveness of its governance?</p> <p>Is the GB satisfied that the proposed governance structure will deliver effective governance? Are remits and reporting and delegation arrangements clear?</p> <p>Does the proposed change have implications for shareholding members?</p> <p><u>Links to other Regulatory Requirements/Standards</u> Requirements: SG2 and OC3 Standards: 1, 4, 5 and 6</p>	<p>Compliance – not applicable (no recent examples)</p> <p>The last constitutional change was at the 2021 AGM (via an SGM on the same evening). We took appropriate legal advice and the Committee opted not to amend the SFHA model.</p>

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SHR Regulatory Requirement/Standard	Self-Assurance Factors	Do we comply? What's outstanding? Other comments
<p>Evidence bank documents</p> <p>As there has been no organisational change nor disposals or acquisitions that would be relevant under Standard #7, there is no evidence to attach here. There has been a constitutional change, but this related to the adoption the 2020 model Rules – this was a sector requirement and we took appropriate legal advice in relation to the process.</p>		<p>Ref</p> <p>n/a</p>
<p>7.3</p>	<p>The RSL ensures adequate consultation with, and support from, key stakeholders including tenants, members, funders (who may need to give specific approval) and local authorities as well as other regulators.</p> <p>How are/have the requirements of your Engagement Plan being fulfilled and monitored?</p> <p>Is there a schedule or implementation plan that identifies key milestones; engagement with stakeholders and provides a framework for monitoring?</p> <p>How has the RSL engaged with funders? Are the conditions proposed by funders consistent with the objectives of the proposal?</p> <p>What is the impact of the lender's conditions on the proposal? Has independent advice been procured to support tenants? Were tenants involved in the selection of the adviser?</p> <p>How will/were all necessary approvals secured? How will/was the approval of members be obtained?</p>	<p>Compliance – not applicable (no recent examples)</p>

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SHR Regulatory Requirement/Standard	Self-Assurance Factors	Do we comply? What's outstanding? Other comments
	<p><u>Links to Other Regulatory Requirements/Standards</u> Requirements: SG3 Standards: 2</p>	
7.4	<p>The Committee is satisfied that the new (or changed) organisation will be financially viable, efficient and will provide good outcomes for tenants.</p> <p>How has the GB gained assurance that the new/changed organisation will be financially viable?</p> <p>Is the GB satisfied that the assumptions used in the financial planning are realistic and robust? How has this assurance been gained?</p> <p>What will be the benefits for tenants?</p> <p><u>Links to Other Regulatory Standards</u> Standards 1, 2, 3 and 4</p>	Compliance – not applicable (no recent examples)
7.5	<p>The RSL establishes robust monitoring systems to ensure that delivery of the objective of the change and of commitments made to tenants are achieved (for example in relation to service standards, operating costs and investment</p> <p>Is the GB clear about the outcomes the change is intended to deliver? Are there effective systems and processes to monitor implementation?</p> <p>How is progress reported to the GB? Is information provided to tenants on the achievement of key goals?</p>	Compliance – not applicable (no recent examples)

Governance and finance – Assessment Table



SHR Regulatory Requirement/Standard		Self-Assurance Factors	Do we comply? What's outstanding? Other comments
	levels).		
7.6	Charitable RSLs seek consent/notify OSCR of changes to their constitution and other changes as appropriate.	Is/was the GB effectively informed about the implications of the proposals on its charitable status? <u>Links to other Regulatory Requirements/Standards</u> Standard 2	Compliance – not applicable (no recent examples)
7.7	The Committee ensures that disposals, acquisitions and investments fit with the RSL's objectives and business plan, and that its strategy is sustainable. It considers these taking account of appropriate professional advice and value for money - whether as part of a broader strategy or on a case by case basis.	Has the Committee considered proposed disposals/acquisitions/ investments in the context of the business plan and financial projections? Has specialist advice been considered/obtained? Is the GB satisfied that it has the legal capacity to make the disposal/investment? <u>Links to other Regulatory Requirements/Standards</u> Requirements: SG1 Standards: 3	Sufficient compliance – Yes We reviewed our policy in relation to Mortgage to Rent in 2023/24 to ensure this was up to date, but this did not result in any significant changes.
7.8	The RSL complies with regulatory guidance on tenant consultation, ballots and authorisation.	How has the GB overseen the process of engaging and consulting with tenants?	Compliance – not applicable (no recent examples)

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SHR Regulatory Requirement/Standard	Self-Assurance Factors	Do we comply? What's outstanding? Other comments
	<p>Has the GB considered and approved the proposals that are/were made to tenants? How has the GB gained assurance that all regulatory requirements are observed?</p> <p><u>Links to other Regulatory Requirements/Standards</u> Requirements: SG3</p>	
7.9	<p>The RSL notifies the Regulator of disposals in accordance with regulatory guidance.</p> <p>Has the GB been notified that the disposal has been completed? How has the GB been advised that the organisation is compliant?</p> <p><u>Links to other Regulatory Requirements/Standards</u> Requirements: SG1</p>	<p style="color: purple;">Sufficient compliance – Yes</p> <p>Please see comments in relation to 7.1 above.</p>
7.10	<p>The RSL only agrees fixed or floating charges where the assets are used to support core activities. This should exclude providing security in relation to staff pensions.</p> <p>How is the GB informed about the terms of loans being negotiated?</p> <p>Do reports consider regulatory and constitutional implications to support informed decision-making?</p>	<p style="color: purple;">Compliance – not applicable</p> <p>The Association has only ever had a standard security. Any floating charges, cross-collateralisation or other instruments/products would not be permitted by our disposals policy.</p>

Governance and finance – Assessment Table



SHR Regulatory Requirement/Standard	Self-Assurance Factors	Do we comply? What's outstanding? Other comments
		Disposals policy expressly prohibits providing security in relation to staff pensions.
Evidence bank documents		Ref
Disposals policy		SGFM7.1