

#### 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. 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 <u>material non-compliance</u>. 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
Assu	rance 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 an RSL?  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 – <b>Yes</b> 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 exercise in June 2023.



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		<ul> <li>1.3 Do our policies refer to relevant legislation and the associated requirements?</li> <li>1.4 Do we consider legal implications under each Committee report?</li> <li>1.5 Have we implemented a lessons learned approach to monitoring our performance?</li> <li>1.6 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</li> </ul>		<ul> <li>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.</li> <li>1.3 All policies have a section included on legal and/or regulatory basis.</li> <li>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.</li> </ul>
		naintenance, use of vehicles)?  1.7 How do we test the validity of our information relating to tenant and resident safety?  1.8 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?		<ul> <li>1.5 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.</li> <li>1.6 We do not specifically monitor contractor working practices, but gain assurance from the declarations submitted as part of the tender process.</li> </ul>



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		<ul> <li>1.9 Do we have ongoing engagement to help influence the implementation of Rapid Rehousing Plans in our area(s) of operation?</li> <li>1.10 How do we ensure that we take account of the views of current and future tenants?</li> <li>1.11 How do we gain assurance that our housing stock is being used to meet housing need effectively?</li> <li>1.12 How do we gain assurance that our housing stock is being managed effectively?</li> <li>1.13 Are we developing processes to ensure that our allocations policy is informed by the data we collect about equalities?</li> <li>1.14 How do we assure ourselves that ASB is being tackled effectively and that our legal responsibilities are being met?</li> <li>1.15 How are we assured that we always act within the law? Do we make appropriate use of specialist legal advice?</li> </ul>		1.7 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. The Association also carried out an internal audit on the EICR process in 2023 which has helped make recommendations for improvement. In terms of checking with tenants on the validity of data and reporting, the repairs satisfaction surveys have not been completed yet this year, partially due to staff turnover. A recommendation from this year's AAS will therefore be to recommence these, with more digital methods of repairs satisfaction surveys being prioritised.  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.  For water safety, the Association has data on each property which is serviced by a water storage tank, and has prioritised these for decommissioning. However, this data has not been updated in some time and therefore requires to be reassessed. We will also ask our internal auditor to



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		<ul> <li>1.16 How are we implementing and taking account of the impact of the provisions of the Cost of Living (Tenant Protection) Scotland Act 2022?</li> <li>1.17 How do we gain assurance that our abandonment policy is compliant with the law? How do we oversee its effective implementation?</li> <li>1.18 How do we maintain assurance that our tenancy agreements comply with legislative requirements?</li> </ul>		consider our work here in order to gain some independent input.  The Association also does not have a record of hygiene checks or treatment being carried out in each of these tanks, and therefore further recording of this information, as well as documenting of the annual rolling programme of treatments is required.  1.8 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.
		<ul> <li>All Landlords:</li> <li>1.19 How do we assure ourselves that we are meeting our legal obligations to people who are homeless?</li> <li>1.20 Have we developed an appropriate strategic / policy framework to meet our responsibilities?</li> <li>1.21 Do our Committee reports include consideration of equalities?</li> </ul>		<ul> <li>1.9 The housing management team have not received any referrals from Glasgow's homeless casework team for rapid rehousing plans as yet. They do however progress cases quickly and have actively sought to assist the casework team by making providing reports and attending local letting meetings. The team have also actively worked to progress the flipping of a TFF to a permanent tenancy for a long term resident.</li> <li>1.10 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</li> </ul>



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		1.22 Do we carry out Equalities Impact Assessments on all plans, policies and proposals?  1.23 Is equalities at the heart of our service delivery, allocations and recruitment practices?  1.24 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?  1.25 How do we assure ourselves that our legal responsibilities are met for fire safety?  1.26 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; alarms)? Are we satisfied that we are meeting our obligations?		policy (2019); 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. At the time of writing, there is a consultation running for the review of the allocations policy which is being conducted through paper and online surveys in conjunction with other DRUMCOG landlords.  1.12 We gain assurance on best use of stock through regular reporting to the Operations sub-Committee.  1.13 We have limited information available currently on applicants and new tenants, however this data will begin to be gathered and we will use this to inform the next review of the policy.  1.14 We have an up to date ASB policy and performance is reported regularly to the Operations sub-Committee. We recently reviewed the Abandonment policy and procedure and have conducted staff training on this to ensure processes are followed effectively. This is monitored operationally by the Senior Housing Officer.  1.15 When developing the revised tenancy agreements to take account of changes in 2020, we used the model tenancy agreement and sought legal advice at this time.



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		1.27 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?  1.28 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?  1.29 How do we gain assurance that residential buildings meet other relevant safety standards (e.g. electrical safety; legionella; lift maintenance; asbestos removal)?  1.30 How do we gain assurance that contractors working on our behalf comply with safety legislation?  1.31 How do we gain assurance that plans and designs for construction and for major repairs projects are compliant with all relevant safety legislation and good practice advice?		1.16 The Association carried out a large program of consultation when considering the 2023/24 rent increase, particularly taking into account of the uncertain outcome of decisions being made by the Scottish Government. This programme of consideration included a special management committee meeting, an enhanced information pack provided with all consultations, more methods of consultation, open drop-in evenings hosted at the office later in the evenings and detailed financial planning presented by the Association's finance agents. Over 85% of tenants surveyed agreed with the rent increase proposals which were eventually implemented (5%) which was well within the average of landlords in Glasgow, and nationally.  1.17 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.  1.18 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.



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		<ul> <li>1.32 How are we taking account of recent amendments to the law relating to construction?</li> <li>1.33 Do our processes for the recruitment and appointment of consultants ensure that we are appointing appropriately qualified and experienced specialists?</li> <li>1.34 How do we gain assurance that we are complying with our obligations in respect of data protection and Freedom of Information?</li> <li>1.35 Do we use internal audit effectively to provide assurance?</li> </ul>		1.19 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 also attend meetings with the homeless casework team through the local lettings planning group.  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 one of the leases back to a standard tenancy following discussion with the homeless casework team. Also in relation to homelessness, the Committee has agreed make 35% of all lets available to Section 5 referrals, with a commitment to increasing this if the council can provide more referrals. 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 revised our equality and human rights policy in April 2021. This was done following specific staff and Committee training sessions and we also had a small working group (comprising Committee and staff) to help develop the



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				supplementary equality action plan. The exercise was led by Stuart Eglinton, who attended the Committee meeting in April 2021 to present his findings.
				1.22 We carry out EIAs on all policies and on key organisational documents, such as our business plan.
				1.23 Now that we have (i) our revised policy and (ii) the recent guidance we have renewed our focus on equalities and have commenced anonymised collection of applicant equality data which will be used to inform future changes to allocation policy. We will continue to complete equalities data collection in line with our plans.
				1.24 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 Operations sub-Committee within their workplan and reporting format.
				In relation to electrical safety, we all properties due to be completed within the five-year timescale in 2022/23 were completed by the end of March 2023 and therefore all properties had a valid EICR by 31 March 2023. There is now a rolling programme to include all properties due in the current financial year based upon their five-year anniversary



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				date. We have had some access issues in 2023/24 and this has resulted in 12 properties being late in getting their EICR by the time of their five-year anniversary date. All of these properties have now had an EICR carried out.
				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 but we will continue to bring forward the review cycle to minimise likelihood of missed anniversary dates.
				1.25 The Association has upgraded smoke alarms to meet current regulations for all properties.
				1.26 and 1.27 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.
				1.28 For gas safety, we had problems with "no access" during the height of the pandemic and this resulted in some late certificates. We had four certificates were late in 2022/23 due to tenant access issues. Our staff who handle gas safety are trained in how to handle these matters, and the most recent training took place in April, 2022. All staff have an awareness of gas and who the designated



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				members of staff are. We have had no late certificates so far in 2023/24.
				1.30 We gain assurance on tenant health and safety through our repairs contractors and through certification from the 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. 100% of residents expressed confidence in this area.
				1.31 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. One example is an ongoing property rewire which has been extensively planned and the Association has requested proposals, paperwork and assurances from the contractors prior to the commencement of works.



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			and so do not require consider new requirements.  1.33 For contractor appointments, v frameworks (Scotland Excel) and the	1.33 For contractor appointments, we use established frameworks (Scotland Excel) and the use of procurement consultants such as Adamson Partnerships to assist and	
				ensure qualified contractors are in place.  1.34 We have an external DPO who provides external guidance and validation in respect of data protection and FOI matters.	
			1.35 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 changes in practice, legislation and length of time since any previous internal audits.		
Evide	nce bank documents			Ref	
Interna	Internal audit reports			AN3.1	
Repor	Reports from specialist advisers (stock condition surveys)			AN3.2	
Extern	External validation assessments (baseline assessment reports)			AN3.3	
Alloca	tions: policy; local lettings in	tiatives; consultation reports; monitoring reports		AN3.4	



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Examp	Examples of the allocations mini-audits (anonymised)					
Anti-So	ocial Behaviour: policy; moni	toring reports			AN3.6	
Trainin	g notes from legal advice tra	aining on ASB			AN3.7	
Evictio	ns: policy; monitoring report	s (Rent management policy and anonymised No	oP sheet)		AN3.8	
Aband	onment: policy; monitoring re	eports			AN3.9	
Tenan	cy Agreement (including all t	types)			AN3.10	
Homel	essness: performance repor	ts (monthly return to GCC on Section 5 lets)			AN3.11	
	ty and Human Rights (a few ty & Inclusion Strategy	examples of translated documents), data gathe	ring systems	, GB reports, Equalities Strategy;	AN3.12	
Rent c	onsultation documents – Sp	ecial cttee meeting agenda and reports, consult	tation feedba	ck, survey information	AN3.13	
Major	works information - Awaiting	g from Chris			AN3.14	
Damp,	condensation and mould re	gister, policy document and committee reporting	g		AN3.15	
EICR r	registers				AN3.16	
AN4	Notify us (SHR) of any tenant and resident safety matters which have been reported to, or are being investigated by, the  2.1 Have we successfully restored full compliance relating to tenant and resident safety? Are we monitoring progress/ performance effectively?  2.5 Sufficient compliance – Yes  2.1 We did not previously report any compliance in respect of tenant and Operations sub-Committee receives ensure ongoing compliance.		resident safety. Our			



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	Health and Safety Executive, or reports from regulatory or statutory authorities, or insurance providers, relating to safety concerns.	<ul> <li>2.2 How are we notified about any investigations being carried out by the Health and Safety Executive (HSE)?</li> <li>2.3 Are there any cases being investigated currently by the HSE relating to the safety of our tenants and/or residents?</li> <li>2.4 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?</li> <li>2.5 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?</li> </ul>		<ul> <li>2.2,2.3,2.4 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.</li> <li>2.5 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.</li> <li>2.6 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 October 2023 and is ongoing at the time of submitting the AAS, with the most recent exercise being conducted in Autumn 2021.</li> <li>2.7 We use best practice guidance to ensure our stock condition information is updated timeously and we therefore carry out these checks every two years.</li> <li>2.8 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</li> </ul>



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		2.6 Are we assured that there is an effective approach to assessing and reporting on the safety of our properties?		stock condition survey information and incorporate this into our five and thirty year planned maintenance programmes which are reviewed annually.
		<ul><li>2.7 How are we assured that the frequency of these assessments is adequate?</li><li>2.8 Are we assured that all necessary actions from these assessments are implemented effectively?</li></ul>		2.9 There are no current issues known which make a property unsafe. There is one property where some remedial actions were found as a result of an EICR and there requires a partial rewire to the property. This is being progressed by our reactive repair contractor in consultation with the resident and does not highlight any particular concerns.
		<ul> <li>2.9 Are there any necessary actions outstanding that result in a property being unsafe? How would such a situation be managed?</li> <li>2.10 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)?</li> </ul>		2.10 We have re-worked the five-year planned maintenance programme to take account of not doing any planned maintenance in 2020/21 (because of the pandemic). The revised programme allows us to catch up by Year 4 and we have ensured that any slippage does not present issues in relation to tenant safety or legal compliance.  While there are no investigations in relation to tenant and resident safety due, we have recently reviewed our Asset Management Plan in 2022 which takes account of these matters, have a currently ongoing stock condition survey and have had an internal audit carried out in the current year on
				EICRs, as well as one planned for the 2023/24 main phase to focus on gas safety.
Evide	nce bank documents			Ref



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
Stock condition survey Asset Management Strategy Anonymised extract of gas programme showing ten-month cycle Gas audits Re-worked five year planned and cyclical maintenance programme Internal Audit – EICRs Planning documents for major works – Awaiting from Chris				AN4.1 AN4.2 AN4.3 AN4.4 AN4.5 AN4.5
CH1	Submit an Annual Return on the Charter (ARC) to us (SHR) each year in accordance with our published guidance.	Did we submit our Annual Return on the Charter by the end of July this year?  How are we assured that our systems and processes ensure the reliability of the data collected and submitted?  Did the Committee review the ARC data effectively in advance of it being submitted?  Does the Committee get regular reports on our performance against the Charter?	1.3	Sufficient compliance – Yes  ARCs always submitted timeously. Periodic independent validation exercises conducted.  In-house information gathering, including double checking and putting all evidence into one file for ease of reference.  Committee/the Operations sub-Committee receive regular reports on performance, and the Association set revised KPIs at the March 2023 Management Committee meeting following a Strategy Day in February 2023 which was



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		Do we undertake benchmarking to compare our performance with other landlords? How do we use the results of such comparisons to influence service delivery?  How do we consult/engage with tenants about our performance? Are we assured that we make effective use of engagement/consultation to drive service improvement?  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?		incorporated into the business plan and is report Management Committee on a bi-annual basis.  We took a report to the May 2023 Committee (work considered the draft ARC) and, in June 2023, we report comparing our performance with the memoral QEF benchmarking group.  We are confident in continuing to meet charter of received positive feedback through external valid through the April 2022 baseline assessments and were raised as part of the June 2023 in-house at We have incorporated feedback from this, and the year's Assurance Statement to detail further in the Report areas of planned improvement.	which
Eviden	nce bank documents			Ref	
ARC su	ubmission			CH1.1	
Sample	e of an external validation re	port from Visual Stats		CH1.2	
Charte	Charter performance reports to Committee			CH1.3	
Annual	report from 2022-23			CH1.4	
QEF co	omparison table and/or Com	nmittee report		CH1.5	



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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  • ensure that it can	<ul> <li>3.1 Are we assured that tenants have had opportunities to contribute to monitoring our performance?</li> <li>3.2 How did we agree our approach to tenant scrutiny with tenants?</li> <li>3.3 Do tenants determine their scrutiny priorities?</li> <li>3.4 Are we confident that our engagement activities provide us with access to a representative range of tenant opinions?</li> <li>3.5 How do we gain assurance that tenant views inform and influence our delivery of services?</li> <li>3.6 How have tenants influenced our performance? How are tenants involved in monitoring our performance?</li> <li>3.7 Have we sought (or considered seeking) specialist support in developing our engagement and consultation with tenants and/or in assessing its effectiveness?</li> </ul>	Standard 2 2.1 2.2	3.1 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.  3.2 The Association's approach to resident engagement was developed through the review of the policy in 2022, which was discussed by the residents panel.  3.3 There is an active resident engagement panel 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.  3.4 Our current resident panel 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 tried to develop this through using 'armchair critic' surveys which have been specifically targeted at parents within our tenant group who have not been historically represented on these groups.



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	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.	3.8 Are we confident that we provide appropriate support to tenants to enable them to exercise their scrutiny role effectively?  3.9 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?  3.10 Do we publish tenant scrutiny reports and our responses?  3.11 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?  3.12 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		3.5 All our policies that are relevant to residents are presented to the residents panel 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 2022 and used 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.  3.6 We have continued to distribute information documents (such as newsletters and/or fliers) and will progress our rent consultation in December. We have used the website 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.  3.7 The Association are members of TPAS and staff have attended sessions over the last year to increase knowledge and gain new ideas in this area. Staff are also engaging with a software company to review the approach to digital participation methods.



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		and residents in our supported accommodation)?		3.8 We reviewed our resident engagement policy in 2022 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 residents panel. It also includes explicit reference to the Association providing funding for travel and/or childcare to allow them to participate in these activities.  3.9 We issue information on participation to all new tenants, regularly advertise in our newsletter and hold information on our website.  3.11 Whilst we have limited equalities data currently collected, we took account of the 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.  3.12 Owners are welcome and encouraged to join the Association's resident panel. We consulted with the residents and their families/support workers when carrying out major improvements at Kingsmore Gardens in 2016. However, we have not engaged in any meaningful way with the residents since then. We therefore are currently engaging with the residents at Kingsmore Gardens (and their families) so that we are aware of their changing needs/preferences and can



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				respond to these and hope to have this exercise com by March 2023.	
Evide	nce bank documents				Ref
Tenar	t scrutiny reports and action	plans (we do not have any scrutiny report, but t	this is picked	up in the action points)	n/a
Minute	es from Committee meetings	where scrutiny reports considered			n/a
Word	document with names of res	ident panel members			CH2.1
Resid	ent Panel Agendas				CH2.2
Curre	nt tenant participation policy	& action plan			CH2.3
Exam	ole of leaflets				CH2.4
Extrac	t from N/T visit pro forma wh	nich asks if the new tenant is interested in TP/so	crutiny		CH2.5
Docur	nents from rent consultation	in 2022/23			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	How did we consult with tenants and service users about the format of our annual Charter Report?  Are we assured that the views of tenants and service users have influenced the format of our annual report?	Standard 2 2.1 2.4 1.3	Sufficient compliance – Yes  We carried out consultation on thour residents panel in August 202 redesigned format with clearer in baseline assessments process in was also reviewed and this broug include further information on how lower performance and any priori	22 which has resulted in a formation. Through the 2022, our annual report that recommendations to w we address any areas of



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments	
	performance reporting with tenants, ensuring that it is accessible for tenants and other service users, with plain and jargon-free language.	How did we gain that assurance? Have we acted on feedback from tenants and service users to revise the format of the report?  Did we publish our annual Charter report by October in the period covered by this Annual Assurance Statement? How did we make the report available to our tenants and service users?		This has also been incorporated into the report.  The 2023 report has been distributed by September 2023. All reports are availal and are posted to all tenants, owners are	y the end of ble on the website
Evider	nce bank documents				Ref
Annua	charter report to tenants				CH3.1
QEF re	eport to March 2023				CH3.2
Examp	le of how we use performan	ce information to inform target-setting (Away Da	ay presentation	ons/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	<ul> <li>4.1 Are we assured that our annual report includes comparisons with an appropriate range of other landlords as well as the national average?</li> <li>4.2 Have we included comparisons between our current performance and our performance in previous years?</li> </ul>	Standard 2 1.3	Sufficient compliance – Yes  4.1 Yes, we compare with local RSLs a benchmarking group. The residents part that they would like to see comparisons Drumchapel landlords and this has bee 4.2 We also look at previous performant rends.	nel indicated in 2022 s with the other n incorporated.



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
	outcomes and standards which are relevant to the landlord  include relevant comparisons – these should include comparisons with previous years, with other landlords and with national performance	<ul> <li>4.3 Have we agreed with tenants and service users how these comparisons should be presented and explained?</li> <li>4.4 Does our report explain clearly any factors that have influenced our performance (positively and/or negatively)?</li> <li>4.5 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?</li> </ul>		<ul> <li>4.3 We consulted with tenants 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 feedback prior to the redesign and consulted following the first year of the new format. All feedback was positive.</li> <li>We ask for feedback on the report each year, but do not tend to receive many responses. We will therefore consult with residents following the report's publication to ask specific questions around the redesigned format.</li> <li>4.4 We provide commentary on any sections where there has been a significant drop or improvement in performance.</li> </ul>
	<ul> <li>set out how and when the landlord intends to address areas for improvement</li> <li>give tenants and other service users a way to feed back their views on the style and form of the reporting.</li> </ul>	<ul> <li>4.6 Does our report explain why specific Charter outcomes do not apply to us?</li> <li>4.7 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?</li> <li>4.8 Are we assured that tenants and service users are able to comment on our report easily?</li> </ul>		<ul> <li>4.5 We do not have a specific tenant scrutiny panel, however areas for improvement are addressed within the report.</li> <li>4.6 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.</li> <li>4.7 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</li> </ul>



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				organisation's internal action plans, and Strategic Plan, which are therefore addressed by other means.
				4.8 Tenants and service users are able to comment on the report via email or feedback slip included at the end of each report.
Evider	nce bank documents			Ref
Charte	er report to tenants			CH4.1
CH5	Each landlord must make the SHR report on its performance easily available to its tenants, including online.	How have we made our report available to tenants and other service users?  Is our report easily accessible from our website?  Have we promoted our report on our social media platforms and in our newsletter?  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  The 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.  As part of the large-scale satisfaction survey in 2022, we asked residents how they wanted to be communicated with and the above methods reflect their feedback.
Evide	nce bank documents	1	l	Ref
Charte	r report to tenants			CH5.1



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments	
Websi	te (Word document with hype	erlink to website)		CH5.2	
Tenai	nt and Service User Redr	ess			
TS1	Each landlord must make information on reporting significant performance failures, including SHR leaflet, available to its tenants.	How do we make the SHR's leaflet on reporting significant performance failures available to our tenants?  Is it easy for tenants to access the leaflet?	1.3 2.2	Sufficient compliance – <b>Yes</b> The leaflet is available on the website and in reception no that the office has re-opened. A copy is also included in the paperwork for new tenants upon signing a tenancy with the Association.	the
Evide	nce bank documents		l	Ref	
Websi	te			TS1.1	
Leafle	ts displayed in offices			TS1.2	
Extrac	t from Tenancy Agreement r	e the right to withhold rent	TS1.3		
Model	complaints handling procedu	ure		TS1.4	
TS2	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	2.1 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?	2.2	Sufficient compliance – Yes  2.1 Complaints procedure widely publicised – in summary and in full. We gain assurance of this availability through number of complaints from different sources which are recorded by the Association. Renewed focus on making s all complaints are captured has resulted in increased numbers; this increase was reported to the Committee as	the sure



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	in its service standards, in accordance with guidance from the Scottish Public Services Ombudsman (SPSO).	2.2 How have the response timescales been agreed locally? Have tenants been consulted and have their comments informed the agreed timescales?  2.3 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?  2.4 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 process and service delivery? Do we receive such reports at the right frequency?  2.5 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?  2.6 Do we compare our performance in handling complaints with that of other		good thing as it gives us an opportunity to improve service. We have seen an increase in the number of complaints received during the past twelve months and this may be an indicator that we are getting better at identifying and recording complaints/ expressions of dissatisfaction. 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.  2.2 We carried out resident consultation when the policy was last reviewed where we discussed the recommended SPSO timescales which was acceptable to residents. We also regularly respond with less time than the timescales dictate.  2.3 The Association uses a custom software to hold all complaints which gives statistical reporting on timescales.  2.4 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 Audit, Assurance and HR sub-Committee; this includes details on lessons learned.



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
		landlords? Are we assured that our performance meets our expectations and published standards?  2.7 Has complaints handling been included in a recent internal audit programme? Are we assured that any recommendations have been implemented effectively?		<ul> <li>2.5 We also report on complaints periodically in our newsletter and annually in our Annual Report, this includes lessons learned from complaints. We have also implemented a survey for those making a complaint to complete following conclusion, to examine how they found the process.</li> <li>2.6 We compare our complaints performance alongside other landlords through the Annual report to residents.</li> <li>2.7 We have not carried out an internal audit on complaints in recent years, however the Association's internal auditor has carried out two complaint investigations in recent years where there were complexities in the substance and frequency of complaints. Both these cases did not highlight any particular recommendations.</li> </ul>
Evider	ce bank documents	Ref		
Compla	aints reports to Committee	TS2.1		
Charte	r statistics	TS2.2		
Interna	l audit	TS2.3		
Word d	locument with details of the	TS2.4		



Ref	SHR Regulatory Requirement/Standard	Self-Assurance Factors	X-ref to SGFM	Do we comply? What's outstanding? Other comments
TS3	Each landlord must ensure it has effective arrangements to learn from complaints and from other tenant and service user feedback, in accordance with SPSO guidance	How do we use the information that we receive about complaints?  Are we assured that we respond effectively to complaints and that we learn from them? Do we report annually on complaints performance?  How have our services and/or processes been changed because of feedback from complaints?  Where you have a Tenant Scrutiny Panel:  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?	2.4	Sufficient compliance – In part  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 report annually on complaints performance to tenants, periodically in our newsletter and quarterly to the Assurance sub-Committee.  We have implemented some changes from complaints, for example, increased communication training and changes to internal processes on reporting bulk uplift items.  We plan to improve our work in tenant scrutiny as part of our resident engagement action plan.
Evidence bank documents				Ref
Compl	aints reports to Committee,	Annual complaints report	TS3.1	
Feedback to staff re lessons learned following complaints				TS3.2