



**Belmont House, 57 Belmont Road, Cambuslang, G72 8PG**  
**www.wwhc.org.uk E: enquiries@wwhc.org.uk T: 0141 641 8628**

<b>Policy Name</b>	<b>Assurance Review</b>
<b>Policy Author</b>	<b>Director</b>
<b>Approved by Sub Committee</b>	<b>N/A</b>
<b>Approved by Management Committee</b>	<b>June 2024</b>
<b>Latest date of Next Review</b>	<b>June 2027</b>

West Whitlawburn Housing Co-operative will provide this policy on request at no cost, in larger print, in Braille, in audio or other non-written format, and in a variety of languages. Please contact the office.

**Registered with the Scottish Housing Regulator No. 203**  
**Registered Charity No. SCO38737, VAT Registration No. 180223636**  
**Registered society under the Co-operative and Community Benefit Societies Act 2014**



**HAPPY TO TRANSLATE**

## **1. Introduction**

- 1.1 The Regulatory Framework sets out the need for all landlords to prepare and publish an Annual Assurance Statement, which must be submitted to the Scottish Housing Regulator (SHR) no later than 31<sup>st</sup> October each year. This statement is required to show the SHR and our tenants and members that we are meeting all Regulatory requirements as set out in the Regulatory Framework.
- 1.2
- 1.3 The SHR's Regulatory Framework was introduced in 2011 under the Housing (Scotland) Act 2010. The framework was updated in April 2024. This policy takes account of the SHR's framework, sector guidance and other publications developed by the Scottish Federation of Housing Associations (SFHA).

## **2. Purpose**

This policy outlines West Whitlawburn Housing Co-operative's (WWHC) approach to reviewing its compliance with the Scottish Housing Regulator's (SHR) Regulatory Framework and producing its Annual Assurance Statement.

## **3. Scope**

This policy applies to all areas of the organisation and WWHC's Management Committee who are responsible for reviewing and confirming compliance with Regulatory Standards to the SHR.

## **4. What is assurance?**

Confidence, based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved. Assurance is what gives comfort that a control is working and therefore informs whether a risk is being managed as envisaged.

## **5. Annual Assurance Statement**

The aim of the Annual Assurance Statement is that governing bodies are confident that appropriate systems, evidence, relationships and channels of communication are in place. The Annual Assurance Statement must either confirm that the committee is assured that the Co-operative is complying with all relevant regulatory requirements and standards, or highlight any material areas of non-

compliance and how we will address these, and identify non material areas for improvement.

## **6. Sources of Assurance**

### **6.1 Internal Audit**

Internal Audit is a business tool designed to help organisations achieve their objectives. Its focus is on evaluating and improving the effectiveness of risk management, control and governance processes within an organisation. The process is driven by the governing body of an RSL to ensure that it is provided with the independent assurance it needs.

Internal audit is part of the ongoing process for gathering evidence to ensure the committee has the necessary level of assurance it needs to complete the statement as internal auditors give an independent opinion on the specific topics that they audit.

The Management Committee oversees the implementation of the Internal Audit Policy and holds ultimate responsibility for ensuring the internal audit function is providing it with the necessary level of assurance.

The Performance, Assurance and Risk Sub Committee is responsible for reviewing and keeping track of progress from internal audits external and independent recommendations in the Audit Recommendations Action Plan.

The outcome of all internal audits is reported to the Performance, Assurance and Risk Sub Committee (PA&R) at the earliest possible opportunity following completion of the audit.

### **6.2 External Audit**

External Audit provides an objective independent examination of the financial records and verifies that the financial statements provide a true and fair reflection of the Co-operative financially and have been appropriately prepared in accordance with accounting standards. The Management Committee oversees the financial audit process.

### **6.3 Performance Monitoring**

Performance monitoring reports and benchmarking allows the Management Committee to review performance against key performance indicators and highlights any areas where performance needs to be reviewed. Sub committees focus on performance monitoring in each service area.

### **6.4 Tenant Feedback**

Tenant satisfaction surveys are carried out across various service areas on an ongoing basis, with a full tenant satisfaction survey carried out 3-yearly. Levels of satisfaction are monitored on an ongoing basis and reported to Sub committees, Management Committee and to the Scottish Housing Regulator through the Annual Return on the Charter. Reductions in satisfaction levels may indicate an issue which will require to be addressed.

#### **6.4.1 Tenant Focus Groups**

WWHC recognises tenant focus groups as less-formal method of tenant participation. For more detailed scrutiny and feedback tenant focus groups will be able to independently scrutinise the Co-operative's performance and look at ways in which to improve the service members and tenants receive. This method of tenant participation aims to increase tenants' influence in decision making and the strategic and operation development of services.

## **7. Complaints**

Complaints give us valuable information we can use to improve customer satisfaction. Our complaints handling procedure enables us to address a customer's dissatisfaction and may also prevent the same problems that led to the complaint from happening again.

Complaints are reported quarterly to the Performance, Assurance and Risk Sub Committee as well as being published in WWHC's quarterly newsletter. A end of year report summarising complaints, outcomes and lessons learned, is also published by the end of October each year in the Annual Report.

Complaint monitoring may highlight an assurance issue which requires to be addressed.

## **8. Policy Reviews**

WWHC has a comprehensive suite of policies and procedures in place which are the subject of ongoing review, monitored through the Policy Review Schedule. These policies communicate to our staff, members and other stakeholders what WWHC's position is on a variety of topics. The policies are accessible to all staff with a wide range published on the website for Freedom of Information (FOI) purposes.

The Policy Review Schedule identifies all policies which the Co-operative has in place and includes the last and next review dates and the staff member responsible for ensuring the policy is up to date and compliant with legislation and regulatory standards.

Having and implementing effective policies is a further part of the ongoing process to ensure the committee has the necessary level of assurance.

### **8.1 Policy Review Process**

- The Senior Staff member responsible for the topic area will research legislation and good practice as appropriate.
- All relevant regulatory standards will be considered and included in the policy or reported in the cover report.
- All policy reviews will include consideration of Equality Impact Assessment (EIA) requirements which will be included in the Committee submission.
- The SFHA/GWSF Self Assurance Toolkit, self-assurance factors will be considered and addressed in the Committee cover report.
- After committee approval, the senior staff member will ensure the policy implementation actions and checklist are completed and recorded.
- All policies will have the appropriate coversheet appended for publication as required by Freedom of Information legislation.
- Corporate Services Staff are responsible for publishing policies where required, ensuring that the website is kept up-to-date.

## **9. Consultants**

The Co-operative benefits from consultants input to appropriate pieces of work where additional expertise is required, which provides another level of assurance to the Management Committee. External consultants also carry out reviews which provide additional assurance, coming from external sources. Reports are provided following reviews containing recommendations to help improve processes and practices.

## **10. Assurance Review Programme**

The preparation of the Annual Assurance Statement – and gathering of the evidence on which this is based – is an ongoing process of continuous improvement and maintaining evidence.

WWHC will implement an Assurance Review Programme to ensure all areas of the Regulatory Framework are reviewed at least every 3 years using the SFHA Regulatory Self-Assessment Toolkit.

The reviews will consider all of the evidence and self-assessment factors detailed in the Toolkit and can be compliance based, investigate an area where performance has deteriorated, research best practice externally, or as part of policy review and development.

An important aspect of continuing self-assurance is recognising areas for improvement and how they can be achieved – irrespective of which of these (if any) we are required to notify to the SHR.

## **11. Ongoing Assurance Process**

WWHC will adopt an ongoing assurance process (Appendix 1) to give Management Committee the level of assurance they need to produce the Annual Assurance Statement. The process of considering compliance and evidence on an ongoing basis allows areas for improvement to be identified which will form an Action Plan detailing actions required, by whom and target timescale.

An Assurance Review Programme (Appendix 2) has been established to ensure all areas of the Regulatory Framework are reviewed at least every 3 years.

The outcomes of self-assessments will be reported to Management Committee in the form of an Action Plan (Appendix 3). This will ensure that the Management Committee is involved in effectively assessing compliance with the Regulatory Framework. The Performance, Assurance & Risk (PA&R) sub-committee will monitor progress on items identified on the action plan on a quarterly basis.

Areas of non-compliance will be assessed to determine if it is material or non-material, taking into account the evidence available and will be reported to the Management Committee in the Action Plan.

Non-material improvements will be added to the action plan with dates for completion and the staff member responsible for implementation. The Action Plan will be reviewed quarterly by Senior Staff to ensure targets are being met and improvements being made

Any material issues identified will be notified to SHR in accordance with the guidance.

## **12. Evidence Bank**

As part of the ongoing assurance and continuous improvement processes detailed above, the Corporate Services Officer is responsible for maintaining the evidence bank information for the organisation. The Corporate Services Officer and Deputy Director will review the evidence bank prior to the Performance, Assurance and Risk Sub Committee and provide an update on progress as required.

Management Committee require that sufficient evidence is gathered and reviewed to be provided with appropriate assurance of compliance prior to signing off the assurance statement.

## **13. Equalities**

WWHC is committed to ensuring equal opportunities and fair treatment for all people in our work. In implementing this Policy, we will provide a fair and equal service to all people, irrespective of factors such as gender, race, disability, age, sexual orientation, language or social origin, or other personal attributes.

An Equality Impact Assessment is appended.

#### **14. Policy Review**

This policy will be subject to review every 3 years or sooner should there be changes to legislation or regulatory standards.



## Appendix 1 - Ongoing Assurance Process

Task	Who	Timescale
<b>Internal Improvement Reviews</b>		
Review regulatory requirements (programmed basis) taking account of toolkit self-assurance factors	Senior Staff	Monthly
Update the evidence bank required to assess compliance	Corporate Services Officer	Ongoing
Consider / review / revise the evidence bank Identify gaps and/or weaknesses in evidence	Corporate Services Officer / Deputy Director	Monthly
Identify actions for compliance and actions for improvement	Senior Staff	Monthly
Assess materiality of identified areas of non-compliance / improvement	Senior Staff / Management Committee	Monthly
Develop and implement compliance / improvement action plan	Corporate Services Officer & Senior Staff	Monthly
Review progress / completion of improvement plan / progress reports	Management Committee	Monthly
<b>Internal Audit</b>		
Audit Needs Assessment (ANA) will be carried out, detailing the audit topics to be covered over a three year period.	Management Committee	3 yearly
Audit Needs Assessment annual review, producing the annual internal audit plan.	Management Committee	Annually
Internal audit reports to Committee	Internal Auditor	On conclusion of audits
Annual Internal Audit Report summarising outcomes of audits carried out over the previous year	Management Committee	Annually
Implementation of internal audit recommendations and progress reports to Committee.	Senior staff	Ongoing

<b>Task</b>	<b>Who</b>	<b>Timescale</b>
Review and update evidence bank internal audit information as required.	Senior staff	Ongoing per audit programme
<b>Policy Reviews</b>		
Review policies and procedures by following the policy review process detailed above, in line with the policy review schedule timescales.	Senior staff / Management Committee	Ongoing per schedule
Review and update policy monitoring / outcomes reports as required	Senior staff / Management Committee	Ongoing as per policy requirements schedule
Review and update evidence bank policy information (policy, reports etc.) as required.	Corporate Services Officer	Ongoing per schedule
<b>Annual Assurance Statement</b>		
Consider draft Annual Assurance Statement	Management Committee	Annually Sept/Oct
Agree Annual Assurance Statement	Management Committee	Annually By 31 Oct
Submit Annual Assurance Statement to SHR	Director / Deputy Director	Annually By 31 Oct
Publish Annual Assurance Statement and notify tenants of assurance / compliance levels	Corporate Services Officer	Annually
Monitor implementation of action plans	Senior staff	Quarterly
Report any changes to assurance / compliance to SHR	Management Committee	As required

## Appendix 2 - Assurance Review Programme

	<b>Regulatory Framework</b>	<b>Date to be Reviewed by Management Committee</b>	<b>Management Committee Assured Standard is being met</b>
<b>AN.</b>	Assurance and Notification (AN) SHR requirements relating to Annual Assurance Statement and legal obligations.		
<b>CH.</b>	Scottish Social housing Charter Performance (CH) SHR requirements relating to the Annual Return on the Charter.		
<b>LR.</b>	Listening and Responding to Tenants and Service Users (LR) SHR requirement to providing tenants with the information they need to complain and seek redress.		
<b>WB.</b>	Whistleblowing (WB) SHR requirement to ensuring effective arrangements are in place for staff and Committee to raise concerns.		
<b>EH.</b>	Equalities and Human Rights (EH) SHR requirement to ensure EH is considered in all decision making.		
<b>SG.</b>	Statutory Guidance (SG) SHR requirements to supply and submit information.		
<b>OC.</b>	Organisational and constitutional (OC) SHR requirements to keep up to date organisational details and comply with Housing (Scotland) Act 2010.		

	<b>Regulatory Standards of Governance and Financial Management</b>	<b>Date to be Reviewed by Management Committee</b>	<b>Management Committee Assured Standard is being met</b>
<b>1.</b>	The governing body leads and directs the RSL to achieve good outcomes for its tenants and other service users.		
<b>2.</b>	The RSL is open about and accountable for what it does. It understands and takes account of the needs and priorities of its tenants, service users and stakeholders. And its primary focus is the sustainable achievement of these priorities.		
<b>3.</b>	The RSL manages its resources to ensure its financial well-being, while maintaining rents at a level that tenants can afford to pay.		
<b>4.</b>	The governing body bases its decisions on good quality information and advice and mitigates risks to the organisation's purpose.		
<b>5.</b>	The RSL conducts its affairs with honesty and integrity.		
<b>6.</b>	The Governing body and senior officers have the skills and knowledge they need to be effective.		
<b>7.</b>	Where the RSL is considering organisational or constitutional change, or acquisition or disposal of land or assets: The RSL ensures that any organisation changes or disposals it makes safeguard the interests of, and benefit, current and future tenants.		

### Appendix 3 - Equalities Impact Assessment

<b>Name of Policy to be assessed</b>	Assurance Review	<b>New policy or revision of existing?</b>	Revision of existing
<b>Person(s) responsible for assessment</b>	Corporate Services Officer		
<b>Briefly describe the aims, objectives and purpose of the policy.</b>	It outlines West Whitlawburn Housing Co-operative's (WWHC) approach to reviewing its compliance with the Scottish Housing Regulator's (SHR) Regulatory Framework and producing its Annual Assurance Statement.		
<b>Who is intended to benefit from the policy? (EG applicants, tenants, staff, contractors)</b>	Management Committee, staff, tenants, members, service users		
<b>What outcomes are wanted from this policy? (EG the measurable changes or benefits to members/ tenants / staff)</b>	Formal procedures for reviewing and developing assurance processes. Assurance confirms to the SHR, Management Committee, staff and tenants that WWHC is a responsible organisation who is compliant with legislation and its other obligations as a Registered Social Landlord.		
<b>Which groups could be affected by the policy? (note all that apply)</b>			
<b>Race</b>		<b>Gender</b>	
<b>Sexual orientation</b>		<b>Gender reassignment</b>	
<b>Age</b>		<b>Religion or belief</b>	
<b>Marital status</b>		<b>Disability</b>	
<b>Pregnant and Maternity</b>			
<b>If the policy is not relevant to any of the equality groups listed above, state why and end the process here.</b>			
Policy refers to organisational processes and outlines staff and committee responsibilities. The policy makes no reference to specific groups of people.			

<b>Have those affected by the policy / decision been involved?</b>		
<b>Describe the likely positive or negative impact(s) that the policy could have on the groups identified above.</b>	<b>Positive Impact(s)</b>	<b>Negative Impact(s)</b>
<b>What actions are required to address the impacts arising from this assessment? (This might include: additional data, putting monitoring in place, making adjustments, taking specific action to mitigate any potentially negative impacts)</b>		

Signed: Rachel Hosie

Job Title: Corporate Services Officer

Date: 13.06.2024