Housing Services

Approach to Quality Improvement

April 2025

Rationale

Aberdeen City Council aims to ensure that "*The people of Aberdeen live in good quality, safe, sustainable and affordable homes in thriving communities that meet their needs*" as expressed within the Aberdeen City Local Housing Strategy 2025- 2030. As a cluster we are constantly striving to learn and develop to better meet this vision.

This Quality Improvement Framework embeds the regulatory requirements of the Scottish Housing Regulator (SHR) and the Care Inspectorate (CI) but expands on that to encompass our wider ambition. It exemplifies the standards we want to see in all housing services and helps guide self-evaluation at team and cluster level. It also provides clarity of expectations for everyone involved and a more focussed list of priorities to help accelerate progress. This Quality Improvement Framework will continue to be reviewed on at least an annual basis.

Purpose

This framework is intended to achieve the following outcomes:

- Ensure a broad understanding across all staff of the relevant regulatory frameworks and how these impact their work.
- Make the compilation of returns to external regulators and internal committees easier, more efficient, and more rigorous and robust
- Ensure that there is a clear set of priorities for the service each year, and that these take account of business-as-usual activity.
- Allow robust evaluation of the impact of improvement initiatives and projects allowing for better decision making
- Provide a clear timetable of quality assurance activity to allow for better planning and preparation, and efficient gathering of relevant evidence
- Ensure that everyone involved is clear about their responsibilities and accountabilities for quality control, and quality assurance and improvement.

What's in it for me?
- Fewer last-minute requests for information due to better planning of what is required by regulators and when.
- Better recognition of what good work we are doing due to recognising our impact on people's lives as well as trends in numbers.
- A systematic way to improve the service and ensuring that time and resource is allocated to do it well.

The Regulatory Frameworks

Aberdeen City Council's Housing cluster must comply with relevant regulatory frameworks and also conduct a self-evaluation against these and report to the relevant regulator each year. More detail of each regulatory framework referred to above is covered in the annexes below as follows:

- Scottish Housing Regulator – Annual Assurance Statement and Annual Return on the Charter: Annex C.
- Care Inspectorate Regulatory Framework: Annex D.

It is also thought prudent to consider the new standards for social housing landlords in England, developed in response to Grenfell and the Awab Ishaq cases as they may be adopted in Scotland in due course.

- Regulator of Social Housing (RSH) – Regulatory Standards in England (for information): Annex E.

The Scottish Housing Regulator Annual Return on the Charter

In addition, the Scottish Federation of Housing Association's (SFHA - The voice of Scotland's housing associations. | SFHA) has prepared a toolkit to assist in completing a self-evaluation to support the preparation of the Annual Assurance Statement and that has been considered in the preparation of this quality framework.

The Self-evaluation Framework for Aberdeen City Council

The diagram below is an overall quality framework that incorporates regulatory requirements, and some other important aspects of quality. It is not intended that all of the framework is used all of the time. Rather it is a reference point that can be explored over time. However, the relevant regulatory frameworks are mapped into the framework below, as explained in Annex B.
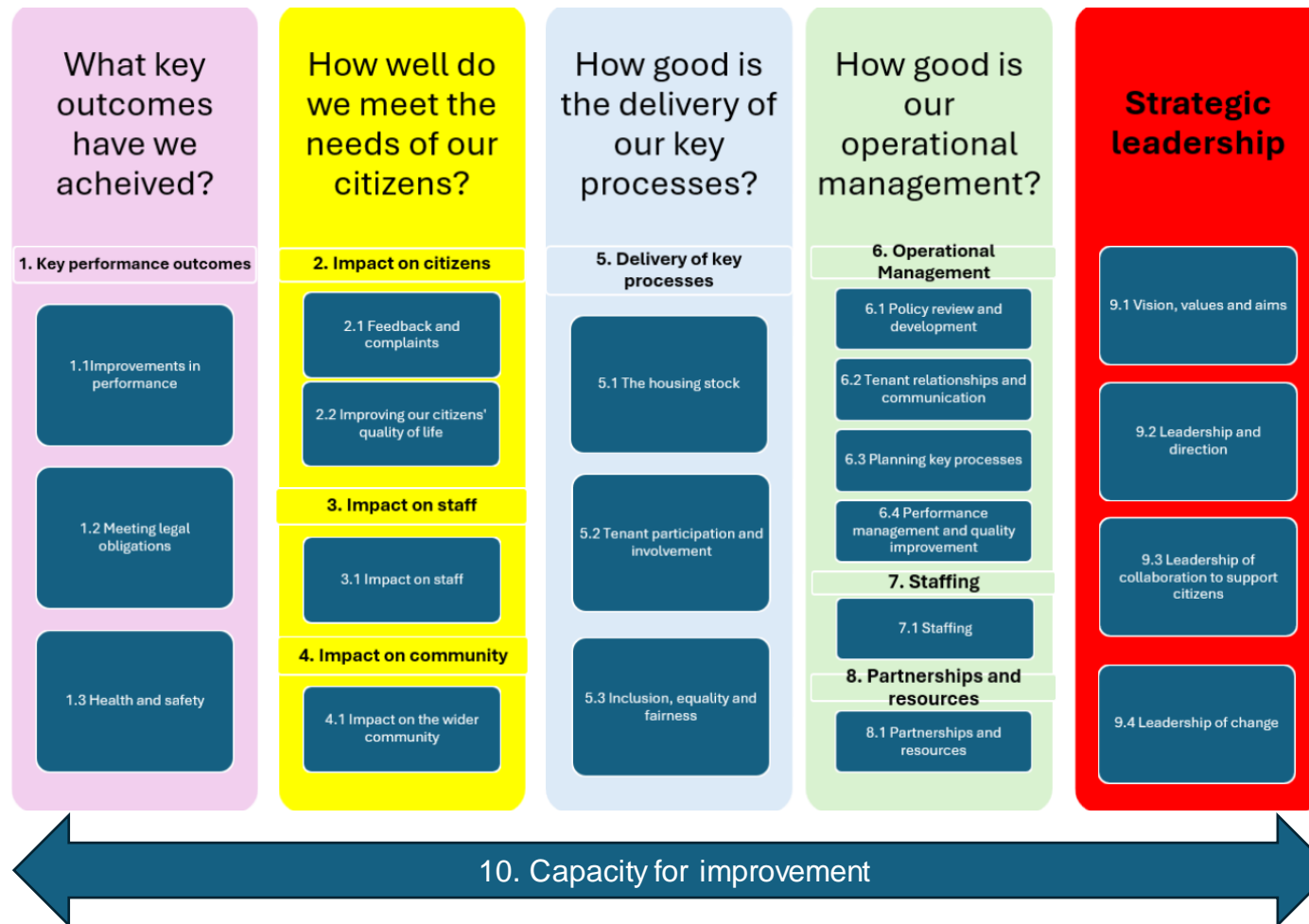
Using this Self-evaluation Framework

Housing's Senior Management Team (SMT) will conduct a strategic self-evaluation against the framework above over the course of each year. This could be done in blocks, for example development days, or regularly at SMT meetings. In year one this will also look to identify gaps in the evidence base required to answer the reflective questions against each standard. Any gaps can be filled by adapting existing information gathering mechanisms or developing something new e.g. adapting the tenant survey questions. Doing this self-evaluation will also ensure that regulatory requirements are met, and the service is completing necessary assurance statements for senior management, elected members and relevant regulators. Everyone in the service has a responsibility to help evaluate quality and gather evidence (See Roles and Responsibilities below.).

Self-evaluation asks three related questions:

The self-evaluation toolkit in Annex A details an approach to self-evaluating against the framework above. It uses reflective questions and considers what evidence should be considered to come to a judgment on performance. Not all sections are directly relevant to regulatory requirements. However, the framework overall provides a holistic overview of the services performance, and regulatory requirements are clearly marked in each section.

Roles and Responsibilities in a Quality Calendar

A number of teams and individuals hold complimentary responsibilities for meeting regulatory requirements and for securing improvement. It is important that everyone understands and is held to account for their contribution in realising this improvement. In the first instance there is evidence to be gathered and analysed that will allow an assessment to be made about how effective the service is against the regulatory requirements of the Scottish Housing Regulator and Care Inspectorate. This then has to be collated and presented to relevant bodies such as council and the relevant regulator.

The table below captures these reporting requirements for 2025/26, their deadlines and who is responsible for what. This should allow for improved planning as individual staff can reserve time in their diaries knowing that they will have some action to complete by a set deadline. This calendar will be reviewed annually.

Month	Statutory Returns			Committee Reports				Consultations		HRA		Strategy			
	SHR Annual Return on the Charter	SHR Annual Assurance Statement	Care Inspectorate Annual Return	Housing Board Bi-Annual Report	Performance Reporting Report	Affordable Housing Update Report	Empty Homes Update Report	Tenant Satisfaction Survey	Rent Consultation	HRA Business Plan	HRA Budget	SHIP	Housing Need and Demand Assessment (26/27)	LHS 2025-2030	Rapid Rehousing Transition Plan (RRTP)
Holidays															
April	End of year data analysis and collation (Data and Insights) Finalise narrative (SMT)			SMT comment on draft Director Deadline	Draft report (SMT) Director deadline for paper	Get data from RSLs for year-end completions (Senior Housing Strategy Officer)	Get data from Housing Strategy Team (Senior Housing Strategy Officer)	Develop Proposals for TSS (Senior Housing Strategy Officer)			Prepare HRA Budget Protocol (Finance)	Collate intelligence from RSLs for year-end carry forward (Senior Housing Strategy Officer)	Work to begin on HNDA 4. Programme to be mapped out with A'shire Council	Public / Stakeholder consultation	
May 27 May CHPP	Sign off by Housing Board (Chief Officer) Submission deadline to SHR (Chief Officer)	Collation & Analysis of data (Data and Insights) Draft statement & collate supporting evidence (Senior Housing		Housing Board meets to consider report Report to CHPP Committee	For approval at CHPP Committee (Chief Officer)	For approval at CHPP (Senior Housing Strategy Officer)		Issue ITQ (Senior Housing Strategy Officer)				Finalise data from RSLs (Senior Housing Strategy Officer)		Public / Stakeholder consultation	

Month													
	Strategy Officer) Review & refine statement & supporting evidence (SMT)												
June	Draft report finalised (Senior Housing Strategy Officer)			Data provided (Data and Insights) Update dashboard (SMT) Draft report (SMT)			Commission Tenant Satisfaction Survey (Senior Housing Strategy Officer)	Analysis to inform rent consultation proposals (Senior Housing Strategy Officer & Finance)			Draft Report (Senior Housing Strategy Officer)	Draft report & final LHS for approval (Senior Housing Strategy Officer)	
July	Director deadline			Director deadline							Director deadline	Director deadline	
August 20 Council 26 CHPP	For approval at CHPP (Chief Officer)			For approval at CHPP Committee (Chief Officer)		For approval at CHPP (Senior Housing Strategy Officer)	Tenant Satisfaction Survey Fieldwork (Senior Housing Strategy Officer)	Develop rent consultation proposals (Senior Housing Strategy Officer)				For approval at CHPP (Senior Housing Strategy Officer)	
September	Prepare & publish an accessible version for tenants (Senior Housing Strategy Officer)		Draft report (Executive Director) Comment on draft (SMT)	Data provided (Data & Insights) Update dashboard (SMT) Draft report (SMT)			Tenant Satisfaction Survey Fieldwork & Analysis (Senior Housing Strategy Officer)				For approval at CHPP Committee (Senior Housing Strategy Officer)		
October 01 Council	SHR submission deadline (Chief Officer)		Director deadline	Director deadline			Results to inform IIA for rent consultation	Launch tenant Rent Consultation (Senior Housing Strategy Officer)	Submit to Council (Finance)	Tenant Rent Consultation (Senior Strategy Officer)	SHIP to Scottish Government (Senior Housing Strategy Officer)		Submission to SG (Housing Access & Support Manager)
November 11 CHPP			Housing Board meets to consider report to CHPP	For approval at CHPP (Chief Officer)				Analyse returns (Senior Housing Strategy Officer)		Draft paper (Finance, with input from Housing			

Month										Report		Report				
												& Corporate Landlord)				
December										Report to council as part of HRA budget proposal		Report to council as part of HRA budget proposal				
January			Submission opens (Service Standards Officer / Housing Access & Support Manager)		Data provided (Data &Insights) Update dashboard (SMT)											
February	Commence data analysis and narrative (Senior Housing Strategy Officer)		Submission date (Housing Access & Support Manager)		Draft report (Chief Officer) Director deadline											
March 11 CHPP	Refine & further develop narrative (SMT)			Draft report (Exec. Director)	For approval at CHPP (Chief Officer) Data provided (Data & Insights) Update dashboard (SMT)							Report to full council				

Improvement Priorities

The number of improvement priorities should be manageable and achievable. It is far better to under-promise and over-deliver here than the reverse. It is important that all improvement initiatives are identified, planned, conducted, and evaluated in a systematic way. This is to ensure that they are coherent, managed in terms of resource and staff time, evaluated rigorously and actions taken as a result of that evaluation. Improvement activities are, of course, at different scales and so will require differing levels of preparation, monitoring, and evaluation.

It is also important that the service holds all of its improvement activities in one place within a Housing Improvement Plan so that they can be overseen by the SMT. Improvement actions in individual teams and establishments should align with this plan, and feed progress information into it.

To ensure that this is the case, all large scale and strategic improvement activities will follow the Council's Improvement Charter Format with progress being reported to the Housing Board.

For smaller scale and local improvement projects, they should complete the shorter template below and be monitored by the Housing SMT through regular updates to the Housing Improvement Plan.

To bring all housing business priorities and improvement work together, we will use a single plan which will be monitored by SMT and the Housing Board. Leads for each piece of work will update progress at regular intervals.

There are three main kinds of work in any work plan.

- Business as usual – all the work that needs to be done to deliver the service
- Business priorities – urgent actions that are either mandated by others or are regular review work such as reviewing policies. They lead to improvement, but they are not designed with the intention of changing the way we do things.
- Improvement priorities – a small list of things that are designed to review, test and lead to improvement. They will follow the templates above and be monitored and evaluated. Progress against these will be overseen by the Housing Board.

All improvement projects need to be evaluated. We need to know if they are successful and should be rolled out more widely. Or if they were not and we should take a different approach. Being systematic about this ensures that we learn and improve.

Projects will evaluate themselves either once a year or at the end of the project, whichever comes sooner, using an agreed proforma that will be submitted to SMT.

The following improvement priorities have been identified for 2025/26 and we will continue to review and refine them in light of our continuing self-evaluation activity.

1. **Develop a service-wide approach to vulnerabilities**

   To progress this in 2025/26 we will:

   - Trial new ways of working to identify the best approach to registered housing support.
   - Implement a systematic approach to annual visits.

2. **Develop and embed a positive culture throughout the service**

   To progress this in 2025/26 we will:

   - Implement a housing management structure, subject to approval of the business case, and review service delivery models across key operational areas.

   - Develop the role of SMT to lead and direct the service
     o Review and improve approach to communication to ensure consistency in messaging
     o Develop a comprehensive understanding of roles, accountabilities, and relationships across the cluster, ensuring the contribution of individuals and teams in the delivery of the overall service.
     o Undertake self-evaluation activity against the framework and monitor improvement and business priorities

3. **Work to reduce number of voids to below the Scottish average (long term aim)**

   To progress this in 2025/26 we will:

- Implement a structured approach to examining relevant data and identifying and implementing associated improvement activity
- Continue to collaborate with Corporate Landlord and Capital clusters to better understand and agree shared priorities

4. **Work to reduce rent arrears to the Scottish average in the longer term (9.5% currently)**

To progress this in 2025/26 we will:

- Evaluate the test of change on small balances
- Maximise uptake of direct debits at tenancy sign up stage
- Continue to analyse the data to identify further improvement activity

Monitoring and Evaluation

The SMT schedule will incorporate examination of business as usual, improvement priorities, business priorities, draft reports, and data, urgent or unplanned matters. To achieve this, SMT meetings will be split into agenda items that are business oriented and items that are more developmental. The SMT will plan their meetings to incorporate the following items to ensure regular monitoring and evaluation of progress.

1. Using the Quality Calendar to plan when papers are coming to SMT for discussion
2. Using the Quality Calendar to schedule the self-evaluation cycle against the framework
3. Monitoring the business priority and improvement plan to schedule regular updates and discussion on progress

Annex A

Aberdeen City Council Housing Services

Self-evaluation Toolkit

April 2025

Annex A: Self Evaluation Toolkit

Introduction

The service will conduct self-evaluation against all of the framework below over the course of each year. This could be done in chunks, for example during team development days, or regularly over time such as at SMT meetings.

The structure below follows the overall self-evaluation framework for Housing Services in ACC. Each quality indicator clearly states whether it is directly relevant to the requirements of a regulator or not. It should be noted that even areas that are not directly related to the requirements of a regulator are still important in giving an overall impression of how well the service is performing. Regulators will also be interested in this overall approach to quality, especially the Care Inspectorate.

Each quality indicator identifies potential sources of evidence that should be considered. These should be added to over time as new sources are identified or existing sources adapted and modified.

Each also has a list of possible reflective questions. These can be used at all levels and are an aid to discussion and reflection. They are not intended as a checklist. The idea is to try and form an overall view of strengths and weaknesses, and then consider what actions are required as a result.

There are indicators (e.g. 1.3, 5.1) that include reflective questions specific to the services provided by Corporate Landlord. These have been included as they form part of the overall regulatory framework monitored by the Scottish Housing Regulator.

The format lends itself to a workshop approach.

Key Area: What outcomes have we achieved?

Quality indicator 1.1: Improvements in performance

This is about how well the service is performing against key numerical measures such as KPIs

This directly relates to CH3 and CH4 from the SHR regulatory framework

Sources of evidence

- Annual charter report to tenants
- Feedback on Charter report
- Record of consideration of SHR annual assurance statement by CHPP committee
- Any agreed improvement plan
- Care Inspectorate annual return
- SHR ARC submission
- Tenant survey results
- Housing Board Power BI
- Housing Managers Dashboard
- RRTP Dashboard
- Referral support outcomes
- SVQ and CI registration data

Reflective questions

- Are we receiving the right data and how are we interrogating it and responding to it? What is missing?
- Do our staff understand what the data is telling us and its importance to their work?
- Are we clear about our performance highlights and challenges?
- Are we assured that our reports include comparisons with, for example, an appropriate range of other landlords as well as the national average?

- Have we included comparisons between our current performance and our performance in previous years?
- Have we agreed with tenants and service users how these comparisons should be presented and explained?
- Do our reports clearly explain any factors that have influenced our performance (positively and/or negatively)?
- Do our reports 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?
- How have we responded to the performance report? How have we prioritised action as a result? 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?
- Are we assured that tenants and service users are able to comment on our report easily?
- How are we responding to feedback from elected members on the annual assurance statement and report?

Quality Indicator 1.2: Meeting legal obligations

This is about how well the service is meeting its legal obligations

This directly relates to AN1-3, and CH1 from the SHR regulatory framework

Sources of evidence

- Previous Annual Assurance Statement (AAS) and action plan relating to improvements
- Self-assurance assessment/ evidence bank/supporting narrative and documentation
- Notes of Housing Board and CHPP committee discussion
- Action plans to support preparation of current AAS
- Notes of discussions/ consultation with tenants
- Record of governing body/committee consideration of compliance and approval of AAS
- Most recent Annual Assurance Statement
- Reports to Housing Board and CHPP Committee
- Internal audit reports
- Reports from specialist advisers
- External validation assessments

- ARC submission
- Charter performance reports to Housing Board and CHPP committee

Reflective questions

- Has the CHPP committee been involved effectively in assessing compliance with the Regulatory Framework?
- Have we gathered and reviewed sufficient evidence to provide us with appropriate assurance of our compliance prior to signing off our assurance statement?
- Have we gathered and reviewed sufficient evidence to enable us to confirm, if required, specific assurance in any areas identified by the SHR?
- How well are we performing against our statutory duties for people experiencing homelessness?
- 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? Have we notified the SHR?
- 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 identified improvement actions? Are we clear about the intended benefits/outcomes from improvement? Have we agreed how delivery will be monitored, measured, and reported?
- Is our Annual Assurance Statement available to tenants and other service users? Is it published on our website?
- Have we communicated with tenants about the content of the AAS?
- 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?
- 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?
- 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?
- Have we completed our 10% sampling of safety certification for landlords that apply for the first time or renew a registration
- Are we confident that we have an appropriate understanding of the legal requirements associated with our duties as a social landlord?
- 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?
- Do our policies refer to relevant legislation and the associated requirements?

- Do we consider legal implications under each CHPP committee report?
- Do we consider equality and human rights impacts under each relevant committee report?
- Have we implemented a 'lessons learned' approach to monitoring our performance?
- 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?
- Are we developing processes to ensure that our allocations policy is informed by the data we collect about equalities?
- How do we assure ourselves that ASB is being tackled effectively and that our legal responsibilities are being met?
- How are we assured that we always act within the law? Do we make appropriate use of specialist legal advice?
- How do we gain assurance that our abandonment policy is compliant with the law? How do we oversee its effective implementation?
- How do we maintain assurance that our tenancy agreements comply with legislative requirements?
- How do we assure ourselves that we are meeting our legal obligations to people who are homeless?
- Do we receive information about any breaches of the 2017 Order in respect of our use of unsuitable temporary accommodation?
- Do we use that information effectively to improve service delivery?
- Are we assured that we meet our legal duties to assess the need for and ensure the provision of support to homeless people effectively? How do we gain that assurance? Are we assured that we are meeting our public sector equality duty in discharging our duties to people who are homeless?
- Do we have ongoing engagement to help influence the implementation of Rapid Re-housing Plans in our area(s) of operation?
- How do we assure ourselves that the required statistical returns are made on time to the Scottish Government?
- How do we gain assurance that we are complying with our obligations in respect of data protection and Freedom of Information?
- Do we use internal audit effectively to provide assurance?
- Did we submit our Annual Return on the Charter by the end of May this year?
- How are we assured that our systems and processes ensure the reliability of the data collected and submitted?
- Did the CHPP committee review the ARC data effectively in advance of it being submitted?
- Does the committee get regular reports on our performance against the Charter?
- 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?

Quality indicator 1.3: Health and Safety

This is about specific obligations under the Health and Safety at Work Act and related advice and guidance.

This directly relates to AN4 from the SHR regulatory framework

Sources of evidence

- Stock condition survey
- Asset Management Plan
- Examples of responses to health and safety incidents

Reflective questions

- Have we successfully restored full compliance relating to tenant and resident safety? Are we monitoring progress/ performance effectively?
- Are we satisfied that we are adopting a risk-based approach to resolving identified areas of non-compliance (e.g. EICRs) and that risks are being monitored and managed effectively?
- How are we notified about any investigations being carried out by the Health and Safety Executive (HSE)?
- Are there any cases being investigated currently by the HSE relating to the safety of our tenants and/or residents?
- If there are (or have been during the last year), how are we assured that we are co-operating with the HSE? What evidence do we have that we are 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?
- 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?
- Are we assured that there is an effective approach to assessing and reporting on the safety of our properties?
- How are we assured that the frequency of these assessments is adequate?
- 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?

- How do we assure ourselves that our legal responsibilities are met for fire safety? 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?
- 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?
- 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?
- How do we gain assurance that residential buildings meet other relevant safety standards (e.g. electrical safety; legionella; lift maintenance; asbestos removal)?
- How do we gain assurance that contractors working on our behalf comply with safety legislation?
- 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? How are we taking account of recent amendments to the law relating to construction?
- Are we assured that all necessary actions from these assessments are implemented effectively?
- Are there any necessary actions outstanding that result (or could result) in a property being unsafe? How would such a situation be managed?
- 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)
- How are we maintaining assurance that our contractors and agents are implementing safe working practices when acting on our behalf? (e.g., construction sites, repairs visits, estate maintenance, use of vehicles.)
- How do we test the validity of our information relating to tenant and resident safety?

Key Area: How well do we meet the needs of our citizens?

Quality indicator 2.1: Feedback and complaints

This is about how well the service gathers feedback and responds to it.

This directly relates to LR1, LR3 and LR4 from the SHR regulatory framework

Sources of evidence

- Website
- Social media platforms
- Leaflets/posters displayed in offices/common areas of multi-storey
- Information in newsletters
- Complaints reports to committee
- Tenant Scrutiny Reports
- Housing Volunteer Groups
- Tenant Satisfaction Survey
- Factoring Satisfaction Survey
- Results of community walk-abouts
- Feedback from staff drop-in sessions
- Feedback from private sector landlords and tenants

Reflective questions

- How do we encourage feedback from tenants (including private sector), service users and other customers?
- Have our arrangements been developed in consultation with them? Have we conducted an Equality Impact Assessment on our arrangements?
- How do we gain assurance that these methods are effective?

- Do we include periodic reminders in our newsletters and other communications?
- How do we gain assurance that responses are delivered quickly?
- How regularly does the CHPP committee / Housing Board receive reports about the feedback received and the actions prompted?
- How do we use the information that we receive about complaints and other feedback about the services we provide?
- Are we assured that we respond effectively to complaints and feedback 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?
- 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 Equality Impact Assessment on our complaints handling policy/ process?
- 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?
- 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?
- 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?
- Do we compare our performance in handling complaints with that of other landlords? Are we assured that our performance meets our expectations and published standards?
- Has complaints handling been included in a recent internal audit programme?
- Are we assured that any recommendations have been implemented effectively?

Quality indicator 2.2: Improving our citizens' quality of life

This is about what real difference the work of the service makes to people's lives and wellbeing.

Sources of evidence

- Website
- Social media platforms
- Tenant Scrutiny Reports

- Housing Volunteer Groups
- Tenant Satisfaction Survey
- Factoring Satisfaction Survey
- Results of community walk-abouts
- Feedback from staff drop-in sessions
- Private tenant complaints/referrals to the First-tier Tribunal
- Attendance numbers at private landlord forums

Reflective questions

- How well are tenancies sustained?
- How well are our tenancies managed?
- How are citizens' housing support enabling them to lead fulfilled and productive lives?
- How well do we support tenants experiencing difficulty to maintain their tenancy?
- How well do we liaise with other support agencies to support tenants in time of crises?
- How satisfied are tenants with their housing? What lessons have we learned from their feedback?
- What actions have we taken as a result of informal feedback gained through community walkabouts or clinics?
- Are we assured that our staff treat all citizens with dignity and respect and are helpful in trying to meet their needs?
- Are we sure that our homelessness interventions support citizens to improve their lives and life chances?
- Are we able to evidence the preventative nature of disabled adaptation grants and the improvement they bring to the quality of life for those awarded payment?
- How well are landlords and private tenants informed of their responsibilities and rights?
- How integrated and welcome do those that have been displaced feel in our city?

Quality indicator 3.1: Impact on staff

This is about the impact on staff of the way the service works and how staff are supported.

Sources of evidence

- Staff survey results
- Staff sickness / absence
- Staff grievance and disciplinary
- Relationships amongst the staff teams and with leadership

Reflective questions

- How well equipped do staff feel to deal with tenant complaints?
- How often do they have to escalate an issue to management?
- How empowered to staff feel to respond to citizens positively and constructively?
- Are staff clear about what to do when confronted with abusive behaviour?
- What support is available to staff afterwards?
- How confident do staff feel about the advice they are giving to tenants?
- How confident do staff feel about advice they are providing to citizens regarding matters concerning private sector housing and factoring services.
- What are the relationships like between staff and other relevant delivery partners?
- Do staff feel that they are improving citizens' lives through their actions?

Quality indicator 4.1: Impact on the wider community

This is about the wider impact of the service including on partners and on the council's obligations under the community planning framework

Sources of evidence

- Local newspaper reports
- Community councils
- Issues raised by elected members from their constituents
- Local Community Plan performance reports
- Feedback from local community

Reflective questions

- How is the housing service perceived amongst the local community?
- What relationships does the service have with local groups and representative bodies?
- How well does housing policy and procedures impact on other areas of delivery such as policing, community safety, and health.
- How well joined up are services in local communities where the Housing service plays a role?
- How do Housing decisions help deliver on the Community Planning Partnership goals?

Key Area: How good is our delivery of key processes?

Quality indicator 5.1: The housing stock

This is about the quality of the housing stock, how it is monitored and maintained.

The majority of this indicator relates to the SHR Annual Return on the Charter (ARC)

Sources of evidence

- Statistical information on performance.
- SHR ARC return form
- Outcome of sampling of landlord certificates

Reflective questions

- How well have we communicated our performance to tenants and other service users?
- How have we responded to national thematic reviews by SHR and others?
- How do we know the standard and quality of our housing stock?
- When was the last time we did a full stock survey? How well did we respond to the results?
- What are we doing to improve our percentage of homes meeting the SHQS?
- How well do we delivery against our repair standards?
- How well do we work with tenants on housing adaptations?
- How comprehensive is our planned maintenance plan?
- How do we gain assurance that our housing stock is being used to meet housing need effectively?
- How do we gain assurance that our housing stock is being managed effectively?
- How do we gain assurance that our housing stock is being maintained in accordance with safety standards?
- How do we gain assurance that private landlords in the city are complying with their responsibilities?

Quality indicator 5.2: Tenant relationships and communication

This is about how the service communicates with tenants and how it builds trusting and productive relationships with them.

This directly relates to AN5, LR2 and LR3 and CH5 from the SHR regulatory framework

Sources of evidence

- Current Engagement Plan
- Charter report to tenants
- Website
- Social media platforms
- Leaflets displayed in offices
- Information in newsletters
- Complaints reports committee
- Charter statistics
- Internal audit

Reflective questions

- How well do we communicate directly to tenants and service users?
- How do we know what communication channels they use or want to use?
- How well suited to their needs and requirements is our communication?
- How effective is our website at providing relevant information that answers questions and reduces the need for further contact with staff in the service?
- Does our communication reflect plain English and avoid the use of jargon and technical terms where possible?
- What opportunities do we give for feedback?
- What relationship do we have with our tenants and service users? How do they regard us? What would they say about us to others?
- 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?

- Is our Engagement Plan easily accessible via our website? How do we know?
- Have we promoted our Engagement Plan in our newsletter?
- 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?
- How do we make the SHR's leaflet on reporting significant performance failures available to our tenants?

Quality indicator 5.3: Inclusion, equality, and fairness

This is about EDI and how embedded that is in practice

This directly relates to EH1 and 2 from the SHR regulatory framework and area 1 from the CI framework

Sources of evidence

- Equality and diversity policy
- Scheme of Assistance policy
- Recruitment policy
- ASB policy
- Provision of policies and information in alternative formats and languages
- Availability of interpreting services
- Accessible offices/ venues
- Protected Characteristics Data Monitoring Reports

Reflective questions

- How do we demonstrate our compassion towards tenants?
- How do we demonstrate dignity and respect for their rights as an individual?
- How do we help to uphold their rights as a citizen free from discrimination?

- How do we help people make decisions and choices about their lives
- How do we ensure that people are supported to achieve their wishes and aspirations
- How do we help people feel safe and protected but have the opportunity to take informed risks.
- How well do we provide support based on relevant evidence, guidance, best practice, and standards?
- How do we ensure people are fully involved in the professional assessment of their holistic needs
- Are a range of approaches and mechanisms available to support community engagement. For example, digital, written, and verbal communication, including access to translation, and specialist communications tools.
- How can people choose the support they need and want
- How do we ensure that people experience high-quality support as result of planning, commissioning and contracting arrangements that work well
- How do we ensure the right support from the right people at the right time?
- Do our policies consider and take account of equality and human rights implications? Do we carry out Equality Impact Assessments when reviewing and developing policies?
- How are we assured that our policies and practices do not discriminate unlawfully or unfairly?
- How are we assured that our policies and practices do not allow harassment or victimisation? How confident are we that any instances will be identified or reported and addressed quickly and effectively?
- Do the reports that we consider include reference/links to equality and human rights implications?
- Do we carry out equality impact assessments on any proposals relating to service delivery? How do we use these assessments to support our decision-making?
- How do we monitor our performance in promoting equality and human rights?
- Have we established systems and processes for collecting, storing, and monitoring equality 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?
- Do our committee reports include consideration of equality? Do we carry out Equality Impact Assessments on all plans, policies, and proposals?
- Is equality at the heart of our service delivery, allocations, and recruitment practices?

Key Area: How good is our operational management?

Quality indicator 6.1: Policy review and development

This is about how the policies support the work of the service, providing guidance and clarity.

Sources of evidence

- Records of policy development
- Engagement in policy development by service users and partners
- Relevant policies in place
- Revision schedule for every policy

Reflective questions

- Do we have all the policies we need to inform our work?
- Are staff confident about the polices we have and how to apply them
- Who was involved in the development of our policies? Could we have involved anyone else?
- Have we developed an appropriate strategic/policy framework to meet our responsibilities?
- Do our processes for the recruitment and appointment of consultants ensure that we are appointing appropriately qualified and experienced specialists?
- How visible are our policies?
- How accessible are our policies?
- Have we used plain English where possible?
- How do we communicate the content of our policies and their implications for service users?
- Do all of our policies have a clear review schedule, and is this adhered to?

Quality indicator 6.2: Tenant Participation and involvement

This is about how the service involves tenants individually and collectively in the design and delivery of the service.

This directly relates to area 5.2 from the CI framework and CH2 from the SHR framework

Sources of evidence

- Observations of practice and interactions.
- Feedback from:
    - people who use the service
    - relatives and carers
    - staff.
- Support plans.
- Personal plan review and action plan minutes.
- Meeting minutes and action plans for people, staff and relatives.
- Systems for acting on feedback, including complaints.
- Tenant scrutiny reports and action plans
- Minutes from committee meetings where scrutiny reports considered

Reflective questions

- How well are carers, friends and family members encouraged to be involved and work in partnership with the service?
- How representative is the group of people we have involved?
- Do staff regard tenant participation and involvement as a core part of their work, and that of the service, or as a burden?
- How are the views of carers and family members heard and meaningfully considered?
- Are we assured that tenants have had opportunities to contribute to how performance is monitored?
- How did we agree our approach to tenant scrutiny with tenants?
- Do tenants determine the scrutiny priorities?
- Are we assured that tenants and service users are actively and meaningfully involved in providing feedback on performance and/or scrutinising it through tenant panels or scrutiny groups etc? Do we receive reports on the results from tenant scrutiny exercises?
- Are we confident that our engagement activities provide us with access to a representative range of tenant opinions?
- How do we gain assurance that tenant views inform and influence our delivery of services?

- How have tenants influenced our performance? How are tenants involved in monitoring our performance?
- Have we sought (or considered seeking) specialist support in developing our engagement and consultation with tenants and/or in assessing its effectiveness?
- Are we confident that we provide appropriate support to tenants to enable them to exercise their scrutiny role effectively?
- Do we include information about how tenants can become involved on our website, social media platforms and in our publications?
- Do we publish tenant scrutiny reports and our responses?
- Do we use our equality 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?
- Do we have effective arrangements for engaging with other service users (e.g. owners who purchase factoring services; tenants of other landlords who use our support services; family members of tenants and residents in our supported accommodation)?
- How have we taken account of the views of tenants and service users about our performance in the preparation of the AAS?
- How do we consult/engage with tenants about assessing our performance? Are we assured that we make effective use of engagement/consultation to drive service improvement?

Quality indicator 6.3: Planning of key processes

This is about how planning helps ensure effective and efficient delivery, especially during peak periods or crises.

This directly relates to area 5.1 from the CI framework

Sources of evidence

- Observation of practice and interaction.
- Personal plans, daily recording notes.
- Review minutes and action records.
- Feedback from:
  - people who use the service
  - relatives and carers

- o staff.

Reflective questions

- How effectively do leaders and staff use personal plans to deliver support effectively?
- Are personal plans reviewed and updated regularly, and as people's outcomes change?
- How are people involved in directing and leading their own support?
- How do we ensure plans specify SMART objectives and measurable success criteria, based on a manageable number of key priorities.
- Do we have in place clear lines of accountability to ensure that actions are achieved and progress is reported publicly.
- Do we effectively engage staff in the development and implementation of plans so that they understand fully how their work contributes to achievement of key strategic priorities.
- How do we ensure that plans promote equalities and demonstrate commitment to narrow the outcome gap by addressing poverty and deprivation.
- Do we demonstrate effective joint working to improve services to citizens of Aberdeen.
- Do we have in place robust systems for monitoring performance and measuring improvement, as well as for regular reporting of progress to strategic groups.
- Does our planning reflect a learning environment to creatively develop and improve practice.
- Do we have effective approaches in place to jointly identify emerging or potential risk and take timely, proportionate action to mitigate this.

Quality indicator 6.4: Performance management and quality improvement

This is about performance management and quality assurance ensures high standards of service delivery and improved outcomes.

Sources of evidence

- Performance management framework.
- Quality assurance framework.
- Data sets and how they are used within the organisation.

- Data reports from a range of multi-agency groups.
- Processes and procedures for quality assurance.
- Reports to and from quality assurance groups.
- Case records
- Performance appraisals.
- Team plans.
- Annual reports

Reflective questions

- Do we have an up-to-date performance framework with an agreed set of standards and outcome indicators?
- How effectively is progress overseen by accountable senior leaders and elected members who provide appropriate levels of scrutiny and challenge?
- How well do we analyse data from a range of sources and use this effectively to inform planning and service development?
- Do we regularly monitor performance against stretching targets, taking corrective action when necessary to achieve goals?
- Do we report publicly and transparently on the quality of services?
- Do we achieve consistently high standards in the quality of operational practice as a result of robust quality assurance arrangements?
- Do we use performance information and quality assurance approaches to continually strive to improve the quality of work and improve outcomes?
- How well do we support operational managers and staff to make effective use of performance data to support continuous improvement?
- Do we create a safe learning culture that is enquiring and aspirational and based on performance and self-evaluation?
- Do we successfully communicate to staff expectations and aspirations to deliver services of the highest quality?
- Do we carefully plan and co-ordinate a cycle of single agency and joint self-evaluation based on a manageable number of priorities?
- Do we gather robust evidence by comparing findings from a number of different activities?
- How well do we support and encourage staff to carry out self-evaluation as an integral part of their work, equipping them with the knowledge and skills to do this well?
- Do we routinely gather views and information about the experiences of tenants to inform self-evaluation?

- Do we communicate clear improvement priorities so that staff understand fully what they need to do to improve the quality of their work?
- How successfully do we build the capacity of staff to secure change and improvement through self-evaluation?

Quality indicator 7.1: Staffing

This is about the number, skills, and competence of staff

This directly relates to area 3.1, 3.2 and 3.3 from the CI framework and WB1 from the SHR framework

Sources of evidence

- The recruitment policy and procedure.
- Analysis of staff skills.
- Interview records.
- How fitness checks are undertaken.
- Relevant HR or personnel files.
- The induction policy, procedure, and practice.
- Staff job descriptions and roles.
- Feedback from:
    - people who use the service
    - relatives and carers
    - staff.
- Mandatory training for different grades of staff.
- Training needs analysis and training plan.
- Staff development plan and outcome.
- Staff supervision and appraisal records.
- How the service manages staff practice and conduct concerns
- Observe practice and interaction.
- Staff rota and deployment.
- Staff roles and duties.

- Any dependency assessment tools used.
- The care and support plans and assessments of people and how this informs staffing.
- Feedback from other relevant professionals.
- Whistleblowing policy
- Reports relating to any whistleblowing cases that have taken place

Reflective questions

- How do people benefit from safer recruitment principles being used?
- How well does recruitment and induction reflect outcomes for people experiencing care?
- How well is induction tailored to the training needs of the individual staff member?
- How well does induction integrate a member of staff into the vision, mission and values of the cluster and service?
- How well does staff competence and practice support improving outcomes for people?
- How well does staff development support improving outcomes for people?
- How is staff practice supported and improved through effective supervision and appraisal?
- Is there an effective process for assessing how many staff hours are needed?
- Do staffing arrangements support positive outcomes for people?
- Are staff flexible and how well do they support each other to work as a team to benefit people?
- How have we made staff and committee members aware of our policy on whistleblowing and the process to be followed where concerns exist?
- How are we assured that staff and committee members are aware of the policy and process?
- Do we promote the whistleblowing policy regularly?
- Have we ensured the Whistleblowing Policy applies and is promoted throughout our group structure?
- Have we provided any training to staff and governing body/committee members on whistleblowing?

Quality indicator 8.1: Partnerships and resources

This is about how the service leverages partnership with others to maximise the use of its own resources.

Sources of evidence

- List of partner agencies
- Feedback from partner agencies about relationship with the service
- Examples of joint work between the agencies and other partners
- Lead times to deliver resource requests
- Number of requests for additional resources
- Feedback from staff about resource availability

Reflective questions

- Are we working with all the partners we need to?
- How effective are these partnerships?
- Do we treat partners as such or more as contractors?
- Do these partnerships really improve the services to users?
- Is there more we should do in partnership with others?
- Are we maximising the collective resources available to the service and partner agencies?
- Do we have the resources we need to deliver an effective service?
- What compromises are we making to cope with resource pressures? Are we transparent and consistent about these?

Key Area: How good is our strategic leadership?

Quality indicator 9.1: Vision, values and aims

This is about how embedded are the vision, values and aims and how they support the work of the service.

This directly relates to area 2.1 from the CI framework

Sources of evidence

- Observation of practice and interactions.
- Quality assurance of relevant policies
- procedures, records, and outcomes.
- Feedback from:
  o people who use the service
  o staff
  o relatives and carers
  o other professionals.
- Meeting minutes and action plans.
- Examining how people quality assure what they do.
- Effectiveness and coherence of the improvement plan.

Reflective questions

- Is the vision, values, aims and objectives for the service clear and inform everyday practice?
- Who was involved in their development? Does everyone feel that they "own" the vision?
- How well is innovation supported?
- How deep is the ownership of the vision, Mission, etc amongst all staff?
- Are there are clear links between the vision, values and aims of the partnership and national priorities and aspirations?

- Do leaders promote an open learning culture in which staff feel safe to challenge and are supported to raise serious concerns through whistleblowing or other procedures?

Quality indicator 9.2: Leadership and direction

This is about the effectiveness of leadership at all levels and how that helps direct the work of all staff.

This directly relates to area 2.2 from the CI framework

Sources of evidence

- Feedback from:
  - people who use the service
  - staff
  - relatives and carers
  - other professionals.
- Minutes of meetings and action plans for people, staff, and relatives.
- Quality assurance of relevant policies, procedures, records, and outcomes.
- The improvement plan.
- Accident and incident records, audits, and outcomes.
- Complaint and concerns records, audits, and outcome.
- How the service gathers feedback and takes action, including how this is built into induction and supervision.
- Analysis and evaluations from participation methods and activities

Reflective questions

- Do leaders, senior managers, elected members have a clear understanding of the local and national context and provide strong leadership and direction in developing housing services?
- Is that direction reinforced by leaders at all levels to ensure clarity and consistency?
- Are the senior leaders giving clear and consistent messages to other staff?
- Are senior leaders approachable whilst ensuring that they do not undermine the autonomy and leadership of staff?

- Do all staff recognise that they are leaders in the service? How do they interpret that leadership role?
- How well is empowerment and delegated decision-making implemented at all levels?
- Do leaders enable staff to be confident in exercising their initiative, taking responsibility, and adopting lead roles? How well do leaders lead by example and role model positive behaviour.
- How responsive are leaders to feedback and how well do they use learning to improve?
- Do all leaders have the skills and capacity to oversee improvement as well as business as usual delivery?
- Do leaders employ a range of very effective methods to communicate directly with staff?
- Do leaders ensure that staff have opportunities to jointly develop skills and learn from each other?
- Do leaders value and encourage staff and recognise and celebrate their achievements?
- Do leaders exemplify the high performance expected from staff in delivering high quality services through strong and purposeful teamwork?

Quality indicator 9.3: Leadership of collaboration to support people

This is about how the service leads in collaboration with others to secure better outcomes for the citizens of Aberdeen.

This directly relates to area 2.3 from the CI framework

Sources of evidence

- Look at the procedures, practice and experience of people who are using the service for the first time.
- Feedback from:
  o people who use the service
  o relatives and carers
  o staff.
- Observations of practice and interactions.
- Look at the information sharing policy and practice.
- The arrangements for multiagency working and how these benefit people.
- Links the service has to local resources and how these are used and accessed.

Reflective questions
- How well do leaders understand the key roles of other partners and their responsibilities?
- How well do services work in partnership with others to secure the best outcomes for people?
- How similar or different is team working across partes internal to the council and outwith?
- Do we maximise our collaboration with other teams in ACC to secure our common outcomes?
- Is there a spirit of collaboration or competition between leaders in the service and other partner teams and agencies?
- How do leaders oversee effective transitions for staff – between roles, teams or even partners?
- Are leaders visible and have a high personal profile with staff across services and agencies?
- Are leaders accessible and responsive when challenged and held in high regard by stakeholders?
- How well do leaders promote an ethos of teamwork and establish a climate of professional collaboration at all levels?
- Do leaders ensure that staff understand the positive benefits of multi-agency team working and demonstrate this in their practice?
- Do leaders recognise achievements and celebrate success across agencies and partnerships?

Quality indicator 9.4: Leadership of change

This is about how change is managed, and how everyone is supported on the journey of change.

This directly relates to area 2.2 from the CI framework

Sources of evidence

- Observation of practice and interactions.
- Feedback from:
    - people who use the service
    - relatives
    - staff.
- Views of managers at all levels.
- The quality assurance policy, procedure, practice, and outcomes.
- Staff training records, appraisals, supervision, and deployment.
- The improvement plan

Reflective questions

- How well does quality assurance, including self-evaluation and improvement plans, drive change and improvement where necessary?
- Do leaders successfully steer services through the challenges associated with achieving the right balance between stability and change?
- Do leaders at all levels make effective decisions about staff and resources?
- Do leaders at all levels empower staff to innovate?
- How are leaders supporting staff to change and adapt to different circumstances?
- How are staff supported to suggest and try innovative approaches?
- How are new approaches and ideas evaluated, and then if appropriate mainstreamed?
- Is leadership having a positive impact on staff?
- Do leaders make very effective use of an appropriate range of relevant structured improvement models?
- Have leaders created a culture of reviewing services and planning improvements?
- Do leaders constantly explore ways of driving up capacity for improvement through self-evaluation?
- Do leaders have an acute awareness of how well services are performing?
- Do leaders conscientiously evaluate whether or not changes to systems and practices are delivering the required results?
- Do leaders make sure successes act as a catalyst to implement further improvements in the quality of services and outcomes people most in need of care and support?
- Do leaders explore new ways of working through applying findings from research, service redesign, scrutiny reports, recommendations from learning reviews/significant case reviews and significant incidents?

Key Area: What is our capacity for improvement?

This is an overall evaluation of how well placed the service is to know itself and continue to improve.

Sources of evidence

- The improvement plan – especially time taken to complete actions
- Trends in data
- Number of recurring issues that have not been adequately dealt with
- Time taken to approve improvement actions
- Coherence of improvement actions
- Success in designing and delivering improvements
- Staff attitude towards continuous improvement

Reflective questions

- How well does the service understand its own performance – areas of strength and areas of weakness?
- Is the evidence to support this robust and analysed effectively?
- What is our track record of effecting improvement?
- What is our resource capacity to support improvement?
- How confident are we that we can secure year on year improvement to the quality of service delivery?

Annex B: Mapping of regulatory frameworks against the Quality Improvement Framework

Key: Care Inspectorate. Scottish Housing Regulator. Regulator of Social Housing (England)

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of key processes?	How good is our operational management?	How good is our strategic leadership?
1. Key performance outcomes	2. Meeting tenants needs	5. Delivery of key processes	6. Operational management	9. Strategic leadership 2. How good is our leadership?
1.1 Improvements in performance **1.5 Performance information** **CH3** Report performance in achieving/progressing towards Charter outcomes and standards to tenants and other service users by October each year. Agree the format of reporting with tenants and other service users; ensure it is accessible, and that language is plain and jargon free **CH4** Report annually on performance to tenants and other service users and include: • Assessment of performance against each relevant Charter outcome • Relevant comparisons including with previous years, other landlords and national performance Plans for delivering improvement	2.1 Feedback and complaints **6 Complaints** LR1 Each landlord must provide tenants, residents, and service users with easy and effective ways to provide feedback and raise concerns and ensure that it considers such information and provides a quick response LR4 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 2.2: Improving our citizens' quality of life	5.1 The housing stock **SHR ARC return** **1.1 Stock quality** **1.4 Repairs, maintenance, and planned improvements** **3.1 Allocations and lettings** **3.2 Tenancy sustainment and evictions** **3.3 Tenure** **3.4 Mutual exchange**	6.1 policy review and development	9.1 Vision, values and aims

1.2 Meeting legal obligations AN1 Prepare and submit Annual Assurance Statement (AAS) by 31 October CH1 Annually submit an Annual Return on the Charter in accordance with published guidance AN2 Notify SHR of any material changes during the year AN3 Have assurance and evidence of meeting legal obligations relating to: • Housing and homelessness services • Equality and human rights day-to-day service delivery		5.2 Tenant relationships and communication Methods for tenants and service users to comment on the style of reporting CH5 Make SHR's Landlord Report easily accessible to tenants, including online AN5 Make the Engagement Plan available and accessible to tenants and service users, including online **1.4 Information about landlord services** LR2 Each landlord must make information on reporting significant performance failures, including SHR leaflet, available to its tenants. LR3 Provide tenants and other service users with the information they need to exercise their right to complain and seek redress and respond to tenants within the timescales outlined in its service standards, in accordance with guidance from the Scottish Public Services Ombudsman (SPSO).	6.2 Tenant involvement **CH2** Involve tenants and other relevant service users in the preparation and scrutiny of performance information: • Agree approach with tenants • Ensure the approach gives tenants a real and demonstrable say in performance assessment • Publicise the approach to scrutiny to tenants • Ensure the approach can be verified and demonstrate that it has happened Involve other service users appropriately having asked and taken account of their needs and wishes. **1.3 Engagement with tenants** 5.2: Carers, friends and family members are encouraged to be involved	9.2 Leadership and direction
1.3 Health and safety **1.3 Health and safety** Tenant and resident safety AN4 Notify the SHR of any reports from statutory or regulatory authorities or insurance providers relating to safety concerns AN4 Notify SHR of any tenant or resident safety matters reported to or being	**3. Impact on staff**	5.3 Inclusion, equality, and fairness **1. How well do we support people's wellbeing?** **1.1 Fairness and respect** **1.2 Diverse needs** **2.1 Safety of shared spaces** **EH2** Collect data relating to each of the protected characteristics for existing and	6.3 Planning of key processes **5.1: Assessment and personal planning reflects people's outcomes and wishes** **2.2 Local cooperation**	9.3 Leadership of change and innovation

investigated by the Health and Safety Executive (HSE)		new tenants; people on waiting lists; GBMs and staff **EH1** Be assured and have evidence that equality and human rights issues are considered properly in: • decision-making • the design and review of internal and external policies **1.5 Adaptations** **1.2 Decency** **2.3 Anti-social behaviour and hate incidents** **2.4 Domestic abuse**	6.4 Performance management and quality improvement
	4. Impact on the community		7. Staffing
			3. How good is our staff team? **WB1** Have a whistleblowing policy and effective arrangements for governing body members (GBMs) and staff which is easily available and promoted
			8. Partnerships and resources
10 Capacity for continued Improvement			

Key: Care Inspectorate. Scottish Housing Regulator. Regulator of Social Housing (England)

Annex C – Scottish Housing Regulator - Regulatory Framework

The regulatory requirements set out by the Scottish Housing Regulator can be found on their website at: Regulatory Framework | Scottish Housing Regulator. This includes detail of our requirements to prepare and submit, (in accordance with published guidance):

- An Annual Assurance Statement and
- An Annual Return on the Charter

The table below is a checklist of the requirements for the SHR Annual Assurance Statement:

Ref	Requirements	Relevant Regulatory Standards (RS)
AN1	Prepare and submit Annual Assurance Statement (AAS) by 31 October	No Standard refers directly to the ASS but **RS 1.3, 2.2 and 2.5** are relevant
AN2	Notify SHR of any material changes during the year	**RS 2.2 and 2.5**
AN3	Have assurance and evidence of meeting legal obligations relating to: • Housing and homelessness services • Equality and human rights • Tenant and resident safety	**RS 1.3** (in general terms) **RS 4.1**
AN4	Notify SHR of any tenant or resident safety matters reported to or being investigated by the Health and Safety Executive (HSE)	**RS 2.5**
AN4	Notify the SHR of any reports from statutory or regulatory authorities or insurance providers relating to safety concerns	**RS 2.5**
AN5	Make the Engagement Plan available and accessible to tenants and service users, including online	**Standard 2** **RS 2.1**
CH1	Annually submit an Annual Return on the Charter in accordance with published guidance	**RS 1.3**

CH2	Involve tenants and other relevant service users in the preparation and scrutiny of performance information: • Agree approach with tenants • Ensure the approach gives tenants a real and demonstrable say in performance assessment • Publicise the approach to scrutiny to tenants • Ensure the approach can be verified and demonstrate that it has happened Involve other service users appropriately having asked and taken account of their needs and wishes	**Standard 2** **RS 2.1,2.2, 2.4, 4.2**
CH3	Report performance in achieving/progressing towards Charter outcomes and standards to tenants and other service users by October each year	**Standard 2** **RS 2.1 and 2.4** **RS 1.3**
CH3	Agree the format of reporting with tenants and other service users; ensure it is accessible and that language is plain and jargon free	**RS 1.3 and 2.4**
CH4	Report annually on performance to tenants and other service users and include: • Assessment of performance against each relevant Charter outcome • Relevant comparisons including with previous years, other landlords and national performance • Plans for delivering improvement • Methods for tenants and service users to comment on the style of reporting	**RS 1.3** **Standard 2**
CH5	Make SHR's Landlord Report easily accessible to tenants, including online	**Standard 2**
WB1	Have a whistleblowing policy and effective arrangements for governing body members (GBMs) and staff which is easily available and promoted	**Standard 5** **RS 5.2 and 5.6**
EH1	Be assured and have evidence that equality and human rights issues are considered properly in: • decision-making • the design and review of internal and external policies • day-to-day service delivery	**All Standards** **RS 1.3** **RS 4.1** **RS 5.3**

EH2	Collect data relating to each of the protected characteristics for existing and new tenants; people on waiting lists; GBMs and staff	**RS 1.3** (in general terms)

In addition, the Scottish Federation of Housing Association (SFHA - [The voice of Scotland's housing associations. | SFHA](#)) has produced a toolkit to assist completing a self-evaluation to inform the preparation of the Annual Assurance Statement.

Annex D: Care Inspectorate Regulatory Framework

1	How well do we support people's wellbeing?	1.1 People experience compassion, dignity, and respect. 1.2. People get the most out of life. 1.3. People's health and wellbeing benefits from their care and support. 1.4. People are getting the right service for them. 1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures.
2	How good is our leadership?	2.1. Vision and values positively inform practice. 2.2. Quality assurance and improvement is led well. 2.3. Leaders collaborate to support people. 2.4. Staff are led well.
3	How good is our staff team?	3.1. Staff have been recruited well. 3.2. Staff have the right knowledge, competence, and development to support people. 3.3. Staffing arrangements are right, and staff work well together.
5	How well is our care and support planned?	5.1. Assessment and personal planning reflect people's outcomes and wishes. 5.2. Carers, friends, and family members are encouraged to be involved.

The Care Inspectorate Self-Evaluation guide can be accessed via the following link: Quality framework for housing support services | Care Inspectorate Hub

Annex E: Regulator of Social Housing (RSH) - Regulatory Standards (England)

The Regulator of Social Housing (RSH) defines the regulatory standards which set the outcomes that social landlords in England must deliver for tenants. The new framework for consumer regulation has been in place since 1 April 2024 and the table below highlights the consumer standards. Further details of the regulatory framework in England can be found at: Regulatory standards for landlords - GOV.UK.

Safety and Quality Standard – 1 April 2024	
1.1 Stock quality	Registered providers must have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants (see the glossary of terms for a definition).
1.2 Decency	Registered providers must ensure that tenants' homes meet the standard set out in section five of the Government's Decent Homes Guidance and continue to maintain their homes to at least this standard unless exempted by the regulator.
1.3 Health and safety	When acting as landlords, registered providers must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.
1.4 Repairs, maintenance, and planned improvements	Registered providers must provide an effective, efficient, and timely repairs, maintenance and planned improvements service for the homes and communal areas for which they are responsible.

1.5 Adaptations	Registered providers must assist tenants seeking housing adaptations to access appropriate services.
Neighbourhood and Community Standard – 2 April 2024	
1.1 Safety of shared spaces	Registered providers must work co-operatively with tenants (see the glossary of terms for a definition), other landlords and relevant organisations to take all reasonable steps to ensure the safety of shared spaces https://www.gov.uk/government/publications/neighbourhood-and-community-standard.
1.2 Local cooperation	Registered providers must co-operate with relevant partners to promote social, environmental, and economic wellbeing in the areas where they provide social housing.
1.3 Anti-social behaviour and hate incidents	Registered providers must work in partnership with appropriate local authority departments, the police, and other relevant organisations to deter and tackle anti-social behaviour (ASB) and hate incidents in the neighbourhoods where they provide social housing.
1.3 Domestic abuse	Registered providers must work co-operatively with other agencies tackling domestic abuse and enable tenants to access appropriate support and advice.

Tenancy Standard – 2 April 2024	
1.1 Allocations and lettings	Registered providers must allocation and let their homes in a fair and transparent way that takes the needs of tenants (see the glossary of terms for definition) and prospective tenants into account.
1.2 Tenancy sustainment and evictions	Registered providers must support tenants to maintain their tenancy or licence. Where a registered provider ends a tenancy or licence, they must offer affected tenants advice and assistance
1.3 Tenure	Registered providers shall offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community, and the efficient use of their housing stock 3.3.2 They shall meet all applicable statutory and legal requirements in relation to the form and use of tenancy agreements or terms of occupation.
1.4 Mutual exchange	Registered providers must support relevant tenants living in eligible housing to mutually exchange their homes.
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1.1 Fairness & Respect	Registered providers must treat tenants (see the glossary of terms for a definition) and prospective tenants with fairness and respect.

1.2 Diverse Needs	In relation to the housing and landlord services they provide, registered providers must take action to deliver fair and equitable outcomes for tenants and, where relevant, prospective tenants.
1.3 Engagement with tenants	Registered providers must take tenants' views into account in their decision-making about how landlord services are delivered and communicate how tenants' views have been considered.
1.4 Information about landlord services	Registered providers must communicate with tenants and provide information so tenants can use landlord services, understand what to expect from their landlord, and hold their landlord to account.
1.5 Performance information	Registered providers must collect and provide information to support effective scrutiny by tenants of their landlord's performance in delivering landlord services.
1.6 Complaints	Registered providers must ensure complaints are addressed fairly, effectively, and promptly.