



**SHELTER**  
because housing matters

# Compliance under the NRSCH: next steps for Queensland

presented by  
Damian Sammon, Acting Registrar for QLD  
Clare Phythian, Q Shelter

 Queensland Government

Office of the Registrar



Department of Housing and Public Works



# Overview of Webinar

**SHELTER**  
because housing matters

- Welcome and introduction
- Update from the Registrar's Office
- Key findings from Compliance Pilot and Evaluation
- Compliance Framework: Approach to compliance in QLD
- Q Shelter's role & support

 Queensland Government

Office of the Registrar

Department of Housing and Public Works

# Compliance: National Regulatory System for Community Housing (NRSCH)



Office of the Registrar



Department of Housing and Public Works

# Where we are with Registrations/Compliance

- As at October 2015:
  - 31 registered community housing providers
  - 11 providers undergoing compliance
- OOR currently assessing 90+ applications, including applications from local government community housing providers registering under a state-based registration system
- Primary analyst for each CHP will be in contact with organisation should further information be required



# Compliance Pilot and Evaluation

# Compliance Pilot and Evaluation

- 15 Tier 1 and 2 registered community housing providers from NSW and SA participated in a pilot round of standard compliance assessments
- ARTD Consulting commissioned to evaluate what is done well and what can be improved
- ARTD workshopped with number of Tier 3 providers in QLD about their expectations and challenges

# Compliance Pilot and Evaluation

- Feedback was positive but issues we are responding to as follows:
  - developing a short, single ‘source of truth’ guide (currently information is spread across a number of documents, too lengthy and sometimes hard to find and follow)
  - improving recommendations to providers in the assessment reports so can understand the context of and reasons for a recommendation, and exactly what outcome the recommendation is intended to achieve.

# Compliance Pilot and Evaluation

- Stick to assessment report completion timeframes
- Will consult sector further and refine the evidence requirements for Tier 3 providers
- Evolve over the next three years the risk tools to determine the appropriate intensity of our engagement with an individual provider in a standard compliance assessment – informed by markers of risks and trends in the sector
- Committed to consult on major changes





# Compliance Framework

# Standard Compliance

- Standard compliance assessments are conducted every year for Tier 1 and 2 providers, and every two years for Tier 3 providers.
- However, some providers may have compliance brought forward as a result of recommendations made during registration
- Providers will have 6 weeks to complete a standard compliance return
- All things being equal, standard compliance assessments should take about 8 weeks to complete.

# Standard Compliance

- Compliance return consists of:
  - Financial Performance Report (FPR)
  - Community Housing Asset Performance Report (CHAPR)
  - Performance data
  - Updated policy and procedures
  - Updated documents
  - Audited financial statements
  - Response to recommendations
- OOR may request additional documentation during compliance return/assessment such as board meeting minutes, progress reports, budget documentation

# Timeframes and process for Compliance

- Write to providers 3 days before compliance return opens
- Compliance will commence with release of a return
- Standard timeframe is six weeks available for completing and submitting all information
- Extension in ordinary course of events can be requested and will be considered by the OOR

# Timeframes and process for Compliance

- Providers will have 1 primary analyst for compliance, who may be different to their registration analyst
- Compliance may be a standard compliance return or a triggered compliance return
- An analyst may request further information following the submission of a compliance return

# Compliance site visits

- Site visits a main feature to help build relationships
- Primary analyst will liaise with organisation to find a time suitable to conduct a site visit, usually after the Compliance Return has been submitted by the provider and the primary analyst has screened it to ensure all information has been submitted
- Site visits include at a minimum
  - Observation of an ordinary board meeting
  - Visiting properties
  - Inspection of documents
  - Meeting with staff
- Site visit may also include
  - Meeting with tenants
  - Meeting with affiliated entities/ outsourced service providers

# Compliance Financial Performance Report

- Compliance timing “centred” around FPR and audited financial statements
- This means that compliance activities started in advanced cannot be finalised until post FPR submission
- Other compliance returns will commence with the FPR
- This approach supports timely finalisation of assessment



**SHELTER**  
because housing matters

# Support from Q Shelter with NRSCH Compliance







**SHELTER**  
because housing matters

# Q Shelter's support for Compliance



## Services

- Events, Training & Coaching
- QS connect
- Q Shelter's Financial Consultant
- Review & Feedback (documentation, gap analysis, Registration determination)



## Tools & Resources

- NRSCH Compliance Preparation Tool
- Policies & Procedures
- Governance Manual
- Useful links

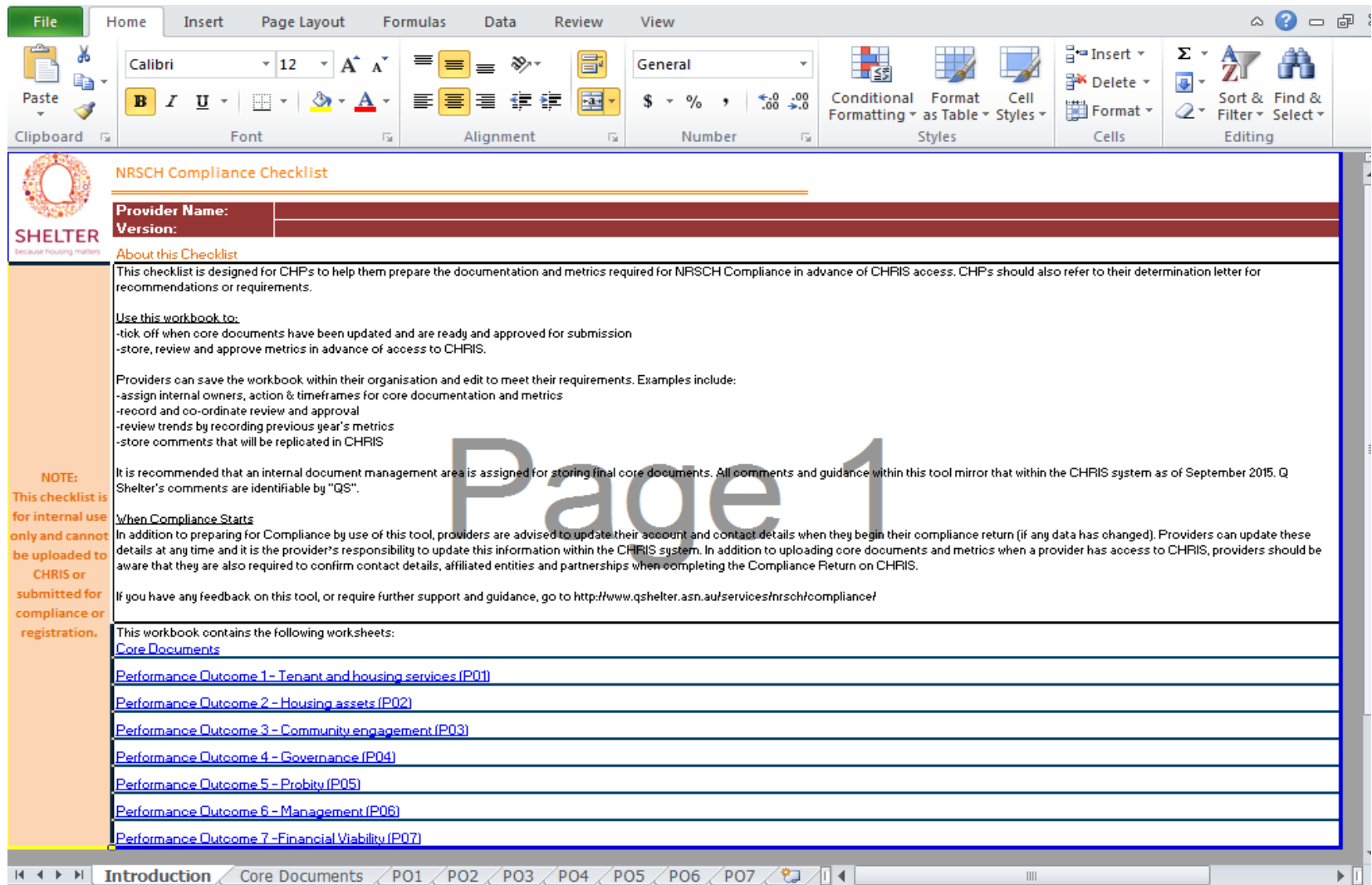


## Information Sharing

- Housing Matters Newsletters
- Q Shelter Website
- Networks & Groups
- Events Calendar



# NRSCH Compliance Preparation Tool



**File** Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

## NRSCH Compliance Checklist

**Provider Name:** \_\_\_\_\_  
**Version:** \_\_\_\_\_

**NOTE:** This checklist is for internal use only and cannot be uploaded to CHRIS or submitted for compliance or registration.

**About this Checklist**

This checklist is designed for CHPs to help them prepare the documentation and metrics required for NRSCH Compliance in advance of CHRIS access. CHPs should also refer to their determination letter for recommendations or requirements.

Use this workbook to:

- tick off when core documents have been updated and are ready and approved for submission
- store, review and approve metrics in advance of access to CHRIS.

Providers can save the workbook within their organisation and edit to meet their requirements. Examples include:

- assign internal owners, action & timeframes for core documentation and metrics
- record and co-ordinate review and approval
- review trends by recording previous year's metrics
- store comments that will be replicated in CHRIS

It is recommended that an internal document management area is assigned for storing final core documents. All comments and guidance within this tool mirror that within the CHRIS system as of September 2015. Q Shelter's comments are identifiable by "QS".

**When Compliance Starts**

In addition to preparing for Compliance by use of this tool, providers are advised to update their account and contact details when they begin their compliance return (if any data has changed). Providers can update these details at any time and it is the provider's responsibility to update this information within the CHRIS system. In addition to uploading core documents and metrics when a provider has access to CHRIS, providers should be aware that they are also required to confirm contact details, affiliated entities and partnerships when completing the Compliance Return on CHRIS.

If you have any feedback on this tool, or require further support and guidance, go to <http://www.qshelter.asn.au/services/nrsch/compliance/>

This workbook contains the following worksheets:

- [Core Documents](#)
- [Performance Outcome 1 - Tenant and housing services \(P01\)](#)
- [Performance Outcome 2 - Housing assets \(P02\)](#)
- [Performance Outcome 3 - Community engagement \(P03\)](#)
- [Performance Outcome 4 - Governance \(P04\)](#)
- [Performance Outcome 5 - Probity \(P05\)](#)
- [Performance Outcome 6 - Management \(P06\)](#)
- [Performance Outcome 7 - Financial Viability \(P07\)](#)

Introduction Core Documents P01 P02 P03 P04 P05 P06 P07



# NRSCH Compliance Preparation Tool

**Performance Outcome 1 - Tenant and housing services**  
 The community housing provider is fair, transparent and responsive in delivering housing assistance to tenants, residents and other clients.

**Section 1.1 Tenancy management**  
 1.1.1 Tenancy activities are outsourced      1.1.2 Details of contract/agreement

**Section 1.2 Tenancy numbers for the year to 30 June 2014**  
 1.2.1 Tenancies for the year      1.2.2 New tenancies for the year      1.2.3 Tenancy exits for the year

**Section 1.3 Tenancy service standards**  
 1.3.1 Tenancy service standards are set      1.3.2 Details of how service standards are communicated to tenants.

**Section 1.4 Tenant satisfaction**  
 1.4.a No survey conducted       1.4.1 Date of last tenant survey      1.4.2 Number of surveys distributed  
 1.4.4 Number of responses satisfied

**Section 1.5 Tenant access to support**  
 1.5.1 Number of supported tenancies in place      1.5.3 Details of support partnerships

**Performance outcome 1 comments**  
**Performance outcome 1 recommendations**  
**Performance Outcome 1 - Metrics**

The form includes thresholds for some requirements as an indicative guide for further consideration. The thresholds do not determine capacity or compliance and where results are below threshold the provider is encouraged to provide an explanation in the optional comment field below

Metric 1.2a Eviction rate %		Metric 1.3a Tenant response rate		Metric 1.3b Survey return rate	
Metric 1.2a Threshold	10%	Metric 1.3a Threshold	10%	Metric 1.3b Threshold	
Metric 1.2a Traffic Light Rating	Red	Metric 1.3a Traffic Light Rating	Green	Metric 1.3b Traffic Light Rating	

If eviction rate is: <=10% traffic light = green  
 If the response rate is: >=20%

**NOTE:** By clicking on the peach cells in this worksheet - further guidance is provided through notes.

**Page 1**

For the survey question on the overall quality of the housing service  
 Include the total number of "very satisfied" and "fairly satisfied" responses.  
 Do not include "neutral" or "dissatisfied" responses.



# NRSCH Compliance Preparation Tool

**Core Documents**

Please ensure you have uploaded the following core business documents. These should be the current versions or as noted under the specific document.

**SHELTER**  
because housing matters

**NOTE:**  
This list isn't an exhaustive list and the Registrar has the power to request any document that he/she believes may assist with an assessment of a provider's compliance return

CH asset performance report	Please ensure you complete the online Community Housing Asset Summary Report (CHAPR) before submitting the Return.	CH asset performance report attached	<input checked="" type="checkbox"/>
Community housing development program	Please ensure you have attached the community housing development program under the relevant performance requirement(s) if you are applying as a Tier 1 or 2 provider	CH development program attached	<input type="checkbox"/>
Business Plan	Please ensure you have attached the business plan or equivalent and progress reports against the business plan	Business plan attached	<input checked="" type="checkbox"/>
Asset management	Please ensure you have attached achievement reports indicating achievement of the current strategic asset management plan for Tiers 1 and 2 or the current asset maintenance plan for Tier 3.	Strategic asset management plan attached	<input checked="" type="checkbox"/>
Governance & management	Please ensure you have attached the annual report or equivalent	Annual report attached	<input checked="" type="checkbox"/>
Risk management	Please ensure the current risk management plan and risk register (or equivalent document) are attached (Tiers 1 & 2)	Risk management plan & register attached	<input checked="" type="checkbox"/>
Tenant/resident satisfaction	Please ensure the latest tenant/resident feedback survey, feedback collection methodology and survey results are attached. Result analysis is also required for Tiers 1 & 2	Tenant/resident sat docs attached	<input checked="" type="checkbox"/>
Appeals and complaints	Please ensure the appeals and complaints register (or equivalent document) is for the latest financial year.	Current A&C register attached	<input type="checkbox"/>
Performance against business goals	Please ensure the latest reports to the board detailing past and current performance against goals/targets in the business plan & strategic asset management/development plan are attached (Tiers 1 & 2)	Board rep showing perf vs plans attached	<input type="checkbox"/>
Financial performance data	Please ensure the latest financial information is attached including the FPR (in the approved format), audited financial statements, audit management letters (where they have been issued) and other financial documents relevant to the tier in which the provider is applying.	Financial data and docs attached	<input type="checkbox"/>
Documents with significant changes	When completing the Compliance Return you are asked to upload policies and procedures where there has been a significant change. Please do not upload policies and procedures unless there has been a significant change and if there has been a significant change provide details of the change in the description field.	Only significantly changed docs uploaded	<input type="checkbox"/>

Page 1

Introduction Core Documents PO1 PO2 PO3 PO4 PO5 PO6 PO7



# NRSCH Compliance Preparation Tool

Use this workbook to:

- tick off when core documents have been updated and are ready and approved for submission
- store, review and approve metrics in advance of access to CHRIS
- It is recommended that an internal document management area is assigned for storing final core documents
- CHPs should also refer to their determination letter and recommendations or requirements

Providers can save the workbook within their organisation and edit to meet their requirements.

Examples include:

- assign internal owners, action & timeframes for core documentation and metrics
- record and co-ordinate review and approval
- review trends by recording previous year's metrics
- store comments that will be replicated in CHRIS

**This checklist is for internal use only and cannot be uploaded to CHRIS or submitted for compliance or registration**



# Tips and tricks for being prepared

- Incorporate what you know into your organisation's plan
  - Gap analysis
  - Registration determination letter
  - NRSCH Compliance Provider Guide
  - NRSCH Compliance Preparation Tool
- Diarise the date and plan resources
- Leave plenty of time allowing for unplanned events
- Do not rely on one person
- keep core documents up to date particularly dynamic plans
- if you said you would do something on application, make sure it has been done
- Maintain relationship with Analyst
- Access Q Shelter's service and resources  
<http://www.qshelter.asn.au/services/nrsch/compliance/>
- Stay in touch with Q Shelter





**SHELTER**  
because housing matters

# Your Questions

## Further Information:

- <http://www.qshelter.asn.au/services/nrsch/compliance/>
- [http://www.nrsch.gov.au/regulation\\_and\\_policy/compliance](http://www.nrsch.gov.au/regulation_and_policy/compliance)
- <http://www.hpw.qld.gov.au/aboutus/BusinessAreas/OfficeOfTheRegistrar/Pages/default.aspx>