



ClwydAlyn

**“Together, we will
end poverty”**

Introduction and any changes since the last Regulatory assessment

ClwydAlyn’s last Regulatory Judgement was an interim judgement in March 2022, which provided a compliant green rating on financial viability and governance (*including resident services*).

Since that time, we have approved an annual updated self-assessment which has been considered by residents and approved by the Board each year along with a compliance improvement plan. These have been submitted to the regulator, with actions monitored by the Board.

There have been no material adverse changes to service quality, resident engagement and financial viability since the last judgement was issued. From a governance perspective there has been one key change. The Board approved the establishment of a joint venture company, Onnen, with Cartrefi Conwy on 17th January 2023 and delegated an action to officers to appoint two ClwydAlyn staff members to the Onnen Board. ClwydAlyn Board receive regular reports on progress and performance and approve the annual accounts.

A new Chair and three new Board members were appointed in September 2023. This was due to four members having served their nine years. In addition, the Executive Team has also undergone some changes during 2024 with one post made redundant and those duties realigned, and two new appointments made due to vacancies occurring.

ClwydAlyn received a transfer of engagements of 12 homes from Rosa Hovey Housing Trust in 2023 adding £1 million to the balance sheet.

ClwydAlyn has a code of governance which reflects best practice in the sector and which the Board review annually (Item 6.4, 16th December 2024).

Resident influence and engagement

ClwydAlyn has robust resident engagement and influence arrangements. The Residents Committee has representation across a range of property tenures owned and managed by ClwydAlyn. Our “Influence Us” membership group currently has 177 tenants, giving their time to influence policy development and service delivery models. Our complaints panel also has resident members who review a range of formal complaints each quarter to check for organisational learning and improvement.

Evidence of resident influence in recent times includes developing a set of service expectations called “Our Promise,” shaping the grounds maintenance tender, reviewing service charge components and standards, annual rent setting, the Rent Policy and the development and introduction of a self-repair service.

In producing the self-assessment each year, the Resident Committee receive a draft document covering all the standards in relation to service delivery, engagement and influence. They are asked to consider whether they “recognise” ClwydAlyn in the self-assessment. The final version of the self-assessment is then presented to Board for approval. The Chair and Vice Chair of the Resident Committee are Board members.

During this year’s review the Resident Committee agreed with the self-assessment ratings but also identified some areas for change and improvement. One area was related to a proposal to help build trust between Housing Officers and residents through developing “your community” webpages.

This will allow residents to connect with their housing officer, enabling the officer to communicate their availability on any given day in their area. Residents could also ask for visits, contact or for specific matters to be inspected and assessed. Residents can then see what had been raised for their area and avoid duplication of reporting and in addition, keeps the community more in touch with what is happening locally. This improvement has been added to the Compliance Improvement plan as the technology is already in place through the resident’s portal to enable ClwydAlyn to develop a pilot project.

Strategic and Operational Risk Management

ClwydAlyn has a robust set of strategic and operational risks which are reported to Board each meeting for assurance and review. There is evidence throughout the year of Board question and challenge. Executive team review risks dynamically, scanning the external and internal environment and operating climate. Any changes identified which may impact the likelihood of a risk occurring or its impact (should it occur) are scrutinised by Assurance Committee and reported to Board at the next meeting, along with mitigating actions. Should a new risk appear outside of Board meetings and be one which could have impact on our ability to meet the Business Plan, Corporate Plan or KPIs and targets, this is reported to Board alongside seeking support for any actions needed to manage or mitigate. (Item 7.2 23rd May 2024 approval of the EICR Risk and Item 7.3 19th March 2024 approval of the Social Partnership and Public Procurement Wales Act 2023 risk).

The 2025-2030 Corporate Plan was approved at Board on 18th March 2025. (The current risk management framework is still in operation). A new risk management framework has been in development. Board considered strategic and operational risks and the actions to manage and mitigate these along with agreeing the new risk management framework (and how this will be discharged through the Governance structure) at its meeting on 20th May 2025 (Item 7.2 20th May 2025). The process of identification and review of strategic and operational risks for this new plan period commenced with a training session (delivered by Barcud Shared Services) for members at the strategic planning day in November 2024. The Board and Committee members began to identify strategic risks around the new Corporate Plan. This was followed up in January and February with Committee review sessions and then followed by a whole member workshop where Board agreed a risk appetite for each risk and the likelihood and impact of risks materialising should there be no control measures in place. Officers were then tasked with identifying assurance measures and risk management actions to bring risks to within acceptable tolerance ready for Board review in May.

Regulatory Standards Compliance and Evidence

ClwydAlyn has undertaken a full self-assessment against the revised regulatory standards and believes that it can demonstrate compliance with all standards. However, there are a small number of actions in a Compliance Improvement plan to enhance areas where we can demonstrate compliance but not as fully or robustly as we would want to.

RS1 - The organisation has effective strategic leadership and governance arrangements which enable it to achieve its purpose and objectives

ClwydAlyn is compliant with this regulatory standard and has evidence to demonstrate this. We have also identified some actions for improvement in 2025/26 to enhance compliance. These include continuing to improve how we use employee and resident EDI data to inform service planning and delivery, recruitment and retention, implementing our Data Strategy and developing a Legal and Regulatory Register of Compliance for Assurance Committee review.

Evidence of compliance includes:

- 30-year Business Plan approved by Board on 18th March 2025
- Five year new Corporate Plan also approved by Board on 18th March 2025, following extensive consultation and work with staff, Board and Committee members, and review of resident views and priorities. Reporting to Board on progress and outcomes twice per annum, along with KPI and strategic risk management reporting quarterly and PI and operational risk management reporting at Committees.
- Board report on impact and outcomes of last five year strategy presented on 20th May 2025.
- Scheme of Delegation approved 19th March 2024 and 20th May 2025.
- Board and Committee review of ToR's undertaken and approved by Board 20th May 2025. Previous set approved 19th March 2024.
- Assurance Committee approved the scope for an independent governance review in March 2025. Procurement is underway.
- Gender, disability and ethnic pay gap reports to People Committee on 14th October 2024 and published on website.
- Level 2 disability confident accreditation achieved February 2025.
- EDI data for staff reported to People Committee March 2025.
- EDI data for residents reported to the Residents Committee April 2025.
- Anti-racism training provided to Board and all staff during 2024/2025.
- Inclusion plan in place and progress regularly (annually) reported to People Committee- last update 10th March 2025.
- Staff representative group in place - the Staff Forum. Two members of the Staff Forum are members of the People Committee, and the Committee has an "in camera" session with staff members annually to test culture and climate independent of reporting from senior leadership.

- The impact and effectiveness of staff networks and Staff Forum in informing priorities for staff around reward, welfare, terms and conditions; is reported to and considered by the People Committee.
- Undertook ‘Stand Up Speak Out’ Campaign for hate crime, embedded trauma informed ways of working and training.
- Inclusive decision-making framework developed and being applied to new policies and strategies effective March 2025.
- Diverse Board in place with appropriate skill set and experience for good governance, supported by annual appraisal process and development plans.
- Robust organisational succession planning in place reported to People Committee on 18th April 2024 and new PI developed around internal mobility created for monitoring by People Committee.
- All Board papers consider risk and risk management.
- Data Strategy approved and being implemented (2nd December 2025).
- Annual internal audit review of data integrity and key controls.
- New IT systems being implemented to improve data and data management and inform good decision making. For example, the implementation of CX Assets is underway to enable consolidation of data from multiple sources into one platform. This includes GIS mapping software integrated with asset data to support planning and risk mitigation through clearer geographic understanding of our homes, ‘Let’s Get Digital’ project to digitise compliance related data that was previously captured on paper.
- Regular reporting to Assurance Committee on implementation of new IT systems.
- Resident engagement and influence at the core of the Governance structure and can demonstrate good outcomes across many areas including:
 - ❖ influence on rent setting
 - ❖ service charge review
 - ❖ grounds maintenance contract
 - ❖ learning from complaints
- RI role on the board to meet CIW requirements.
- Board and Committee reporting on any planned or agreed changes to regulation and law with an explanation of the implications and plan for implementation/assurance.

RS2 - Robust risk management and assurance arrangements are in place

ClwydAlyn is fully compliant with this regulatory standard and has strong evidence of compliance.

Evidence of compliance includes:

- Board review of risk maps at each Board meeting. Committee review of appropriate risks twice a year and three lines approach in place.
- Board and Committee training on risk management in November 2024.

- New strategic and operational risks maps developed by Board including setting risk appetite for new corporate plan – approved by Board on 20th May 2025.
- Introduction of 3As (Alert, Assure and Advise) reporting from committees to Board to strengthen reporting on risk, assurance and awareness raising.
- Internal audit plan for 2025/2026 approved by Assurance Committee on 3rd March 2025, following discussion with the executive and private discussion with the Committee.
- Subsidiary Articles of Association reviewed in July 2021 and an Intragroup Agreement in place. Quarterly Board meetings for all operating subsidiaries.
- ClwydAlyn/TirTai Framework Agreement reviewed and approved by Board on 20th May 2025.
- For the joint venture company Onnen, regular updates are provided to Board and ClwydAlyn Board approve annual Financial Statements.
- Cyber Security Incident Response Procedure approved by Assurance Committee on 2nd September 2024.
- Internal audit on cyber security reported to Assurance Committee July 2024.
- Externally facilitated (by RSM specialist cyber team) Cyber Business Continuity exercise response event and learning points March 2025. To be reported to next Assurance Committee in July 2025.
- Data Protection Policy reviewed at Assurance Committee on 3rd March 2025 and annual reporting on incidents in place.
- All staff, Board and Committee members receive training in GDPR (every two years) and Cyber Security (every three years).
- Comprehensive Business Continuity plans in place for Head Office and every Extra Care and Sheltered scheme which are reviewed every six months.

RS3 - High quality services are delivered

ClwydAlyn is fully compliant with this regulatory standard. We plan to improve our compliance by taking actions to increase our resident EDI data collection rates and developing an action plan for areas for change to provide a better service.

Our evidence of compliance includes:

- Resident satisfaction independently assessed twice a year by Acuity and currently all measures demonstrate top or mid quartile performance.
- Social value questions independently assessed twice a year by Acuity.
- Transactional satisfaction surveys across repairs, closed ASB cases, adaptations, new homes, complaints, new general needs lettings are reported to Residents Committee. Workshops and working groups with residents consider and recommend areas for improvement and change.
- Recent unannounced CIW inspections of regulated services – no areas of non-compliance and evidence of good quality services tailored to individual needs.
- Local authority commissioners audit Housing Support Grant services and outcomes. (14 services with annual contract value of £4.3m in place). Good

performance demonstrated resulting in contract extensions and requests to deliver new services.

- Independent accreditation by Welsh Women’s Aid for quality of Domestic Violence services
- No evictions into homelessness for last 5 years and arrears have reduced by 0.68% from 4.19% in 2023-2024 to 3.51% in 2024-2025.
- 76% of all lets during 24/25 were to alleviate homelessness.
- Service standards agreed by Residents Committee- “Our Promise” and reported to residents annually.
- Social media used to report performance and in annual rent increase notification letter.

RS4 - The organisations culture supports and empowers tenants to influence the design and delivery of services

ClwydAlyn is fully compliant with this regulatory standard and has good evidence to demonstrate it. Although homeless services support only 200 residents (only 3% of our households), we believe that we can further enhance reporting through the governance structure on the impacts and outcomes for residents in our homeless services. Through consultation with residents in producing this self-assessment an improvement action has been identified to develop our community web pages.

Our evidence of compliance includes:

- Resident Involvement Strategy co-produced with residents and TPAS which has been approved by Board and Resident Committee in April 2020 and updated in March 2024. Range of options available for engagement including Board Member roles, Resident Committee of nine residents (part of formal governance structure), independent review of complaints handling quarterly involving residents. We also have 177 resident members of “InfluenceUs” who give their views and feedback on a range of policies and areas for change and improvement.
- Robust Complaints Model Policy with learning and improvement reported to the Board and Resident committee annually. Transparent complaints reporting (March 2025) for compensation provided for service failure and lessons learnt.
- A Complaints Panel held quarterly to review the complaints process ensuring a consistent and fair approach is taken. The panel consists of a core number of Resident Committee members, #InfluenceUs volunteers and Officers from ClwydAlyn. This group considers and makes recommendations to the Resident Committee in relation to complaints.
- Residents have played a full part in the development of the new Corporate Plan through attendance at strategy days with Board and focus sessions to hear less heard voices in supported living.
- Strong evidence of resident voice in policy review and service improvement plans, (see examples above in introductory paragraphs on resident engagement).
- Resident Concerns process audited by RSM in June 2024.

RS5 - Rents and service charges are affordable for current and future tenants

ClwydAlyn is fully compliant with this regulatory standard.

Our evidence of compliance includes:

- Affordable Rent Policy in place and approved by the Board in May 2024; developed with residents and reviewed annually to assess whether it is still fit for purpose taking external factors into consideration.
- Service charge review programme undertaken with residents and service charges reduced across many schemes.

RS6 - The organisation has a strategic approach to value for money which informs all its plans and activities

ClwydAlyn can demonstrate that it is fully compliant with this regulatory standard.

Evidence of compliance includes:

- Well prepared for implementation of Procurement Legislation in 2025
- VfM Strategy in place (6th September 2022), and annual VfM report to Board (23rd May 2024).
- Annual ESG report, as an early adopter with Sustainability Reporting Standard.
- Social Value strategy approved by Board on 28th March 2023 and annual report to Board on progress.
- Target operating margin of 20% achieved each year and monitored by Board at each meeting.
- Robust financial criteria for new development opportunities to consider VfM.

RS7- Financial planning and management is robust and effective

ClwydAlyn believes that it is compliant with this standard and has one area where it could improve compliance. The Board has agreed to test the Resilience Plan against its stress testing scenarios and to report this to the Assurance Committee.

Evidence of compliance includes:

- Budget approved by Board on 4th February 2025.
- Financial performance reported to each Board including analysis of performance against budget, including subsidiaries.
- Business Plan assumptions discussed at Assurance Committee on 3rd March 2025 and Business Plan approved at Board on 18th March 2025, alongside stress testing and resilience plan.
- Treasury Strategy and Treasury Policy approved by Board on 23rd July 2024. Strategy reviewed annually by independent advisors and reported to Board.

- Golden Rules set for managing finances and reported to Board at each meeting. Performing very well against covenants.
- Robust external financial monitoring from credit rating agencies adds third party oversight.
- Annual external audit assurance report.

RS8 - Assets and Liabilities are well managed

ClwydAlyn believes that it is compliant with this standard but could improve its compliance further by developing an Assets and Liabilities register improvement plan.

Evidence of compliance includes:

- Assets and Liabilities Register approved at Assurance Committee on 2nd September 2024. On 2nd December 2024, Assurance Committee asked for a review of ALR.
- Our Internal Auditors completed a review of the A&L Register in February and will be reported to the Assurance Committee in July.
- Homes and Land Disposal Policy approved by Property Committee on 16th January 2023.
- Circa 600 unregistered properties as of August 2023 which has now reduced to 200 as at March 2025. All Land Registry information on titles has been updated in CX Housing to streamline the process of securing properties for funding.

RS9 - The organisation provides safe, high-quality accommodation

ClwydAlyn believes that it is fully compliant with this standard with good evidence in place.

The evidence of compliance includes:

- Board and Committee approved Asset Management Strategy (18th March 25), WHQS policy statement (18th March 2025); Environment and Sustainability Strategy (18th March 2025)
- Business plan aligned to need, to meet WHQS2 with investment levels maximised whilst maintaining financial covenants.
- Good stock condition data.
- High rates of property compliance performance and independent auditing in place.
- EPC reporting to Property Committee.
- Void performance reporting to each Board meeting.
- Quarterly reporting to Property Committee on repair and maintenance service performance; damp, mould and condensation complaints and performance and asset investment programme performance.
- Growth (Development) Strategy in place with regular reporting on performance to Board and Committee.

- Post completion of new build homes reporting enhanced at request of Property Committee to aid learning and improvement.
- All new build properties built to at least EPC A and DQR standards.
- New technologies being trialled and measured to improve affordable warmth and address DMC, alongside close monitoring of any risks (at Property Committee).
- Enhanced fire safety measures fitted in many schemes (above minimum legal standards).
- UK wide award received for innovative tenant communication around property compliance.
- Host of Welsh Government decarbonisation hub as recognised leader in this area.

Chair of ClwydAlyn Board statement

As the Chair of ClwydAlyn Board I can confirm that the Board has undertaken a robust process of self-assessment against the regulatory standards. This included a workshop with Resident Committee on 30th April 2025 with feedback reported to the Board. Board and Committee member review of the initial draft self-assessment at a workshop on 8th May 2025, and final Board approval of the self-assessment at their meeting on 20th May 2025.

We are an ambitious organisation always working to improve our performance and the outcomes for our residents as a registered Housing Association and we have developed a Compliance Improvement Plan (attached below), identifying actions with timescales and accountable officers. The Board will monitor progress against this plan quarterly throughout 2025/2026.



Cris McGuinness
Chair of ClwydAlyn

ClwydAlyn Compliance Improvement Plan

| Action and relevant regulatory standard | Timescale | Accountable Executive | Outcome |
|--|------------|---------------------------------------|---|
| RS1 Improve the use of staff EDI data, including disaggregating workforce information reports, by protected characteristics and apply the Inclusive Decision-Making process to strategy and policy development including key workforce projects. | March 2026 | Exec Director People, Culture & Comms | To be able to demonstrate that our staff team reflect the diversity of the resident community; that there is no adverse impact of our employment policies and guidance on particular groups of people. In addition, ensuring we have appropriate measures and support in place to support staff with protected characteristics. |
| RS1 Develop and implement a Data Strategy action plan | July 2026 | Exec Director Resources | To ensure the practical actions that will deliver the recently approved Data Strategy are delivered and communicated to Board. |
| RS1 Prepare a Legal and Regulatory Compliance Risk register for monitoring by the Assurance Committee | July 2026 | Exec Director Resources | To enable assurance to be provided to Board regarding legal and regulatory compliance. |
| RS3 Improve the collection and use of resident EDI data including working with the Resident Committee to promote resident data capture, disaggregating resident satisfaction reports and other feedback by protected characteristics whilst applying the Inclusive Decision-Making process to strategy and policy development for resident services | March 2026 | Exec Director Housing | To inform service improvement and to demonstrate that there is no discrimination taking place and protected characteristics are understood and services are accessible; designed around resident needs ensuring there are minimum barriers to access. |
| RS4 Enhance service reporting outcomes for supported living | March 2026 | Exec Director Care and Support | To provide ClwydAlyn Board with increased visibility of outcomes for residents living in Supported Living, and the positive impact our services provide have on individuals who have found themselves homeless. |
| RS4 Develop initial pilot programme to test the value of “Community web pages.” | March 2026 | Exec Director Housing | To support the development of relationships between officers and residents, sharing information and improving communities. |

| Action and relevant regulatory standard | Timescale | Accountable Executive | Outcome |
|--|-------------|-------------------------|---|
| RS7 Testing the Resilience Plan against stress testing scenarios | July 2026 | Exec Director Resources | To provide assurance to Board that the resilience plan is sufficient to mitigate against risk of financial failure. |
| RS8 Developing an Assets and Liabilities register improvement plan | August 2026 | Exec Director Resources | To ensure the continuing development of the ALR, providing Board with assurance that improvement actions are planned and delivered. |