Aboriginal Housing Office
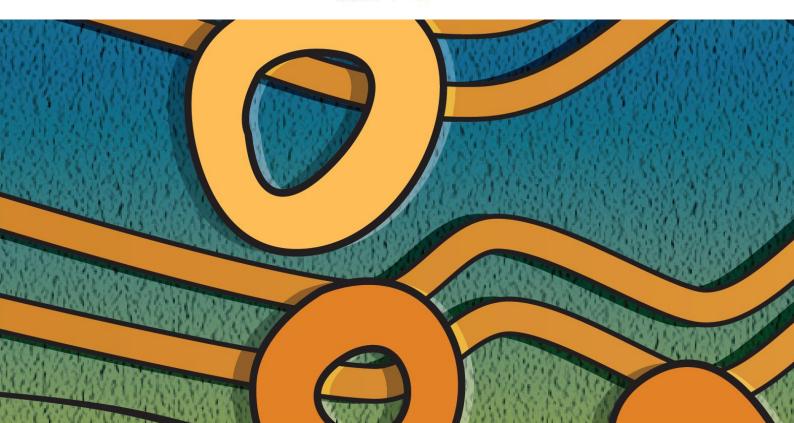
Provider Performance Framework
Provider Guideline

16 March 2020   V2.0

This Guideline describes how Managing Providers will report compliance matters to the Aboriginal Housing Office.

Document approval

The Provider Performance Framework (PPF) Provider Guideline has been endorsed and approved by:

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Note: The Performance Measures are colour coded throughout the PPF documents, as shown above in the contents table:

GREEN = Monthly performance measures
SALMON = Annual performance measures
BLUE = Annual compliance data
YELLOW = Quarterly reporting

1. Introduction

The Aboriginal Housing Office (AHO) has developed a Provider Performance Framework (PPF). It will enable Providers to submit information to the AHO that it needs to monitor Providers performance. It replaces the six-monthly spreadsheets that Providers have been doing.

The PPF applies to all Providers who are contracted by the AHO to provide Aboriginal housing services. It aligns to the same reporting requirements the National Regulatory System for Community Housing (NRSCH) and/or the NSW Local Scheme (NSWLS) will need from you when you become registered (this document uses the term NRS to mean both the NRSCH and NSWLS).

AHO have done this to simplify reporting and help Aboriginal Community Housing Providers (ACHPs) to eventually become registered. We're working closely with the NRS to ensure you won't have to duplicate the effort to report. AHO expects even more streamlining of reporting for Providers over time.

Better evidence of Provider housing services will lead to real and sustainable improvement. This is an AHO priority. It helps deliver on the AHO Strong Family, Strong Communities strategy.

1.1 The purpose of the guidelines

This document has been developed to assist Providers navigating the AHO compliance process and assessment. It describes the "what", "when" and "why" of reporting to the AHO.

1.2 How to use the guidelines

This guide outlines what Providers have to give AHO, when you have to give it to us and what the AHO will do with the information. It's been broken up into the reporting periods and types of information.

It talks about what specifically AHO is measuring, what the benchmarks are for each measure and what happens when the benchmarks are not achieved. The AHO benchmarks are very closely aligned to those the NRS use (although they have many more then the AHO does). So, if you can meet the AHO benchmarks, you are a step closer to NRS registration.

1.3 Reporting

The AHO is changing the way Providers report, as well as the timing. Previously you would report every six months, at the end of June and then December, using the AHO spreadsheet. Many of you told us this took weeks for you to complete. We are streamlining reporting and making it simpler and more timely.

Some of you would also report quarterly, if you had an Employment Related Accommodation (ERA) or Affordable Housing portfolio. Community Housing Providers (CHPs) also reported all portfolios quarterly.

The PPF has four groups of reporting:

1. Monthly performance measure data – a set of key performance indicators (KPIs)

2. Quarterly reports – there are no KPIs associated with these

3. Annual performance measure data - another set of KPIs.

4. Annual compliance data – relates to broad categories of information and evidence.

1.4 Ngamuru Portal

Ngamuru is a computer system containing all information about AHO owned and funded properties. It is based on an application called Salesforce. It is used by the AHO to manage its properties.

Ngamuru is a word from the Eora language, which means compass - or literally – 'to see the way'.

Providers will be given access to a "Portal" version of Ngamuru. The portal is accessed from any web browser at ngamuru.force.com.

Providers will be given login details separately. You will use the portal to enter your data. This is like using any other internet based program, like when you book a hotel or flight.

AHO staff will use the Ngamuru compliance module to look at and manage data. Once you enter your data, the AHO will be able to review it, and if necessary take some action as a result of what they see.

Ngamuru has workflow that will detect and notify via an email, both the Provider as well as AHO when a complete portfolio has a KPI that doesn't meet the benchmark. Only one email will be sent per Provider per portfolio each reporting period which will identify any/all the issues. The AHO will work with you to discuss each issue and possible ways to fix them.

A separate step by step user guide details how to use the Portal.

1.5 Report timing

The timeframes for reporting are:

Frequency	Reporting requirement	Reporting period	Deadline (from end of reporting period)
Monthly	Performance measures	Each month	14 days
Quarterly	CHP/ERA Reporting	Quarterly	30 days
Annually	Performance measures	Financial Year (Jul 1 to Jun 30)	56 days
Annually	Compliance data (e.g. Audited Financial Statements	Financial Year (Jul 1 to Jun 30)	56 days

Monthly reporting is broadly broken into two main pieces of information, Rent and Homes. The Annual performance measures and compliance data falls into six categories. This is summarised in Appendix A: Data collection Categories.

Quarterly reporting only applies to those Providers who manage ERA portfolios, all CHP portfolios and any Provider managing Affordable properties. Quarterly reporting replaces the quarterly spreadsheets previously used by AHO to capture this data.

1.6 Risk based approach

AHO's risk based approach to Provider reporting means Providers will report less to the AHO when you demonstrate you have either:

- Gained and maintain registration to the NRS or

- Can provide proof of continued accreditation to a third party certification system such as ISO 9001, NDIS or National Aged Care framework.

The following diagram shows this as a decision tree:

1.6.1 Acceptable third-party certifications

AHO recognises that Providers may have been certified to a management standard, national framework or other third-party system (from here on called standards) which means you have adopted an approach that emphasises the importance of:

- Understanding and meeting customer requirements
- Considering processes in terms of added value
- Measuring performance and effectiveness and
- Continual improvement based on objective measurement

To that end, AHO will reduce the amount of reporting that Providers will have to do, on the basis that you can supply evidence that you hold current certification to a relevant standard. Relevant standards must include criteria for governance and financial viability.

The following is a list of standards that include these criteria that the AHO will recognise:

1. ISO 9001 Quality Management Standard
2. AS4801 and/or ISA45001 Safety Management Standard
3. ISO 14001 Environmental Management Standard
4. ISO 21000 Risk Management Standard
5. NDIS Quality and Safeguarding Framework
6. Disability Employment Services 2018 Performance Framework
7. Aged Care Quality Standards
8. Australian Children's Education and Care Quality (early childhood) National Quality Framework

Providers may also suggest other standards not included in this list. For instance the New South Wales Aboriginal Land Council Policy on the Approval of LALC Community Benefits Schemes (Residential Accommodation) has been raised. This Policy does not appear to be comprehensive enough to satisfy the AHO reporting requirements. Furthermore, the policy does not appear to define the requirement for audited compliance to the policy.

The standards listed above all include annual compliance audits by a third-party certified auditor or by the federal or state government department associated with the underpinning legislation. These standards and thus audits, refer to good

governance, good leadership and governing body management, financial viability and financial reporting. The ISO standards go much further.

AHO will take the approach that any other standard suggested by a Provider (i.e. not in the list) will be considered. The Provider must send a copy of:

1. The relevant standard, and
2. The most recent audit of that standard.

If satisfied that the standard is appropriate, then it will be added to the list and Providers advised accordingly. Providers will then be able to use this standard when you next report.

1.7 Non-compliance – what is it?

When a Providers portfolio doesn't meet a benchmark or doesn't provide a "compliant" answer to the evidence requirements of one of the criteria, or contravenes a contract obligation or AHO policy, it's referred to as a non-compliance.

- A non-compliance is the failure to adhere to an Act or its Regulations, policies and procedures underpinning the legislation or something relating to a compliance matter

A non-compliance in the AHO system means a Provider is not meeting the relevant benchmark for the criteria they are being assessed against. Generally, AHO assess a criterion against three levels, Red, Amber or Green (generally referred to as a RAG report), as follows:

Result\Benchmark	Performance Assessment
GREEN	The benchmark has been met
AMBER	The benchmark has not been met and performance is within a tolerant range identified in the dashboard/scorecard and actions should be taken to work towards achieving the benchmark.
RED	The benchmark has not been met and performance is outside of acceptable range and actions must be taken to address matter.

- **'Red'** assessments will prompt the AHO to take immediate action to understand the reason for the result. In some cases, the Provider will need to develop a Performance Improvement Plan (PIP) and submit to the AHO within a given timeframe.

- **'Amber' assessments** will prompt a discussion with the Provider which will be documented by the AHO. Multiple or repeated amber assessments will generally lead to a PIP. The requirements vary depending on the particular benchmark.

2. Entering data

Overall, the new framework reporting requirements have been reduced and simplified when compared to the previous spreadsheets. With minor exceptions, the AHO is not asking for anything they don't already ask for or the NRS ask for.

Reporting will, from January 2020, be collected via the AHO's Ngamuru Provider Portal. There are two ways Providers will enter their reporting data via the Portal each month:

1. Manual data entry (by exception) – which will suit Providers reporting on less than 30 dwellings; and

2. A file upload facility where monthly KPI data can be uploaded from file generated by the Providers rental management system, or alternatively the Provider can generate the files themselves each month.

Note: annual data will be input manually by all Providers.

2.1   Manual data entry

The PPF Portal User Guide provides a detailed overview of how users can interact with the system to enter data and review outcomes. Data entry is based on exception and/or an event. The system will:

- Prepopulate data – the system will copy data you entered from the previous month if it's applicable – e.g. rent review date, weekly rent amount and inspection date. Therefore you need only change something when it changes – like a change in the weekly rent figure would mean you would change the weekly rent and rent review date in the system.

- Validate on entry - the system has validation rules as you enter data. i.e. you can't say a property is vacant and still have tenant details against the property.

- Allow you to save a draft – you will be able to save your work and return to it if you get interrupted or don't have all the data you need to complete the report.

- Allow you to enter data from the start of a month – you can enter data at any time during the month. E.g. In June, you can enter any exits or inspections dates during the month. You will need to save a draft to make sure the data isn't lost.

- Only allow you to submit in order – you will only be able to submit a month's report if the previous month has been submitted. A quarterly report (if you have one) can only be done after the three separate months of the quarter have been done. Same with the annual report, you will only be able to submit it after you submit the June report and the April to June quarterly report (if applicable).

- Provide help – most fields have an ⓘ button. Hover over this to get more information about the field

It is envisaged that additional features will be added to the Portal over time.

2.2   File Upload facility

As an option, the AHO has built a file upload facility for you to use. Please refer to the AHO Provider Performance Framework (PPF) – File Upload Specification document for the detail on how this works.

There are two files requiring upload, each being for a specific portion of reporting data:

1. MONTHLY DWELLING DATA – a file that has data for each dwelling, like rent charged, rent collected, arrears and other debt

2. MONTHLY OCCUPANT DATA – a file that has the demographic data for each occupant in each dwelling.

The Ngamuru file upload facility will also validate data coming from the uploaded files and will reject the whole file if any of the data is invalid.

2.2.1   How it will work?

The data files need to be created from Providers rental management system. A template for the file upload can be found within the Portal.

The files must be in a comma-separated values (CSV) file. This is a delimited text file that uses a comma to separate the values. It is a common output or export file format for Excel spread sheeting. The Ngamuru portal will request you to select the file to upload, a similar process to attaching a file to an email.

2.2.2   What we collect may not match the KPI

Unlike the manual data entry via the portal which aligns predominately to the KPI's being measured, the file upload does not correlate to the KPI's. Some data used to calculate an annual KPI may be captured each month via the interface, but only entered once at the end of the year for those entering it manually.

An example is average Urgent and Non-Urgent repair days. The file upload will capture these averages each month, however those entering the data manually only need enter the annual average in the annual submission. Those using the interface will see the same annual KPI, however this will be generated from the previous 12 monthly uploads already provided.

In addition, some performance measures are calculated from the data provided in the 'uploads' or through manual entry. For example, we may ask Providers to give us DAYS in a month but calculate a PERCENTAGE OF DAYS in a month as the KPI.

2.3   Data collection

It should be noted that the PPF has been designed so that all DWELLING data is captured each month, whether the data relates to a monthly or annual KPI. This allows Providers to enter or upload all relevant dwelling data in one go each month. Some monthly data is mandatory, but much of it is only required by exception. Hence Providers only need to report data on the basis of an event occurring.

2.4   Dashboards and reports

The portal provides dashboards that allow users to do some 'filtering of data to present different views of the information. E.g. you will be able to filter by portfolio, or by local government area (LGA). Dashboards will have a Print Friendly function – allowing you to print a copy of the dashboard. Once you develop the data view you want, then you can print it to a printer or a PDF file. You can save views of the dashboards as well and then come back later and retrieve the view. See the user guide for more information.

> One very important thing to remember is that dashboards may take up to one (1) hour to refresh after you submit a report. This is a function of the Salesforce software.

2.5   User accounts

Each Provider will be given one user account for the portal. There is an annual licence cost for each user which will be met by the AHO. Additional licences can be allocated to a Provider on a user pays system. Please contact your regional AHO representative to discuss this.

Given you have one account, it would be prudent to manage access to the account. This includes password resets if one of your staff members who used the system leaves your employ.

3. Reporting, Data and Evidence

3.1 Performance measures

The performance measures, or key performance indicators (KPI's), are the measures that Provider's outcomes will be compared against. These measures help the AHO assess whether Provider services meet mainstream service standards and are culturally appropriate.

Generally, the measures used by the AHO are aligned to the NRS. Monitoring your performance against these KPI's will provide the AHO (and Provider) with an indication of the Providers registerable status under the NRS.

This guide provides a detailed outline of each KPI (the title includes the KPI reference number) and includes the following attributes for each:

Description:	Description of the measure or benchmark.
Benchmark:	What a non-compliance result for the measure/ benchmark is - RED
	What a result within a threshold that requires improvement is - AMBER (this level of benchmark does not appear in all measures)
	What a compliant result for the measure/benchmark is - GREEN
Intent:	This describes what the AHO's intent is by monitoring this measure/benchmark.
What data is entered manually:	Describes how you will enter the data manually.
Definitions/ Notes:	Any definitions or notes relating to this measure.

3.2 Monthly Performance Measures

The following performance measures will be obtained each month from Providers. You will enter or upload the appropriate data into the Ngamuru portal. Once the data is submitted, the portal should provide a dashboard of results back to the Provider (after approx. one hour).

3.2.1 % of tenanted dwellings (TEN-001)

Description:	The number of days a dwelling is tenanted each month shown as a percentage of the number of days in a month.
Benchmark:	Less than 97% across is a non-compliance RED
	97% or above meets compliance GREEN
	This measure does not have an AMBER result, it is either compliant or not.
Intent:	This measure captures the utilisation of the housing asset. It is intended to demonstrate the Provider's commitment to Aboriginal community housing by avoiding lengthy vacancy times.
What data is entered manually:	The system will automatically calculate the percentage of days in the reporting period that the dwelling is tenanted.
	It is based on the days in the month less vacancy days reported for TEN-002 Tenantable and TEN-003 Untenantable.
Definitions/ Notes:	Note: The NRSCH traditionally uses how many dwellings are tenanted "as at" 30 June each year. This gave an occupancy as at a certain date, whereas our measure will return an occupancy rate based on days vacant in the reporting period (month or annual).
	Note: TEN-001 + TEN-002 + TEN-003 = days in a month.

3.2.2 Tenancy turnaround (tenantable) (TEN-002)

Description:	Total calendar day's tenantable dwellings are vacant in a month.
Benchmark:	Any dwelling vacant for greater than 29 Days is a non-compliance RED
	From 15 to 29 Days (inclusive) is within a threshold that requires improvement AMBER
	Less than or equal to 14 Days meets compliance GREEN
Intent:	This measure captures the turnaround time to get a new tenant. It is intended to demonstrate the Provider's commitment to Aboriginal community housing by avoiding lengthy vacancy times.
What data is entered manually:	You will have the ability to advise if an exit occurs by entering the reason for exit from a drop down list. Providers may enter Tenantable vacancy days, as each exit occurs.
Definitions/ Notes:	Tenantable means a dwelling is able to be tenanted, but for some reason isn't tenanted e.g. a tenant has exited and the house is being re-let. The period of re-let is tenantable. The longer this period is, the poorer the utilisation is and this benchmark will reflect that.
	Note: The KPI will be based on a cumulative financial year figure – that is each months figure is added to the previous.
	Note: TEN-001 + TEN-002 + TEN-003 = days in the month.
	Note: You can enter vacancy days in a month where no exit takes place. The exit could have been in the previous month but the house still is vacant this month.

3.2.3 Tenancy turnaround (untenantable) (TEN-003)

Description:	Total calendar day's untenantable dwellings are vacant in a month.
Benchmark:	Any dwelling vacant for Greater than 36 Days is a non-compliance RED
	From 29 to 36 Days (inclusive) is within a threshold that requires improvement AMBER
	Less than or equal to 28 Days meets compliance GREEN
Intent:	Reflects how long the property has been vacant AND untenantable due to a valid reason. It is intended to demonstrate the Provider's commitment to Aboriginal community housing by avoiding lengthy vacancy times.
What data is entered manually:	Providers will enter Untenantable vacancy days.
	When you enter this, you will be prompted to enter a reason the dwelling is untenantable.
Definitions/ Notes:	Untenantable means a dwelling cannot be tenanted, e.g. a tenant has exited, and the house needs a new kitchen, so remains untenantable until the kitchen works are complete. The longer this period is the poorer the utilisation is, and this benchmark will reflect that.
	Note: The KPI will be based on a cumulative financial year figure – that is each months figure is added to the previous.
	Note: TEN-001 + TEN-002 + TEN-003 = days in the month.
	Note: You can enter vacancy days in a month where no exit takes place. The exit could have been in the previous month but the house still is vacant this month.

3.2.4 Rent realised (FIN-001)

Description:	Total rent collected over rent charged for occupied dwellings for the month.
Benchmark:	Less than or equal to 95% is a non-compliance RED
	Greater than 95% meets compliance GREEN
	This measure does not have an AMBER result, it is either compliant or not.

Intent:	Determines that the Providers are charging the appropriate rent and collecting the rent due. Combined with FIN-002 and FIN-003, it will paint a picture of the rent position of the dwelling.
What data is entered manually:	Providers will enter the rent charged and rent collected for the month. The system will calculate as a percentage the rent collected in the reporting period OVER the rent charged in the reporting period to derive the result.
Definitions/ Notes:	Note: This covers the Commonwealth 'total rent charged' requirement.

3.2.5   Rent forgone (FIN-002)

Description:	Amount of rent forgone (lost) in a month due to a vacancy as a percentage of total (tenantable) rent possible.
Benchmark:	Greater than 5% is a non-compliance RED Less than or equal to 5% meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	This represents the proportion of rent lost due to vacant periods where the house is tenantable. It's expressed as a percentage of rent lost by tenantable vacancies over the total rent possible for tenantable periods.
What data is entered manually:	The Ngamuru portal will calculate this figure automatically from data entered for TEN-001,002, and 003 as well as FIN-001.
Definitions/ Notes:	The system will calculate as a percentage the vacant tenantable days (TEN-002) over the total possible tenantable days in the month (excludes untenantable days), to derive the result.

3.2.6   Arrear days (FIN-003)

Description:	Rent outstanding from current tenants expressed as days
Benchmark:	Average days in arrears for the portfolio is greater than 30 days is a non-compliance RED Less than or equal to 30 days meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	To determine how many days of rent is the current tenancy in arrears.
What data is entered manually:	Providers will enter the current rent arrear days as at the end of the reporting month. Each month should be the overall outstanding balance, not just what happened in the month. E.g. for a non-rent payer, if the arrears balance up to December was 120 days, the arrears balance for January would be 151 days (an additional 31 days).
Definitions/ Notes:	Note: This measure differs from the NRS. AHO recognise that Arrears is a significant and priority issue for both it and Providers. Hence this measure will keep the matter simple and will help target opportunities for improvement. Once that improvement has occurred the measure will change to reflect the NRS. Note: Monthly arrear days will allow AHO and the Provider to track arrears trending via the dashboard.

3.2.7   Reporting on time (OTH-001)

Description:	Have Providers submitted the reports on time
Benchmark:	If the previous reporting period has not yet been submitted is a non-compliance RED On time is compliance GREEN This measure does not have an AMBER result, it is either compliant or not.

Intent:	Reporting is important. It ensures the AHO receives the information in a timely manner, so it can act on any opportunities for improvement or issues whilst they are current. This measure describes the timeliness of the Provider in submitting the required data/report by the agreed deadlines (see section 1.5 Report timing)
What data is entered manually:	NONE. This will be automatically derived by the date of submission in the Ngamuru portal.
Definitions/ Notes:	Nil

3.2.8   Other monthly data

The following items are also on the monthly input screen. Providers will only have to enter this by exception. If the data is entered in a month, it will carry forward to the next month, when you can change it if necessary. If you don't enter it in any month (you don't have to) then you will have to enter it in your Annual submission

Where the information relates to Annual performance measures, section 3.3 Annual Performance Measures (KPIs) provides the detail for reporting.

Property Condition Relates to ASS-002 & ASS-003	If an asset survey was conducted this month, what was the overall result from the most recent inspection?
Property Inspection Date Relates to ASS-001	If there was a property condition inspection done this month which included a smoke alarm check enter the date it was completed. There should be at least one conducted on every property per year.
Number of Occupants	The number of people living in each dwelling as at the end of the reporting period, along with their year of birth, gender and relationship.
Date of Last Rent Review	If a rent review was done this month enter the date it was completed.
Other Tenant Debt Relates to FIN-004	For each dwelling calculate the current outstanding balance for all other tenant debts (such as water and repair costs) as at the end the month.
Urgent Repairs Days Relates to ASS-004	Average number of days urgent repair requests have been open during the month. This figure includes requests still remaining open at the end of the previous month.
Non Urgent Repairs Days Relates to ASS-005	Average number of days non-urgent repair requests have been open during the month. This figure includes requests still remaining open at the end of the previous month.

3.3 Annual Performance Measures (KPIs)

The following performance measures will be obtained each year from Providers (after the end of financial year). You will enter the appropriate data into the Ngamuru portal. Once the data is collected and verified by the AHO, the portal will provide a dashboard of results back to the Provider (after approx. one hour).

Note: if NRS registered, or accredited to a third party audited standard, the Provider won't have to enter the governance results (the tab won't display), and some of the financial questions will also not display.

3.3.1 Other Tenant Debt (FIN-004)

Description:	Balance as at the end of the year (or optionally month) of tenant debts such as water usage charges and/or repair costs due to tenant damage.
Benchmark:	Greater than zero is a non-compliance RED Zero meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	Tenant debt is increasingly becoming a larger problem. This has not been specifically reported in the previous spreadsheets. It's a new data point the AHO is collecting so it can ascertain the extent of the issue. The measure reflects the extent to which other tenant debt exists for each dwelling.
What data is entered manually:	Providers will enter the current Other Debt balance as at the end of the reporting year (or optionally each month).
Definitions/ Notes:	Note: as this is dwelling level data, the data entry is on both the monthly dwelling page and the annual dwelling page, and entry based on exception (if the event occurs). Note: Monthly balances will allow AHO to track movement (repayment or increase) in the outstanding amount.

3.3.2 Annual Compliance Assessment (ACA) (ASS-001)

Description:	If there was a property condition inspection done this year (or optionally in a month) which included a smoke detector check, enter the date it was completed.
Benchmark:	Less than 100% is a non-compliance RED 100% meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	The AHO want to make sure the dwelling (Asset) is in good condition and is compliant and most importantly safe for tenants. The ACA is a compliance report that must be completed annually on each dwelling. It contains information such as annual inspection of smoke alarms. The ACA is considered mandatory.
What data is entered manually:	Provider to enter ACA inspection dates for each dwelling, on an annual basis (or in the month they occur) into the Ngamuru portal. This data will enable this ratio to be calculated and presented on dashboards and reports.
Definitions/ Notes:	Note: as this is dwelling level data, the data entry is on both the monthly dwelling page and the annual dwelling page, and entry based on exception (if the event occurs). Note: There should be at least one conducted on every property per year. Note: The AHO will provide ACA training to Providers to improve accuracy and consistency in reporting.

3.3.3 Property Condition (ASS-002)

Description:	Overall property condition result from latest inspection. Can be entered in the month, but at least in the annual submission.
Benchmark:	Less than 60% is a non-compliance RED From 60% to 69% is within a threshold that requires improvement AMBER Greater or equal to 70% meets compliance GREEN
Intent:	The AHO want to make sure the dwelling (Asset) is in good condition and is compliant and safe. Providers are to complete a property inspection at least annually (or per contract or agreement or jurisdictional requirement). This measure uses relevant state authority property condition standards "below maintained", "maintained" and "well maintained". This measure reflects the percentage of inspections completed of individual dwellings during the year that are of maintained standard or better.
What data is entered manually:	Provider to enter property inspection result for each dwelling (from a pick list), on an annual basis (or in the month they occur). This data will enable this ratio to be calculated and presented on dashboards and reports.
Definitions/ Notes:	Note: Properties that have a "below maintained" result should have another assessment in the following year. Note: as this is dwelling level data, the data entry is on both the monthly dwelling page and the annual dwelling page, and entry based on exception (if the event occurs). Note: The AHO will provide ACA training to Providers to improve accuracy and consistency in reporting. Note: Expectations of number of properties assessed. Providers with: • less than 20 dwellings are expected to undertake an annual property assessments for all properties. • Between 20 and 60 dwellings are expected to undertake property assessments for 50% properties annually • More than 60 dwellings are expected to undertake property assessments for 20% properties annually

3.3.4 Property Condition Change (ASS-003)

Description:	Measures the movement (improvement) in overall property condition results over two annual reports.
Benchmark:	Less than 70% is a non-compliance RED From 70% to 89% is within a threshold that requires improvement AMBER Greater or equal to 90% meets compliance GREEN
Intent:	According to the overall property condition results for two consecutive reporting periods (two years), the percentage of 'Below Maintained Standard' dwellings from the previous report now assessed as 'Maintained' or 'Well Maintained'. Dwellings brought to the relevant state housing authority property condition standards as a percentage of those that did not meet the standard.
What data is entered manually:	None: This measures the change from year to year (or report to report) in the overall property condition entered for ASS-002.
Definitions/ Notes:	Note: Properties that have a "below maintained" result should have another assessment in the following year.

3.3.5 Urgent Repair days (ASS-004)

Description:	Average number of days urgent repair requests have been open during year (or optionally in a month). This figure includes requests still remaining open at the end of previous year/month.
Benchmark:	Greater than 2 days is non-compliant and RED Equal to or less than 2 days is compliant and GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	This measure reviews the Providers performance in ensuring urgent tenant maintenance request are processed.
What data is entered manually:	Providers should calculate the average days over the course of a month/year and enter this into the monthly or annual submission.
Definitions/ Notes:	Note: For the purposes of the calculation, the AHO will use greater than 2 days is a non-compliance and 2 or less than 2 days is compliant Note: thresholds used here are based on the Land & Housing Corporation's Asset Maintenance Services Contract. Note: as this is dwelling level data, the data entry may occur on the monthly dwelling page of the portal, however it can also be done on the annual submission. Note: This measure differs from the NRSCH. It is based on average days to close a repair rather than the percentage of repairs closed in allowable time. AHO feels this is a more accurate representation of the measure.

3.3.6 Average Non-urgent repair days (ASS-005)

Description:	Average number of days non-urgent repair requests have been open during year/month. This figure includes requests still remaining open at the end of previous year/month. .
Benchmark:	Greater than 20 days is non-compliant and RED Equal to or less than 20 days is compliant and GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	This measure reviews the Providers performance in ensuring non-urgent tenant maintenance request are processed.
What data is entered manually:	Providers should calculate the average days over the course of a month/year and enter this into the monthly or annual submission.
Definitions/ Notes:	Note: For the purposes of the calculation, the AHO will use greater than 20 days is a non-compliance and 2 or less than 20 days is compliant Note: thresholds used here are based on the Land & Housing Corporation's Asset Maintenance Services Contract. Note: as this is dwelling level data, the data entry may occur on the monthly dwelling page of the portal, however it can also be done on the annual submission. Note: This measure differs from the NRSCH. It is based on average days to close a repair rather than the percentage of repairs closed in allowable time. AHO feels this is a more accurate representation of the measure.

3.3.7 Tenant satisfaction – maintenance (TEN-004)

Description:	% of tenants satisfied with overall quality of maintenance services during the year
Benchmark:	Less than 65% is a non-compliance RED From 65% to 74% is within a threshold that requires improvement AMBER Greater or equal to 75% meets compliance GREEN
Intent:	AHO require Providers to ensure they provide satisfactory services to tenants. Providers are required to undertake tenant satisfaction surveys on a regular basis. TEN-004/005 & 006 relate to the survey.
What data is entered manually:	Providers will enter: a) The date was the satisfaction survey administered b) The number of surveys sent out/undertaken c) The number of responses d) The number of respondents that were satisfied (or better) with the maintenance services
Definitions/ Notes:	Note: AHO will calculate the % based on the numbers entered. Note: This measure relates to TEN-005 and TEN-006. Administered date: The date you sent the survey to tenants.

3.3.8 Tenant satisfaction – property condition (TEN-005)

Description:	% of tenants satisfied with overall property condition during the year
Benchmark:	Less than 65% is a non-compliance RED From 65% to 74% is within a threshold that requires improvement AMBER Greater or equal to 75% meets compliance GREEN
Intent:	AHO require Providers to ensure they provide satisfactory services to tenants.
What data is entered manually:	Providers will enter the number of respondents that were satisfied (or better) with their property condition
Definitions/ Notes:	Note: AHO will calculate the % based on the numbers entered. Note: This measure relates to TEN-004 and TEN-006.

3.3.9 Tenant satisfaction – overall (TEN-006)

Description:	Tenants expressing satisfaction with the overall quality of housing services,
Benchmark:	Less than 50% is a non-compliance RED From 50% to 74% is within a threshold that requires improvement AMBER Greater or equal to 75% meets compliance GREEN
Intent:	AHO require Providers to ensure they provide satisfactory services to tenants.
What data is entered manually:	Providers will enter the number respondents that were satisfied (or better) with their overall housing services
Definitions/ Notes:	Note: AHO will calculate the % based on the numbers entered. Note: This measure relates to TEN-004 and TEN-005.

3.3.10 Tenant evictions (TEN-007)

Description:	% of tenant evictions in a year as a percentage of the total number of exits for the year
Benchmark:	Greater than 12% is a non-compliance RED Greater than 10% but less than 12% is within a threshold that requires improvement AMBER Less than or equal to 10% meets compliance GREEN
Intent:	Extent to which Provider prevents tenant evictions or tenancy terminations. AHO is keen to ensure the sector does what it can to accommodate Aboriginal people. This includes avoiding evictions by, for

	example, referring tenants to wrap-around services in an attempt to rectify the cause for the eviction.
What data is entered manually:	NONE. You will enter an exit and exit reason in the monthly submission. Reason for exit will include an eviction type(s). This will be used to calculate the ratio.
Definitions/ Notes:	Note: This measure relates to TEN-002 and TEN-003. Note: as this is dwelling level data, the data entry (for TEN-002 and TEN-003) will be on the monthly dwelling page of the portal, and entry based on exception (when the event occurs).

3.3.11 Governance – meetings (GOV-001)

Description:	Number of governing body meetings held in a year.
Benchmark:	Less than 6 meetings a year is a non-compliance RED 6 meetings or more meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	The AHO want to know how many times the governing committee (Board, Management Committee) meet during the year. This measure reflects the total number of meetings held.
What data is entered manually:	The Ngamuru portal will request Providers enter the number of meetings held.
Definitions/ Notes:	Note: This measure relates to GOV-002, 003 and 004. Note: This is the measure (6 meetings) used by the NRSCH. Organisations not meeting this benchmark should consider changes to their governance and meet more regularly.

3.3.12 Governance – meeting quorate (GOV-002)

Description:	% of meetings held in a year that are quorate
Benchmark:	Less than 80% of meetings held have a quorum is a non-compliance RED 80% or more of meetings held have a quorum meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	GOV-001 measures the number of meetings, and GOV-002 measures how many of those achieved a quorum. Generally, depending on the articles of association, charter, constitution etc., a meeting of a governance body should not continue if a quorum is not achieved. However, reality is such that there could be a difference between the two.
What data is entered manually:	The Ngamuru portal will request Providers enter the number of meetings that achieve a quorate.
Definitions/ Notes:	Note: This measure relates to GOV-001, 003 and 004. Quorate: means a meeting where a quorum was achieved Quorum: The minimum number of attendees of the management committee/board necessary to conduct the business (make decisions/vote) of that group.

3.3.13 Governance – board vacancies filled (GOV-003)

Description:	Number of governing body positions filled in the reporting year to 30 June, shown as a percentage of incumbent positions.
Benchmark:	Greater than 30% is a non-compliance RED Less than or equal to 30% meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	Extent to which governing body maintains low turnover. Too much turnover on a governing group (beyond the

	normal articles of association or constitution) is considered unhealthy for business continuity, strategy and risk.
What data is entered manually:	The Ngamuru portal will request Providers enter the number of actual positions and number of vacancies filled to determine the percentage.
Definitions/ Notes:	Note: This measure relates to GOV-001, 002 and 004. Note: Articles of association or constitutions generally deal with tenure to the management committee/board/ governing body. This could include length of terms, member turnover and forced stand down pending re-nomination etc.

3.3.14 Governance – board vacancies (GOV-004)

Description:	Number of governing positions vacant as at 30 June
Benchmark:	Greater than 25% is a non-compliance RED Less than or equal to 25% meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	The AHO wants to understand if the governing body is carrying any vacancies, demonstrating how difficult it may be to attract suitable board members to join.
What data is entered manually:	The Ngamuru portal will request Providers enter the number board members (per GOV-003) and number of vacancies as at 30 June.
Definitions/ Notes:	Note: This measure relates to GOV-001, 002 and 003. Note: Articles of association or constitutions generally deal with tenure to the management committee/board/ governing body. This could include length of terms, member turnover and forced stand down pending re-nomination etc.

3.3.15 Governance – employment checks (GOV-005)

Description:	% of employee positions filled in a year, where checks are required, that are actually carried out
Benchmark:	Less than 100% is a non-compliance RED 100% meets compliance GREEN This measure does not have an AMBER result, it is either compliant or not.
Intent:	Extent to which Provider carries out employment checks on new positions. AHO want to ensure that Providers carry out pre-employment checks when recruiting new employees. This is about managing risk to the Providers business and demonstrating commitment to employing good staff.
What data is entered manually:	The Ngamuru portal will request Providers enter the number of new employees in the year and the number of those that had pre-employment checks. Percentage results will be calculated.
Definitions/ Notes:	Note: This measure only relates to employees who are employed within the Housing function of the Providers business. i.e. not aged care, NDIS or Early Child learning. Note: The measure does not request how many new employees passed the pre-employment checks. Note: this measure does not relate to board members Pre-employment checks: Neither the AHO or the NRSCH are prescriptive about the pre-employment checks that you carry out. Providers should satisfy their own pre-employment check requirements. As a suggestion, Providers could include the following in their pre-employment checks: a) Reference checks b) Previous employer – employment statements c) Police checks d) Working with children check (if required)

3.4 Annual data collection

The annual data collection refers to information the AHO wants from Providers. Generally, the information required by the AHO is the same required by the NRS. You will be required to answer questions, possibly add narrative and/or attach evidence.

This guide provides a detailed outline of each data collection and includes the following attributes for each:

Description:	Description of the data collection.
What will the Provider need to do:	What the Provider will be asked, what they have to do to satisfy the question, and how they will do it.

3.4.1 Wrap around services – referral network (OTH-002)

Description:	Providers are to provide appropriate wrap-around services to tenants. AHO require evidence that Providers have established a local referral network. Records that demonstrate the Provider participates in programs and services that support tenancies for delivery of housing, including MOUs, agreements, referral protocols and procedures, etc.
What will the Provider need to do:	Provider to attach document/evidence of a formal/ documented referral network QUESTIONS 1. Have you established a formal/documented referral network for wrap around services? Y/N 2. If Y please attach any evidence.

3.4.2 Wrap around services – information (OTH-003)

Description:	Providers are to provide appropriate wrap-around services to tenants. AHO require evidence that Providers have sent/provided appropriate information to tenants and applicants.
What will the Provider need to do:	Provider to attach document/evidence of records that demonstrate provision of information to tenants and applicants QUESTIONS 1. Have you provided your tenants with information about the wrap around services? Y/N 2. If Y please attach any evidence.

3.4.3 Wrap around services – engagement (OTH-004)

Description:	Providers are to provide appropriate wrap-around services to tenants. AHO require evidence that Providers engage with tenants and applicants about wrap-around services.
What will the Provider need to do:	AHO require evidence that Providers have records that demonstrate the Provider engages with tenants and applicants. QUESTIONS 1. Have you undertaken community engagement with respect to wrap around services? Y/N – 2. If Y please attach any evidence.

3.4.4 Relevant and appropriate systems (OTH-005)

Description:	Providers are to establish relevant and appropriate systems (policy, procedures and guidelines) to provide good practice services to tenants.
What will the Provider need to do:	AHO require Providers to demonstrate they have relevant and appropriate systems. Each year the AHO will target at least one specific policy or procedure and request the Provider to attach evidence. By example this could include: • Allocation policy and procedures • Reporting policy and procedures • Risk management procedures • Human Resources, Safety and Quality

3.4.5 Change in business (OTH-006)

Description:	AHO needs to be notified by Providers when a significant change in business occurs. This refers to changes in governing body membership, senior management, legal matters, significant tenancy disputes and financial issues.
What will the Provider need to do:	AHO records of timely Provider correspondence to changes in business Providers will be asked if any significant change occurred in previous 12 months, and if Yes then asked to attach documented evidence of such notification to AHO (Correspondence).

3.4.6 Annual report (OTH-007)

Description:	Providers should produce an annual report for good practice governance. AHO requires verification that this has been done.
What will the Provider need to do:	Provider to attach document/evidence they have completed an annual report. Note: Given the timing of the annual reporting, Providers may not have completed the new data collection requirement in time, hence they can attach evidence from the previous financial year.

3.4.7 Financial Information (OTH-008)

Description:	The AHO collect specific financial information to determine viability and appropriate financial management. The information also satisfies some Commonwealth government reporting requirements as well.
What will the Provider need to do:	Providers answer a series of questions relating to certain financial information. QUESTIONS: a) Property Management fee revenue as a percentage of rent collected b) Expenditure on repairs and maintenance by type c) Total capital expenditure d) Total recurrent expenditure e) Net recurrent expenditure. See glossary for definitions.

3.4.8 Audited financial statements (OTH-009)

Description:	To support the Provider's financial management and viability, AHO expect them to undertake financial audits.

What will the Provider need to do:	Evidence of 'Audited financial statements'
	QUESTIONS:
	
	1. Did you have your previous financial year accounts audited? Y/N
	
	  a) If Y then attach audited financial statements
	
	  b) Also attach the corresponding Auditor report/letter
	
	  c) Also attach the board/management response to this letter/report.
	
	2. If N then attach financial statements (unaudited)
	
	Note: As the reporting deadline for annual reporting is 56 days from end of financial year, it is highly unlikely that Providers will have audited financial statements by then. Providers can upload the previous years audited statements, along with any auditor letter and board response to the letter.

3.4.9 Auditor verification (OTH-010)

Description:	To support the Provider's financial management and viability, AHO expect them to undertake financial audits. Usual practice is that the Auditor will provide a covering letter or report outlining any actions the

	organisation and board need to take to satisfy the auditor.
What will the Provider need to do:	Audit management letter/report accompanying the audited financial statement. This action will be incorporated into OTH=009.

3.4.10 Board response to audit (OTH-011)

Description:	To support the Provider's financial management and viability, AHO expect them to undertake financial audits. Usual practice is that the Auditor will provide a covering letter, outlining any actions the organisation and board need to take to satisfy the auditor. It is also usual that the board accept and address the audit report recommendations in writing/minutes.
What will the Provider need to do:	Board/management response to the audit report/letter – specifically the actions to be taken to address any audit recommendations. This action will be incorporated into OTH-009.

3.4.11 Insurances(OTH-012)

Description:	AHO require Providers to have appropriate and adequate insurance cover to minimise risk and cover any conceivable loss.
What will the Provider need to do:	Certificates of Currency (CoC) for: public liability; workers' compensation; professional indemnity; property loss and damage insurance. QUESTIONS: 1. Does your organisation have current and valid public liability / workers' compensation / loss & damage insurance policies? Y/N 2. If Y, please attach copies of the current CoC Any non-compliance needs to be rectified within 48 hours of this submission.

3.4.12 Commonwealth reporting – tenant data (OTH-013)

Description:	The AHO are required to provide certain data to the Commonwealth each year. This includes tenancy data, such as date of birth, gender and relationship.
What will the Provider need to do:	Providers can enter this data in the Portal against the dwelling. The data will be pre-populated with the information you gave us on the last spreadsheet. You will only have to change the information whenever the tenancy details change - number of occupants, age, sex, relationship. As this is dwelling level data, the data entry will be on the monthly dwelling page of the portal, and entry based on exception (when the event occurs).

3.5 Quarterly reporting

The Provider portal includes the ability to enter all additional quarterly reports. There are no KPIs or performance dashboards for quarterly reports.

The reporting applies to any Provider that is a CHP, or ACHP where they have a relevant portfolio, including:

- Employment Related Accommodation (ERA)
- Other properties:
  - CHP general housing
  - Affordable
  - Safe
  - Exit
  - Transition

CHPs will enter remittance information and the system will tally the "under" and "overs" to provide a total owed or to be refunded. Note: there is no link between this and any financial system. Remittance in either direction will have to be done as usual.

From March 2020 (for quarter Jan to Mar 2020) reporting will be completed on the portal. No spreadsheets will be sent out.

3.5.1 ERA – Employment Related Accommodation

Any Provider that has an ERA dwelling (or rooms) can enter relevant dwelling level information quarterly. A quarterly report can only be completed after the three individual monthly reports have been completed and submitted.

The system will present all individual dwellings where dwelling accommodation type is either ERA-Single or ERA-Family. The rent charged and collected for the quarter (based on the three individual month's reports) will be displayed on the screen. Providers will then enter:

1. Other incomes (Recoveries from tenants) - $ figure
2. Council Rates - $ figure
3. Water Rates - $ figure
4. Insurance - $ figure
5. Tenancy expenses - $ figure
6. AHO Service Fee - $ figure
7. Maintenance expenses- $ figure
8. Note – related to the data entered

The system will calculate the remittance total subtracting the sum of the expense/costs from the revenue (which could be positive or negative). A positive figure represents what the Provider needs to remit to AHO, and a negative figure the converse. The system does not perform any payment processing.

Providers will also be requested to enter tenant information for just the tenant that is either the employee or trainee, not the entire Family. The data relates to why the employee is being accommodated and for how long. You will enter the following information:

1. Start date of tenancy
2. Expected end date of tenancy
3. Actual End date
4. Reason for occupancy: Employment /Education – drop down box
5. How long will Employment/Education be for (months)
6. Note – related to the data entered

The data will prepopulate with the tenant information entered in the previous quarterly report.

3.5.2 Other Quarterly reports

Other quarterly reports data is entered at portfolio level, and includes:

- CHPs - any portfolio that is not ERA and includes:
  - General housing
  - Affordable
  - Transition, Exit, Safe*

  CHP's will see the remittance fields calculated where appropriate.

- ACHP - any portfolio that is not ERA or General Housing and includes
  - Affordable Properties#

Providers will enter the same information as items 1 to 8 above with the exception that the AHO service fee is not required for Safe and Affordable properties.

* SAFE houses: rental figures are left blank. The costs associated with SAFE houses do not contribute to the CHPs remittance totals, therefore data for Safe houses is not included in any remittance calculations.

ACHP Affordable Properties – ACHPs do not remit, hence no remittance information will be requested for these portfolios/properties.

4. Performance management

4.1 Performance Improvement Plan

A Performance Improvement Plan (PIP) is created when you have a compliance result outside acceptable levels, or a repeated non-compliance result over consecutive reporting periods. This generally relates to a significant performance issue. The PIP is a formal plan to implement improvements to correct the non-compliance. It is developed in collaboration between the AHO and Provider.

The PIP is part of the AHO's Provider Performance Framework (PPF). The PPF is a comprehensive approach to managing and improving Provider performance. The PIP supports the PPF aim of effective and transparent contract and performance management.

As compliance matters relate to the AHO's minimum standards for operation, compliance-related PIPs will generally be three-month plans. The Providers will be required to complete the improvement plan and take action to address any continued non-compliance issues. A PIP may relate to one or more non-compliances.

It is the aim of the AHO to make PIP's very clear and concise. The content of the PIP will include:

1. Problem statement.
2. What the current situation is – a review of current and previous status relating to the problem?
3. What would good performance look like in this situation?
4. How are "we" going to achieve good?
5. Who is responsible for each part of the plan?
6. When "we" expect to see this happen?
7. How will "we" measure this so "we" know when "we" have success?
8. How will "we" sustain this result?

A blank PIP is included at Appendix B..

4.2 Annual Compliance Assessment

Compliance obligations are minimum requirements for Providers to meet as part of the performance of their contract. A very minimal set of data and KPI's are reported each month. A broader set of KPI's and data is collected annually, during July and August.

The AHO may undertake an annual compliance assessment of a Provider. Assessments will generally be based on the information reported in Ngamuru, but will also take into consideration:

- NRSCH registration status (that is whether the Provider is registered and therefore compliant with regulation).
- Information from site visits and/or other reviews.

All of this information will be presented, and users will be able to review previous year's data, compare years and reports across a range of measures and benchmarks for comparisons.

The system will produce and annual compliance report by Provider and this can be used as the basis for an annual assessment.

4.2.1 Annual Assessment

The annual assessment is a face to face meeting between the AHO and the Provider. It is optional. It aims to review the latest annual compliance report and address any concerns, issues or opportunities for improvement.

The annual assessments look at the effectiveness of an organisation's processes for delivering high quality services. AHO will use the measures and improvement against a benchmark, compared to previous assessments. They also use Provider comparison data across benchmarks.

Annual assessments will take into consideration any PIP's that may be in place and will ultimately consider the viability of the Provider to service the contract with AHO as well as achieve registration with the NRSCH.

The current process and documentation used for the existing annual assessment will continue, however data will now be sourced from various locations mentioned above.

4.3 Audit and Review

Generally, when AHO identify a compliance risk they will review the Providers business.

A compliance risk is where continuous or systemic non-compliance exists, and very little evidence has been provided to demonstrate that remediation is occurring. In addition, a compliance risk may arise because of a one-off non-compliance matter, such as Providers not following AHO policies or as a result of a complaint received via a community member.

AHO may decide to conduct an audit if they identify that these areas of concern require further examination.

The AHO is guided by facts and won't necessarily follow every step of the typical assurance process. For example, during a risk review the Providers may make a voluntary disclosure that resolves the issue.

In some instances, the nature of transactions and the AHO's knowledge of the compliance risks mean that we will proceed directly to an audit after we analyse the risks. This may happen if AHO consider the Providers business or particular arrangement is higher risk, involves a non-rectification raised by previous audit or is time sensitive, or the AHO think there may be a risk that tenancies may be in jeopardy.

4.3.1 Risk review

When we conduct a risk review, we will determine if there are any compliance issues that need a more in-depth investigation and response beyond a PIP. Risk reviews give us an opportunity to resolve our concerns about compliance issues and in most cases mean we do not need to conduct an audit.

We focus on understanding the Provider's business context and environment and the processes the Providers have in place to manage and oversee compliance risk. Generally, we will ask for information from the Providers first, but we may also seek information from third parties (such as the Providers tenants) if we need to.

In addition, this allows us to develop an in-depth understanding of the Provider's business operations and how effectively the Provider's governance processes identify and deal with risks in business operations.

At the end of a risk review we will discuss the outcomes with you, advising if we are satisfied with the Provider's compliance or consider further action is needed.

If the risks are not deemed to be significant, we would usually not proceed further unless there were other concerns raised.

If an audit is necessary, we will keep the Providers informed about our plans. Depending on the nature of the risks, the discussions may also cover possible mitigation strategies, which the Providers might choose to apply to reduce the likelihood of an audit, or to mitigate any potentially adverse effects.

4.3.2 Audit

Audits are more comprehensive than risk reviews and involve intensive case examination where material non-compliance is a risk. They provide a means for us to:

- Check the appropriate activity, causing the non-compliance and where we identified risk, actually occurred – including gathering evidence or proof as needed.

- Understand the causes of non-compliance and address them for the past and the future.

- Identify areas where the law may need clarification or where our processes can be improved.

An audit typically follows a risk review and will test the review's conclusions. Refining the scope of the audit may include (but is not limited to):

- Eliminating issues.

- Identifying new issues.

- Determining which area(s) will be the subject of the audit.

If we identify additional risks during the audit, we may broaden its scope.

In most cases, an audit involves agreeing on a plan to collect detailed information and undertake analysis. During the information collection phase, auditors will have more contact with the Providers and may spend time at the Provider's premises examining documents and processes and discussing issues with the Provider's key personnel. After the audit, we will discuss with the Providers our view.

We endeavour to complete most compliance audits within 6 months. The timeframe and scope of each audit is determined following discussions with the Providers at the beginning of the case. This depends on the number of specific issues, level of complexity and other circumstances we encounter.

Each case will have a case manager (generally the Regional Relationship Compliance Officer) assigned to it to ensure it's completed within the agreed timeframe. We seek to gather information in an informal approach; however where we experience unreasonable delays in our information gathering process we will then use formal powers available to us under the contract.

5. Glossary

Term	Definition
ACA	Annual Compliance Assessment
ACHP	Aboriginal Community Housing Providers
CHP	Community Housing Providers
KPI	Key Performance Indicator
NCR	Non Conformance Report
Ngamuru	The single, centralised database containing all current relevant information pertaining to the management of AHO properties.
PIP	Performance Improvement Plan
PPF	Provider Performance Framework
NRS	National Regulatory System
NRSCH	National Regulatory System for Community Housing
QMS	Quality Management System
RAG	Red, Amber and Green dashboard statuses

Tenantable	The condition of a premises satisfies it being able to be rented for accommodation, however the dwelling isn't filled by a tenant.
Untenantable	The condition of the premises is unsatisfactory to the degree that they are rendered unfit for the purpose for which they were or are to be leased.

Financial definitions:

Term	PROPERTY MANAGEMENT FEE
The fee charged by the Provider as a percentage of the gross rent received.	

Term	CYCLICAL REPAIRS & MAINTENANCE

Cyclic maintenance involves scheduling of maintenance tasks on a periodic basis: monthly, yearly etc. Work is usually determined by an inspection at the beginning of each cycle and little maintenance is carried out between cycles.

From a financial perspective, it refers to all housing maintenance expenses from the Providers financial reporting statement.

Maintenance expenses are costs incurred to maintain the value of an asset or restore the asset to its original condition.

This includes:

- day-to-day maintenance reflecting general wear and tear

- cyclical maintenance which is part of a planned maintenance program

- other maintenance e.g. repairs due to vandalism

Term	RESPONSIVE REPAIRS & MAINTENANCE

Responsive maintenance is day-to-ay maintenance or repairs carried out on tenanted or vacant properties in response to requests for such works, to restore an amenity or component to its working condition.

From a financial perspective refer above.

Term	RESPONSIVE REPAIRS & MAINTENANCE

Planned maintenance consists of preventative, statutory, and condition- based maintenance.

From a financial perspective refer above.

Term	CAPITAL EXPENDITURE

Capital expenditure is expenditure on the acquisition or enhancement of a non-financial asset, i.e. largely expenditure on the acquisition and/or upgrade/redevelopment of properties. A non-financial asset is an entity functioning as a store of value, over which ownership may be derived over a period of time, and which is not a financial asset.

Include:

- Total expenditure on non-financial assets defined as net expenditure on new and second-hand fixed assets, land and intangible assets excluding capitalised interest. Fixed assets are durable goods intended to be employed in the production process for longer than a year.

- Expenditure on non-financial assets includes: Total expenditure on purchases of existing dwellings.

- Total expenditure on purchases of new non-financial assets: The purchase of assets intended to be used in the production process for longer than a year. Includes: fixed assets constructed on own account, valued at cost of materials, capitalised salaries and wages, reimbursements

received by public authorities for amounts spent on capital works while acting as an agent for other government and private bodies.

- Total expenditure on purchases of second-hand non-financial assets: The purchase of assets which have been previously used in production in the country.
- Total expenditure on sales of non-financial assets: The disposal of previously rented dwellings, non-residential buildings, used plant and equipment. Refers to the sale of land (including the sale of residential leases in the ACT). The sale of land and buildings as a package is treated as sales of fixed assets unless a separate value can be determined for the land component. Also refers to the outright sales of intangible assets and disposal of motor vehicles.
- Total expenditure on assets acquired under finance leases defined as assets acquired under leases and other arrangements which effectively transfer most of the risks and benefits associated with ownership of the leased property from the lessor to the lessee.

Exclude:

- Expenditure on the acquisition of financial assets.
- Second-hand assets imported into the country for the first time which are regarded as new.
- Assets acquired under finance lease arrangements.
- Expenditure on purchases of new non-financial assets:
  - o Capitalised interest;
  - o Houses built for sale; and
  - o Assets acquired under finance lease arrangements.

Term	RECURRENT EXPENDITURE

All recurrent expenses from an organisation's financial reporting statement for the financial year. All administration and operational costs, including:

- employee expenses (e.g. wages and salaries, superannuation, compensation, accrued leave, payroll tax, training)
- housing maintenance
- property-related expenses (e.g. rates, costs of disposals)
- office supplies and services (e.g. stationery, postage, telephone, office equipment, vehicle expenses, insurance)
- borrowing costs (e.g. interest)
- depreciation and amortisation
- depreciation on rental buildings (on tenancy rental units only, depreciation and amortisation on all other assets to be included)
- loss on disposal of assets
- loss on revaluation of assets
- unrealised losses on financial assets
- impairment expenses assets and services provided free of charge
- recoverable expenses
- cost of sale of inventory
- grants and subsidies.

Term	NET RECURRENT EXPENSES

Net recurrent expenses are the total recurrent expenses (as above) less those listed

- depreciation on rental buildings (on tenancy rental units only, depreciation and amortisation on all other assets to be included)
- loss on disposal of assets
- loss on revaluation of assets
- unrealised losses on financial assets
- impairment expenses
- assets and services provided free of charge
- recoverable expenses
- cost of sale of inventory
- grants and subsidies.

Appendix A –Data collection Categories.

		What Providers need to do	Why the AHO wants this information
Monthly Reporting	**1. Rent (inc. collection, debt and arrears)**	Tell us about rent collection, and properties with arrears or debt.	To understand rent issues better and help Providers maintain an equitable and viable Aboriginal Housing business.
	2. Homes (inc. exits and vacancies)	Tell us when and why a tenant exited a property, for how long the property stays vacant and why — is it being cleaned, is it being repaired or improved (e.g. getting a new kitchen).	To ensure housing assets are being used as much as possible so we fulfil our community obligations. It also helps us plan for the future.
Annual Reporting	**1. Maintenance repair times**	Tell us how many urgent and non-urgent repair requests from tenants are completed in the appropriate time.	To ensure tenants are receiving good property services and that our housing assets are being looked after.
	2. Tenant satisfaction	Tell us how you score on maintenance, condition and satisfaction in your annual tenant satisfaction survey.	Ensuring that tenants are happy with the management and maintenance of their homes.
	3. Governance	Answer some questions about your governance e.g. how many board meetings you held this year?	Good governance is a good indicator of a well run organisation. It demonstrates the Providers commitment to community housing.
	4. Wrap around services	Tell us how you deliver wrap around services, e.g. referral networks, providing tenant's information and engagement.	We want to ensure that Aboriginal tenants are being connected to appropriate services to ensure sustainability of their tenancy.
	5. Financial	Answer some questions about your financial position, insurances, audit outcomes and how you use AHO subsidies.	This information will highlight viable housing portfolios and contribute to future funding models/data.
	6. Commonwealth reporting data	Provide us with information such as tenant demographics, specific financial information such as capital and recurrent expenditure.	The Commonwealth government requires the AHO to report on the Providers behalf. We only need this information to satisfy this obligation.

Appendix B: Performance Improvement Plan template

Provider Performance Improvement Plan (PIP)			LOGO	
Provider:		Date:		
Portfolio:		Review date:		
		TRIM REF:		
Dwelling: (if applicable)				
Problem statement: (what was the non-compliance)				
Reporting period this occurred in:		AHO Region:		
What is the current situation? (Why did this happen?)				
What should be happening? (What does good look like?)				

How are we going to get there? (What actions will we take?)	Who is Responsible for getting this done?	When will it be done?

What will good look like? (How will we know when we have successfully corrected the problem?)	i.
How will this be sustained? (How will we ensure this success keeps up?)	

Signatures to PIP:		

Appendix C: System Change Release Notes.

The following are the release notes for each change. They will be in reverse chronological order; that is the latest release notes will be first.

Ngamuru version 2.0

This document outlines the changes made to the Ngamuru Portal as it moves from version 1.0 to 2.0.

Purpose of the release

The primary purpose of this release is to introduce 2 (two) new reporting functions – Employment Related Accommodation (ERA) and Other Reporting.

#1 ERA Reporting

ERA reporting will allow Providers to input ERA related information by dwelling on a quarterly basis.

#2 Other Reporting

Other reporting will allow Providers to submit CHP general housing, Affordable, Safe, Exit or Transition Housing information by portfolio on a quarterly basis.

Enhancements

The following enhancements to existing features have been introduced:

#3 Dashboard Views

My Views capability has been added to the Past Performance page to enable users to save and quickly access saved dashboard selections.

#4 Share Dashboards

Share dashboard button has been added to the Past Performance page to enable users to download a dashboard image on their computer.

#5 Print Dashboard

Print friendly button has been added to the Past Performance page to allow printing of selected dashboard information.

#6 View a Previous Submission

View Submission button has been added to the Past Submission sections of the Monthly and Annual Compliance pages to allow access to the previous monthly and annual data submissions.

#7 View Data before Submitting

View Submissions button has been added to the Monthly and Annual Compliance submission pages to allow review of data input/upload before submission.

#8 Select one or more Portfolios in Past Performance

You can now select one or more.

Fixes

The following fixes to currently existing features have been introduced:

#F1 Changed Tenant Satisfaction fields % to numbers

Changed tenant satisfaction fields format from percentage (%) to numbers as a more user friendly option.

#F2 Renamed Submit Now button to Start

Submit Now action button on the Annual Compliance page has been renamed to Start as a more adequate action description.

#F3 Replaced Remove Tenant icon

Monthly Compliance Tenants Action Bin icon allowing removal of tenant was replaced with more suitable Remove Tenant icon.

#F4 Changed Tenant Year of Birth field format

Changed tenant Year of Birth field format from a dropdown list to a manual input for faster processing.

#F5 Changed Governance fields format

Changed governance fields format from percentage (%) to numbers as an easier user option.

Known Issues and Problems

Nil