LORETTO HOUSING ASSOCIATION
STRATEGY WORKSHOP & BOARD MEETING

Monday 18 May 2026 (following Strategy Workshop)
Wheatley House

AGENDA

1. Apologies for absence
2. Declarations of interest
3. a) Minute of meeting held on 30 March 2026 and matters arising
   b) Action list
4. Chair and Managing Director update

Main business

5. 2025/26 year-end performance and Annual Return on the Charter
6. 2026/27 Annual Delivery Plan
7. Group Complaints Policy and Annual complaints handling review
8. Governance update
9. Strategic risk register and risk appetite statements
10. Group Fire Safety Annual Report and Policy
11. Health & Safety Annual Report
12. Group Customer Reasonable Adjustment Policy

[redacted]

Other business

14. Finance Report
15. AOCB

Loretto Housing

Agenda item	Action	Owner	Due	Status
Lock up and garages policy (30 March 2026)	Provide clarification on provisions that may relate to transfers or sub-letting.	Managing Director	May 2026	
Cyber security assurance (30 March 2026)	Provide details of the cyber security incidents across Wheatley Group.	Managing Director	May 2026	
Customer Engagement Framework (30 March 2026)	Provide further update on approval of Customer Engagement Framework and next steps.	Managing Director	August 2026	

Loretto Housing

Report

To: Loretto Housing Board

By: James Ward, Managing Director, Loretto Housing

Approved by: Alan Glasgow, Group Director of Housing

Subject: 2025/26 year-end performance and Annual Return on the Charter

Date of meeting: 18 May 2026

Purpose:

1) To present our draft Annual Return on the Charter ("**Charter**") results 2025/26 and seek approval for submission to the Scottish Housing Regulator ("**SHR**");
2) To provide the Board with outturn year-end performance against non-Charter measures and strategic projects.

1. Executive Summary

1.1 Our performance in 2025-26 closes with strong delivery against our year 5 strategic and operational objectives. We achieved or exceeded available benchmarks for 95% of our Charter results and have achieved or exceeded over 84% of our own targets, with 16% within the amber range.

1.2 Where performance pressures emerged during the year, such as income collection challenges due to Universal Credit migration and increasing demand in complaint handling, these were actively managed to minimise impact on performance.

1.3 There are a number of areas that will also carry forward into 2026/27 as performance priorities in particular, voids, providing homes to homeless households and repairs satisfaction.

1.4 Overall, this represents a strong year-end position, with sustained performance against both strategic and operational priorities. All reported Charter results remain subject to final validation ahead of submission, with no material issues identified to date.

2. Authorising Context

2.1 Under our Terms of Reference, the Board is responsible for monitoring performance against agreed targets. We measure progress of the implementation of our five-year strategy via the Group Performance Management Framework. We are also responsible for approving our Annual Return on the Charter for submission to the SHR. The figures reported for the Charter are subject to further validation and checks, including by the SHR.

2.2 The Group Board agreed on an updated programme of strategic projects and performance measures and targets for 2025/26 at its meeting in April 2025. Our Board subsequently agreed its specific performance measures and targets at its meeting on 19 May 2025.

3. Discussion

3.1 This report outlines our performance against targets and strategic projects for 2025/26. Unless stated, measures are reported for year-end performance. Draft Annual Charter return measures will first be discussed, followed by progress against other Board measures shown by strategic theme, and then strategic projects.

Charter Returns

Summary of Charter Performance

3.2 Within the context of a challenging, ever evolving environment, we have achieved or exceeded the Scottish average 2024/25 for 95% of applicable measures (20 of 21) and achieved or exceeded our own targets for 84% of applicable measures (21 of 25). A further 5% and 16% are within 10% of the available benchmark and our own targets respectively.

Table 1

	Green (achieved or exceeded)	Amber	Red	Total
Loretto – Summary by Scottish average 2024/25	95% (20)	5% (1)	0% (0)	100% (21)
Loretto – Summary by our targets	84% (21)	16% (4)	0% (0)	100% (25)

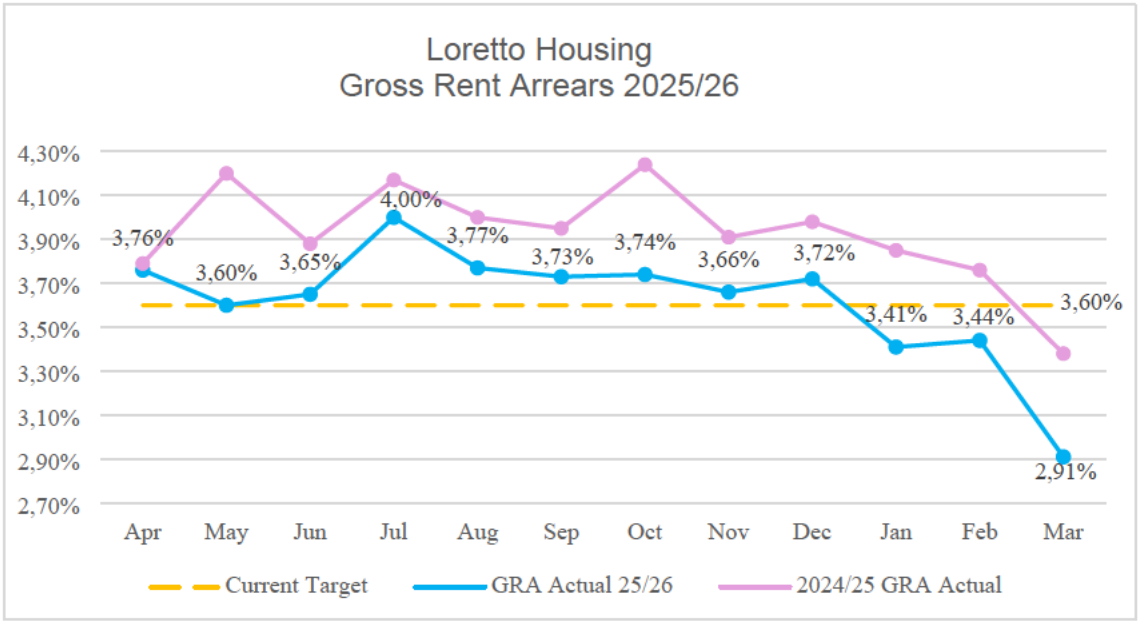
3.3 The remainder of this section presents a summary of key draft Charter measures, highlighting where they have been a strategic result for 2021-26. A full set of draft Charter results is provided in Appendix 1.

*Gross Rent Arrears ("**GRA**")*

3.4 Our gross rent arrears result for 2025/26 was 2.91%, significantly better than our 3.60% target and 3.72% reported in quarter three this year. We have also shown considerable improvement from 3.38% from 2024/25. We continue to have the best arrears performance amongst the Group's RSLs and remain well ahead of the 6.2% Scottish average published by the Regulator for 2024/25.

3.5 Our improved performance is also notable this year considering the Department of Work and Pensions ("**DWP**") accelerated their programme of migrating our customers onto Universal Credit ("**UC**"). At this time last year, we had 1,035 UC customers, this has now increased to 1,347, 46.54% of our customers. Progress with our GRA over 2025/26 is set out in Chart 1 below.

Chart 1



Turnover

3.6 Our percentage of lettable homes that became vacant (turnover) was 5.82% in 2025/26, better than our 8% target and only a slight increase from 5.39% in 2024/25. We remain better than the Scottish average 2024/25 of 7.1%.

Average Days to Re-Let (Charter and Revised)

3.7 Our Charter average days to re-let performance for 2025/26 is 13.70 days, which is an increase from the 2024/25 result of 9.72 days yet remaning well within the Scottish average 2024/25 of 60.6 days.

3.8 As the Board was advised last year would be the case, this now includes days lost to health and safety-related meter issues where we consider the property unsafe/unfit to occupy due to the failure of energy supplies to repair tampered meters or restore power supply.

3.9 In contrast, our 2024/25 Charter performance excluded such meter issues and was 9.72 days. Our performance excluding meter issues is something which we choose to still monitor and is therefore now referred to as Revised. For 2025/26, this is 11.46 days. All figures are shown in Table 2.

3.10 A dedicated void lead has been appointed to work closely with colleagues in City Building Glasgow to drive improvements in re-letting times in the coming year.

Table 2

Average days to re-let	ARC 2025/26 (including meter issues)	2025/26 Target		2024/25 (including meter issues)	Revised 2025/26 (excluding meter issues)	Revised 2024/25 (excluding meter issues)
Loretto	13.70	16		9.72	11.46	9.72

Tenancy Sustainment (Charter and Revised)

3.11 Our tenancy sustainment remains better than target, although it has reduced marginally this year, with the Charter measure at 92.68% and the revised measure (excluding deaths and transfers to another home within Group) at 95.36% at year-end (Table 3). We continue to perform better than the Scottish average of 91.6% published by the Regulator for 2024/25.

3.12 As defined by the SHR, Charter tenancy sustainment relates to new lets made in the previous year and requires these lets to be sustained for more than a year.

Table 3

RSL Tenancy Sustainment	Charter 2025/26	Target		Charter 2024/25	Revised 2025/26	Target		Revised 2024/25
Loretto	92.68%	90%		93.61%	95.36%	91%		96.20%

Reducing Homelessness (Charter and Relevant Lets)

3.13 We provided 111 lets to homeless households in 2025/26, 66.23% of relevant lets (Table 4). Across the 5 years of the strategy, we have provided 586 lets to homeless applicants.

Table 4

RSL	2025/26 Number of lets to homeless applicants (ARC)	% relevant lets made to homeless applicants	2023/24 Number of lets to homeless applicants (ARC) – full year
Loretto	111	66.23%	122

*Scottish Housing Quality Standard ("**SHQS**")*

3.14 Our Charter 2025 results for SHQS and Energy Efficiency Standard for Social Housing ("**EESSH**") are shown in Table 5, alongside figures for the previous year.

Table 5

	% of properties meeting the SHQS		% of properties meeting the EESSH	
	2024/25	2025/26	2024/25	2025/26
Loretto	99.93%	99.93%	100%	100%

3.15 Properties which do not meet SHQS and/or EESSH can be either because they fail the criteria or are subject to exemption or abeyance. In terms of EESSH and SHQS failures, we have none. Our exemptions and abeyances for SHQS and EESSH are detailed in the following table.

Table 6

	SHQS Exemption	SHQS Abeyance	% of total stock with SHQS Exemption or Abeyance	EESSH Exemption	% of total stock with EESSH Exemption
Loretto	0	2	0.07%	0	0.00%

3.16 Two properties are in abeyance where we have been unable to gain access, following multiple visits, to carry out electrical fixed installation testing (EICR). The Housing team are working closely with the tenants to gain access to complete the work as soon as possible.

Repairs

3.17 Year end results for timescales to complete emergency and non-emergency repairs show an overall improvement compared to last year.

3.18 Emergency repairs were completed in an average of 2.93 hours, improving from 3.50 hours in 2024/25 and outperforming the target of 3.00 hours.

3.19 Non-emergency repairs averaged 8.06 days down from 9.06 days in 2024/25.

Table 7

Average time to complete repairs (Charter)	Emergency (hours)		Non-emergency (days)	
	Target	2025/26	Target	2025/26
Loretto	3.00	2.93	7.50	8.06

3.20 SHR have redefined the right first-time measure for 2025/26. Previously, repairs which were overdue were not considered as Right First Time, however, this is no longer the case. Under the updated guidance, the only repairs which are now not Right First Time are those repairs completed during the reporting year where the repair is 'reported again' within the same reporting year.

3.21 The percentage of repairs completed right first time was 98.80%, which exceeded our 90% target.

3.22 Our evidence from complaints and satisfaction surveys suggests that while most repairs are completed Right First Time, tenants do identify jobs they believe were not completed *right first time*. It is not necessarily the case, however, that the tenant giving such feedback has raised a subsequent repair or if they have, it has been reported or qualifies as such. Staff have been reminded of the importance of using the appropriate classification to ensure any repairs reported again are reflected in our Right First-Time results.

Table 8

Percentage of repairs completed right first time (Charter)	2025/26	Target	
Loretto	98.80%	90.0%	

Damp and Mould

3.23 SHR introduced damp and mould measures for the 2025/26 Charter, focused on end-to-end cases. This includes the full process from the customer reporting potential damp and mould, through the inspection, and all remedial repair(s) being completed.

3.24 We have completed 420 cases during 2025/26. These have an average end-to-end time of 14.42 days, below our target for this year of 17 days and within our new 20 day target for 2026/27 that takes into account forthcoming Awaab's law requirements.

3.25 Where mould was identified, 99.04% were Category Three (lowest severity), typically involving small, localised areas treatable in a single visit. We anticipate that the vast majority of these would not meet the Awaab's Law threshold of "substantial."

Table 9

By Severity Category (Non-Charter)		
Cat 3 – Mild	**Cat 2 – Moderate**	**Cat 3 – Severe**
99.04%	0.96%	0%

3.26 Condensation is our largest causation reason, with 54% of cases categorised as being caused by condensation. Of those categorised as 'Other', this has included issues caused by leaks, external flooding, or where additional technical support may be required to understand the issue.

3.27 Structural cases in damp and mould are a small proportion of overall cases and have often had an easily identifiable cause that can be rectified quickly, such as a missing roof tile, and therefore have quicker resolution times. In contrast, cases caused by condensation require more extensive investigations to determine the underlying cause and may need the development of a comprehensive ventilation strategy, such as the installation of additional ventilation fans. This is reflected in condensation being the most common reason for cases being reopened.

3.28 At 2025/26 year-end we had 47 open damp and mould cases.

3.29 We report our cases to SHR broken down by causation, shown in table 10 below.

Table 10

Damp and mould cases	Condensation	Structural	Other	Total
Loretto – Number	227	3	190	420
Loretto – Average days	15.36	3.67	13.46	14.42
Loretto – Reopened	33 (14.54%)	1 (33.33%)	26 (13.68%)	60 (14.29%)
Loretto – Open at year-end	N/A	N/A	N/A	47

3.30 While Scottish averages for 2025/26 will not be available until later this year, we have benchmarked on an interim basis against Scotland's Housing Network member submissions. Performance on completion times and re-open rates compares favourably.

Gas Safety

3.31 We continue to be 100% compliant for gas safety checks, with zero expired gas certificates at year-end.

Medical Adaptations

3.32 By the year-end 2025/26, we completed 42 medical adaptations in an average of 18.74 days against a target of 25 days. This is 22 fewer adaptations than last year and a slight increase from 17.13 days in 2024/25. There are six households waiting.

3.33 The table below shows the number of households waiting, completions and the average time to complete adaptations. These adaptations help to improve quality of life and independence for tenants.

Table 11

Medical Adaptation	Households Waiting 2024/25	Households Waiting 2025/26	Number Completed 2025/26	Average Days to Complete	Target
Loretto	0	6	42	18.74	25

*Electrical Installation Condition Report ("**EICR**")*

3.34 At year-end, we have 2 properties without a valid EICR, with weekly reviews to address access or other housing issues to complete inspections. We have completed a total of 2,932 inspections in 2025/26 which includes completing 450 of the 452 inspections of electrical installation certificates due to expire before the end of 2025/26.

Complaints

3.35 Our Stage 1 complaints are responded to in less than four days on average at 3.64 days, while Stage 2 complaints are less than 17 days on average at 16.43 days. Both achieved their respective targets and are better than the Scottish averages 2024/25.

Table 12

Charter - average time for a full response to complaints (working days)				
	2024/25		2025/26	
	Stage 1 (5-day target	Stage 2 (20-day target)	Stage 1 (5-day target)	Stage 2 (20 day target)
Loretto	3.59	15.66	3.64	16.43

3.36 The Charter measure for complaints responded to in full, reported only annually, is based solely on complaints received/carried forward vs closed. It is important to note that this does not take into account complaint timescales to respond, rather being a snapshot in time of what is open.

3.37 At 97.72% we have met our 95% target for Stage 1 complaints responded to in full and are better than the Scottish average 2024/25 of 97.1%. While we are below our 100% target for Stage 2 complaints responded to in full, we exceed the Scottish average 2024/25 of 90.08%. Given this measure is influenced by the timing of customer complaints, from 2026/27 the Stage 2 target will be 92%; accounting for complaints received in March.

Table 13

	Stage 1 Target – 95%			Stage 2 Target – 100%		
RSL	2024/25	2025/26		2024/25	2025/26	
Loretto	96.04%	97.72%		92.11%	94.59%	

3.38 In addition to the Charter measures, we also report Scottish Public Services Ombudsman ("**SPSO**") measures. The key complaints performance measures at year-end 2025/26 for SPSO are summarised below. 98.67% of stage 1 complaints were responded to within 5 working days

3.39 100% of complaints that went direct to stage 2 and also those that were escalated to stage 2 were fully closed within the 20-day timescale.

Table 14

SPSO Indicator 2 - number and % of complaints at each stage that were fully closed within timescales of 5 and 20 working days						
	Stage 1 - responded to within 5 working days		Stage 2 - responded to within 20 working days		Escalated complaints - responded to within 20 working days	
	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
	99.66%	98.67%	100.00%	100.00%	100.00%	100.00%

3.40 Further detail on SPSO measures is included in Appendix 2, alongside a Charter complaints summary. As part of this agenda, the Board also have a dedicated item on the Group Complaints Policy and complaint handling.

Non-charter key performance measures

3.41 The following sections present draft year-end performance against non-Charter strategic and compliance measures by strategic theme. The dashboard for Board level measures is shown at Appendix 3.

Strategic theme: Delivering Exceptional Customer Experience

*Customer First Centre ("**CFC**")*

3.42 2025/26 results are presented in the table below and show the CFC met one of its three key targeted measures for 2025/26:

Table 15

Measure	2024/25	2025/26		
	Value	Value	Target	Status
Loretto - CSAT score (customer satisfaction)	4.6	4.53	4.5/5	
Group - % of contacts to CFC resolved within CFC	89.79%	89.85%	95%	
Loretto - Call abandonment rate - those waited over 30secs and abandoned	5.34%	8.02%	5%	

3.43 Customer satisfaction with the CFC (known as "**CFC CSAT**") remained the CFC's key measure, ensuring we place our customers' voices at the heart of performance management. CSAT workflow remains paused at this time for all regions; results are available only to the end of November.

3.44 Loretto is achieving target for the rolling year to November at 4.53, although down slightly from the 2024/25 result of 4.6. The measure is currently exceeding our 90% target for overall satisfaction. This measure has improved since its introduction in 2023 where it was 4.3.

3.45 The CFC's aim is to provide quality solutions for our customers, negating the need for them to call again or for enquiries to have to be dealt with elsewhere. We are mindful that a balance must be struck between our ability to provide a first contact resolution through an appropriate length of call and the time customers are waiting for their call to be answered.

3.46 The percentage of contacts to the CFC resolved within the CFC, without the need to be passed to either Housing Teams or MyRepairs Teams was 89.85% at the year-end 2025/26, an improvement from 89.79% in 2024/25.

3.47 The call abandonment rate after 30 seconds, whereby our customers waited over 30 seconds and then abandoned their call represents the aspect of the service that may be in the CFC's control. While not meeting our 5% target for the year, performance improved in the final quarter of the year from 8.82% YTD at Q3 to 8.02% at year-end.

3.48 A key focus for the CFC throughout the year has been on reducing unnecessary repeat calls into the CFC. Repeat calls can indicate that an enquiry or service has not been resolved or delivered right first time. Repeat caller data is analysed routinely, supporting a better understanding of failure demand and enabling us to understand root causes and implement solutions. In the last year the percentage of repeat calls from customers has reduced from 19.79% to 15.01%.

Allocations CSAT

3.49 Our Allocations MyVoice survey measures customer satisfaction with the process of getting their new home. As previously reported to the Board, Satisfaction to November was 4.8/5 against a target of 4.5/5.

Strategic theme: Making the Most of Our Homes and Assets

Development Programme

3.50 We have completed 61 Socially Rented ("**SR**") handovers against a target of 85. Details of the developments are shown in Table 16 below.

Table 16

Sites	Handovers 2025/26	Target 2025/26	Difference
Loretto	61	85	-24
Bank Street (SR)	17	17	0
East Lane (SR)	0	24	-24
South Crosshill Road (SR)	44	44	0

3.51 As previously advised to the Board, the 24 units at East Lane were completed early, with handovers taking place in March 2025 although they were due to complete in 2025/26.

Compliance

3.52 All of our 51 relevant properties are compliant with Legionella assessment requirements. We completed safety inspections on all domestic and passenger lifts by the year-end.

Health and Safety

3.53 We continue with the positive position of no reportable Reporting of Injuries, Disease and Dangerous Occurrences Regulations ("**RIDDOR**") incidents in 2025/26. We have lost no days this year due to work-related accidents.

3.54 We also have no Health and Safety Executive or local authority environmental team interventions this year. This is the same position that we have maintained since the measure started in 2021.

3.55 We have not had any workplace fires for the year and have not recorded any since the measure started in 2021.

Strategic theme: Changing Lives and Communities

Peaceful Neighbourhoods

3.56 Our Group strategic measure was for over 80% of customers across our Group to live in neighbourhoods categorised as peaceful by the end of the strategy period. At year-end, the Group-wide percentage of tenancies categorised as Peaceful was 77.55%. This is an improvement upon 74.05% in 2024/25.

3.57 Over the course of our strategy, we have identified the need for a more insightful measure on neighbourhoods, and we have agreed that this measure will not form part of our future performance framework.

*Anti-social Behaviour Cases ("**ASB**")*

3.58 Overall, the number of ASB incidents reported in this year's Charter return decreased to 226 from 263, with all cases resolved by year end resulting in a resolution rate of 100%.

3.59 We have seen a positive performance trend in ASB cases resolved throughout this year, with performance consistently remaining at 100% across the year.

Accidental Dwelling Fires

3.60 We recorded 3 accidental dwelling fires in 2025/26, a decrease from 5 last year. All 3 fires were classed as minor.

3.61 Our Group Strategic result was to reduce RSL ADFs by 10% by 2025/26, against the baseline of 215 ADFs in 2020/21. We achieved this target in each year of the strategy and have ended 2025/26 at a 46.5% reduction since the start of the 5-year strategy.

3.62 Our strategy measure aims to ensure that 100% of applicable properties have a current fire risk assessment in place. This continues to be achieved as set out in the table below:

Table 17

Fire Risk Assessments	2025/26	2024/25
The percentage of relevant properties – HMOs that have a current fire risk assessment in place.	100%	100%

Jobs and Opportunities

3.63 As set out in the table below, the Wheatley Foundation performed strongly in 2025/26 against all measures, which focus on alleviating poverty and creating opportunities for young people and other customers.

Table 18

Indicator	2025/26 Target	Year-end performance 2025/26	
Number of children and young people benefiting from targeted Foundation programmes in Wheatley Communities	35	108	
Total number of jobs, training places or apprenticeships created for customers and communities.	5	29	
Number of people accessing services which help alleviate poverty in Wheatley Communities.	350	442	

Strategic theme: Developing our Shared Capability

Sickness Absence

3.64 We lost 6.09% of working days due to staff sickness absence in the year 2025/26 (compared to our target of 3%), a decline in performance from the 0.33% reported at the end of 2024/25.

Table 19

Sickness Rate	Target	2024/25	2025/26
Loretto	3%	0.33%	6.92%

3.65 Across the year, six members of staff were absent on a long-term basis, primarily due to planned surgeries and associated recovery periods, along with a small number of non-work-related health issues. This accounts for the majority of the increase in sickness absence reported this year and is not reflective of a wider organisational trend. All staff members have been supported through appropriate wellbeing services and have now returned to work, and absence levels will continue to be closely monitored in 2026/27.

Strategic theme: Enabling our Ambitions

Invoice Payments

3.66 90.90% of invoices were paid in 30 days or fewer by the year-end, a decline in performance from last year (96.44%) and below target of 96%. Teams are being reminded weekly to action any outstanding invoices.

Procurement

3.67 By the year-end, 99.01% of contracted expenditure was compliant with procurement rules, a slight improvement on the 2024/25 result of 98.42%

Summary of Strategic Project Delivery

3.68 A full update on strategic projects is attached in Appendix 4. We have completed four of our five strategic projects in 2025/26. This includes the following three concluded during Q4:

- Asset compliance and data strategy programme;
- Providing safe, secure tenancies to support independent living; and
- Engagement 2.0

3.69 Work related to the remaining project, Tenant web self-service, will continue, as agreed, into 2026/27.

4. Customer Engagement

4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers.

4.2 Several of the 2025/26 strategic projects were informed and shaped by customer engagement. This focus will continue into 2026/27.

4.3 Our Group Scrutiny Panel will consider the draft Charter returns during May, in advance of the submission deadline.

5. Financial and Value for Money implications

5.1 There are no direct financial implications arising from this report. Any financial requirements related to actions and projects within the report are subject to separate reporting and agreement.

6. Recommendations

6.1 The Board is asked to:

1) Approve the draft Annual Return on the Charter results for submission to the Scottish Housing Regulator;
2) Delegate authority to the Group Director of Housing or any members of the Group Executive Team to make any non-material updates to finalise the results before submission; and
3) Note the outturn year-end performance against non-Charter measures and strategic projects.

LIST OF APPENDICES:

Appendix 1: Draft Annual Return on the Charter 2025/26
Appendix 2: Complaints, ARC and SPSO Measures 2025/26
Appendix 3: Board Measures Dashboard 2025/26
Appendix 4: Strategic Projects Dashboard 2025/26

7. Legal Regulatory and Equalities Implications

Overall position:	
X	No material implications
	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
We are responsible for meeting the standards and outcomes set out in the Scottish Social Housing Charter and are accountable to our tenants and customers for how well we do so. The Charter is part of the SHR's assessment of how these outcomes are being met.

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
N/A

Legal Compliance Assurance:
All RSLs and Local Authority housing services are required to complete the Charter indicators and submit these by 31 May each year. The SHR publishes results for all organisations at the end of August each year.

Legal advice received:			
	Yes	X	No
N/A			

8. Risk Assessment

Risk Appetite:
This report covers performance across each of our strategic themes and as such there is no single agreed risk appetite.

Relevant strategic risk(s):
The key risk ("177") is Overstated ARC performance: RSLs and the Group manipulates performance information to overstate ARC performance to SHR. We mitigate this risk through: ▪ Segregation of duties; ▪ Monthly DMT and ET cycle, and Quarterly RSL and Group Board reporting; ▪ Scrutiny by Group Scrutiny Panel ▪ Multiple checks and external validation through Scotland's Housing Network Verification Service; ▪ Enhanced checks on new damp and mould data and results, led by the Group Data team; ▪ This year-end RSL Board agenda item; and ▪ Overview of Annual results, including ARC, to Group Board.

Relevant assessment and mitigation:
Having a strong performance management culture will in particular support our progression from excellence to outstanding for which we have an open risk appetite in relation to operational delivery with a cautious appetite in relation to compliance with law and regulation.

	Appendix 1	Loretto			SHR All Scottish Average
	Charter Indicators	2024/25 Results	Draft 2025/26 Results	2025/26 Target	2024/25 Benchmark
01	Percentage of tenants satisfied with the overall service provided by their landlord	92,75 %	92,75 %	90 %	86,8%
02	Percentage of tenants who feel their landlord is good at keeping them informed about their services and decisions	97,89 %	97,89 %	90 %	90,0%
03a	Percentage of complaints responded to in full at Stage 1	96,04 %	97,72 %	95 %	97,1%
03b	Percentage of complaints responded to in full at Stage 2	92,11 %	94,59 %	100 %	90,8%
04a	Average time in working days for a full response at Stage 1	3,59	3,64	5	5,4
04b	Average time in working days for a full response at Stage 2	15,66	16,43	20	21,3
05	Percentage of tenants satisfied with the opportunities given to them to participate in their landlord's decision making processes	98,49 %	98,49 %	90 %	86,3%
06	Percentage of stock meeting the Scottish Housing Quality Standard (SHQS)	99,93 %	99,93 %	100 %	87,2%
07	Percentage of tenants satisfied with the quality of their home	94,26 %	94,26 %	90 %	84,7%
08	Average time to complete emergency repairs (hours)	3,50	2,93	3	3,9
09	Average time to complete non-emergency repairs (working days)	9,06	8,06	7,5	9,1
10	Percentage of reactive repairs carried out in the reporting year completed right first time.	86,83 %	98,80 %	90 %	88,0%
11	How many times in the reporting year did you not meet your statutory obligations to complete a gas safety check within 12 months of a gas appliance being fitted or its last check?	0	0	0	409
12	Percentage of tenants who have had repairs or maintenance carried out in last 12 months satisfied with the repairs and maintenance service	85,51 %	85,51 %	90 %	86,7%
13	Percentage of tenants satisfied with the landlord's contribution to the management of the neighbourhood they live in	94,56 %	94,56 %	90 %	84,2%
14	Percentage of anti-social behaviour cases which were resolved	100 %	100 %	100 %	93,4%
15	Percentage of new tenancies sustained for more than a year - overall	96,23 %	92,68 %	90 %	91,6%
16	Percentage of lettable houses that became vacant in the last year	5,39 %	5,82 %	8 %	7,1%
17	Percentage of rent due lost through properties being empty during the last year	0,16 %	0,27 %	0,6%	1,3%
18	Number of households currently waiting for adaptations to their home	0	6	Contextual	4 297
19	The average time to complete adaptations (calendar days)	17,13	18,74	25	44,4
20	Percentage of court actions initiated which resulted in eviction - overall	76,92 %	52,63 %	Contextual	26,6%
21	Percentage of tenants who feel the rent for their property represents good value for money	93,05 %	93,05 %	85 %	81,7%
22	Rent collected as percentage of total rent due in the reporting year	99,54 %	98,96 %	Contextual	100,2%
23	Gross rent arrears (%)	3,38 %	2,91 %	3,60 %	6,20 %
24	Average annual management fee per factored property.	£222,98	£90,55	Contextual	£118,77
26	Average length of time taken to re-let properties in the last year (calendar days)	9,72	13,70	16,00	60,60

Appendix 2 – Loretto Housing 2025/26 - ARC and SPSO measures

1.1 This appendix provides ARC and SPSO measures up to the end of 2025/26.

1.2 For Group RSLs, ARC measures include complaints received from all customers who receive a service provided by the Group RSL or on their behalf. This includes factoring services delivered by Lowther Homes on behalf of RSLs.

1.3 For Group RSLs, SPSO measures include all complaints relating to the RSL, irrespective of the source of the complaint.

Charter (ARC) Measures

1.4 ARC measures are reported to SHR for each Registered Social Landlord (RSLs) in the Group. Performance is for all RSL customers, including those factored owners who receive a service from Lowther Homes on behalf of RSLs.

1.5 Loretto - number of complaints received:

Loretto – complaints received * excluding complaints carried over						
	*2024/25			2025/26		
	Stage 1	Stage 2	All	Stage 1	Stage 2	All
Loretto	297	36	333	304	34	338

1.6 The table below outlines the average time for a full response (working days) for Stage 1 and Stage 2 complaints. All targets are being met for this measure. Performance for Loretto is better than the 2024/25 SHR Scottish average of 5.4 days for S1 complaints and the SHR average of 21.3 days for S2 complaints. Performance is for all RSLs (including Lowther Factored homeowners) who receive a factoring service from Lowther on behalf of that RSL.

Charter - average time for a full response to complaints (working days)				
	2024/25 Stage 1 - 5-day target, Stage 2 – 20-day target		2025/26 – Stage 1 - 5-day target, Stage 2 – 20-day target	
	Stage 1	**Stage 2**	**Stage 1**	**Stage 2**
Loretto	3.59 ■	15.66 ■	3.64 ■	16.43 ■

1.7 The table below outlines the average time for a full response to complaints (working days) overall, for Stage 1 and Stage 2 combined. Loretto is exceeding target.

Charter - average time for a full response to complaints (working days)		
	2024/25 Target – not targeted	2025/26 – 6 days
Loretto	4.89	4.98 ■

1.8 The table below displays the annual Charter measure for the percentage of complaints that were responded to in full.

Charter – percentage of complaints responded to in full				
	2024/25 Stage 1 – 95% target, Stage 2 – 100% target		2025/26 – Stage 1 – 95% target, Stage 2 – 100% target	
	Stage 1	**Stage 2**	**Stage 1**	**Stage 2**
Loretto	96.04%	92.11%	97.72%	94.59%

SPSO Measures

1.9 SPSO measures includes all customers who raise a complaint. We are required to record our performance against the SPSO indicators and report these to the board and senior managers. On request, the SPSO can ask that we provide them with details of our complaint handling performance in line with their indicators.

1.10 Stages of complaints are defined as:

- *Stage 1 complaints* – are first time reports of dissatisfaction with services.
- *Stage 2 complaints* – directly received as Stage 2, i.e. not escalated from Stage 1. This can be cases which are considered a risk to reputation or requires investigation due to the number of issues raised that could not have been reasonably resolved at Stage 1 as part of a frontline resolution.
- *Escalated complaints* – complaints that were received into the organisation at Stage 1 and later escalated to Stage 2.

1.11 A summary of the year-to date figures for each of the indicators are included below.

Indicator 1 - total number of complaints received.

1.12 Both Stage 1 and Stage 2 numbers have increased compared to the same period in 2024/25. To the end of 2024/25, Loretto had received 297 Stage 1 and two Stage 2 complaints. For 2025/26, Loretto has received 304 Stage 1 complaints (2.36% increase) and seven Stage 2 complaints (250% increase).

1.13 Escalated complaints are not counted in the number received but do impact the service, in that they still must be dealt with as a Stage 2 complaint.

SPSO Indicator 1 - total number of complaints received						
	2024/25			2025/26		
	Stage 1	Stage 2 (Direct)	Escalated Complaints	Stage 1	Stage 2 (Direct)	Escalated Complaints
Loretto	297	2	34	304	7	27

Indicator 2 - number and % of complaints at each stage that were fully closed within timescales of 5 and 20 working days. Full response has been given to customer/resolution has been reached, including those with outstanding actions. Extensions of time to a complaint will be included in the total count and will be considered "late."

1.14 Loretto is achieving target of 95% for stage 1, 100% for stage 2 and 100% for escalated complaints for 2025/26.

SPSO Indicator 2 - number and % of complaints at each stage that were fully closed within timescales of 5 and 20 working days						
	Stage 1 - responded to within 5 working days		Stage 2 - responded to within 20 working days		Escalated complaints - responded to within 20 working days	
	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
Loretto	99.66%	98.67%	100.00%	100.00%	100.00%	100.00%

Indicator 3 - the average time in working days for a full response to the stage.

1.15 Loretto is achieving target of 5 days for stage 1 and 20 days for stage 2 for 2025/26.

SPSO Indicator 3 - the average time in working days for a full response to the complaints at each stage – 2025/26			
	Stage 1 - responded to within 5 working days	Stage 2 - average time in working days to respond to complaint	Escalated complaints - Average time to respond to complaints after escalation from Stage 1 to Stage 2
Loretto	3.64	16.60	16.40

Indicator 4 - the outcome of complaints as a % of overall complaints.

SPSO Indicator 4 - the outcome of complaints as a % of overall complaints 2025/26				
	Stage 1 - upheld	Stage 1 - partially upheld	Stage 1 - not upheld	Stage 1 - resolved
Loretto	41.00%	10.67%	29.00%	19.33%
	Stage 2 - upheld	Stage 2 - partially upheld	Stage 2 - not upheld	Stage 2 - resolved
Loretto	0.00%	0.00%	100.00%	0.00%
	Escalated complaints - upheld	Escalated complaints - partially upheld	Escalated complaints - not upheld	Escalated complaints - resolved
Loretto	40.00%	33.33%	26.67%	0.00%

Appendix 3 - Loretto Housing Board - Delivery Plan 25/26 - Strategic Measures

1. Delivering Exceptional Customer Experience

Measure	2024/25	2025/26		
	2024	2025		
	Value	Value	Target	Status
% Annual Tenant Visits	84.46%	90.18%	100%	
% new tenancies sustained for more than a year - overall	96.23%	92.68%	90%	
% new tenancies sustained for more than a year - homeless	96.97%	92.62%	Contextual	
% new tenancies sustained for more than a year - revised	96.2%	95.36%	91%	
Group - % of contacts to CFC resolved within CFC	89.79%	89.85%	95%	
CFC CSAT	4.6	4.53	4.5	
Allocations CSAT	4.8	4.8	4.5	
Call abandonment rate after 30 secs	5.34%	8.02%	5%	

2. Making the Most of Our Homes and Assets

Measure	2024/25	2025/26		
	2024	2025		
	Value	Value	Target	Status
Average time taken to complete emergency repairs (hours) – make safe	3.5	2.93	3	
Average time taken to complete non-emergency repairs (working days)	9.06	8.06	7.5	
% reactive repairs completed right first time	86.83%	98.8%	90%	

Measure	2024/25	2025/26		
	2024	2025		
	Value	Value	Target	Status
Number of gas safety checks not met	0	0	0	
Average time to complete approved applications for medical adaptations (calendar days)	17.13	18.74	25	
Legionella - percentage of applicable properties with a valid risk assessment in place	100%	100%	100%	
Number of electrical installation inspections completed and number due to be completed	97%	99.56%	100%	
Percentage of properties with an EICR certificate up to 5 years old	99.93%	99.93%	100%	
Percentage of domestic stair and through floor lifts with valid safety inspection	100%	100%	100%	
Percentage of passenger lifts with a valid safety inspection	100%	100%	100%	
New build completions - Social Housing	63	61	85	
Number of RIDDOR	0	0	Contextual	
Number of HSE or LA environmental team interventions	0	0	0	
Number of accidental fires in workplace	0	0	0	
Number of accidental dwelling fires recorded by Scottish Fire and Rescue	5	3	Contextual	
Number of new employee liability claims received	0	0	Contextual	
Group - Number of open employee liability claims	10	10	Contextual	
Number of days lost due to work related accidents	0	0	Contextual	

3. Changing Lives and Communities

Measure	2024/25	2025/26		
	2024	2025		
	Value	Value	Target	Status

Measure	2024/25	2025/26		
	2024	2025		
	Value	Value	Target	Status
% ASB resolved	100%	100%	100%	✓
% Lets Homeless Applicants (ARC) - overall	59.51%	54.95%	Contextual	
% Relevant lets to Homeless Applicants	62.5%	66.23%	Contextual	
Group - Percentage of Community Benefit job and training opportunities arising through the spend associated with new home construction and our investment programme that have been secured by Wheatley customers	69.77%	53.73%	30%	✓
Group - % planned jobs, training places or apprenticeships created which are secured by our customers	73.19%	70.3%	60%	✓
Number of jobs, training places or apprenticeships created for customers and communities	27	29	5	✓
Number of children and young people benefiting from targeted Foundation programmes in Wheatley Communities	71	108	35	✓
Number of people accessing services which help alleviate poverty in Wheatley Communities	422	442	350	✓
Group - % of Communities Classified as Peaceful	74.05%	77.55%	75%	✓
Loretto - % of Communities Classified as Peaceful	90.72%	96.12%	75%	✓
Group - Repeat antisocial behaviour cases in period – number of repeat addresses	935	1,021	652	●
Group - The percentage of HMOs that have a current fire risk assessment in place	100%	100%	100%	✓
Group RSLs - Number of accidental dwelling fires (reduce by 10% by 2025/26) (Upper limit 195 for 2024/25)	95	115	193	✓

4. Developing Our Shared Capacity				

Measure	2024/25	2025/26		
	2024	2025		

	Value	Value	Target	Status
Sickness Rate	0.33%	6.92%	3%	

5. Enabling Our Ambitions

Measure	2024/25	2025/26		
	2024	2025		
	Value	Value	Target	Status
% lettable houses that became vacant	5.39%	5.82%	8%	
Average time to re-let properties (excluding meter issues)	9.72	11.46	16	
Average time to re-let properties (ARC)	9.72	13.7	16	
Loretto C - Gross rent arrears (all tenants) as a % of rent due	3.38%	2.91%	3.6%	
% of payments made within the reporting period which were paid in 30 days or fewer (from the date the business receives a valid invoice)	96.44%	90.9%	96%	
% of contracted expenditure compliant with procurement rules	99.38%	99.94%	99%	

Appendix 4 - Loretto Housing Board - Delivery Plan 25/26 - Strategic Projects

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
Asset Compliance and Data Strategy Programme	31-Mar-2026		100%	01. PIMSS Platform - Architecture and SAAS review	31-May-2025	Yes	Following an Executive Team update on 27 March, this project is complete for the year.
				02. 2 (FRA + Lifts) - process map and to-be design	30-Jun-2025	Yes	
				03. PIMMS/Group 3-year roadmap - review and define with vendor input	31-Aug-2025	Yes	
				04. Group business and Assurance approach review	31-Oct-2025	Yes	
				05. ET end of Programme Update	31-Mar-2026	Yes	
Providing safe, secure tenancies to support independent living (external interdependency)	28-Feb-2026		100%	01. Complete the build and allocation of the 19 West Craigs properties	31-Jul-2025	Yes	As part of our strategic partnership with Wheatley Care we will continue to explore opportunities to work together to promote and support independent living.
				02. Engage with Glasgow and Dumfries and Galloway Health and Social Care Partnerships to showcase the potential for new build supporting hospital discharges into independent living	31-Oct-2025	Yes	
				03. Engage with Glasgow and Dumfries and Galloway Health and Social Care Partnerships and Councils to explore the potential for a similar approach	31-Jan-2026	Yes	
				04. Update to the Group Board on the engagement and	28-Feb-2026	Yes	

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
				any associated implications for our future development programme			
Engagement 2.0: Maturing customer engagement and performance measures as part of our customer insight approach	31-Dec-2025		100%	01. Trial a new method of managing engagement - MS Dynamics in WHG South area - and evaluate its impact	30-Jun-2025	Yes	Framework now agreed for consultation by both RSL Boards and the Group Board. This completes this project.
				02. Undertake a review of the existing Stronger Voices framework and operation of the existing structures	31-Jul-2025	Yes	
				03. Gather customer perspective and ideas on how our approach to engagement could evolve through the 2026-31 strategy development phase 2	30-Sep-2025	Yes	
				04. Review the existing framework based on the review of its effectiveness to date and feedback from customers	31-Oct-2025	Yes	
				05. Recommendations for Stronger Voices Framework 2.0 in support of our emerging Strategy 2026-31 agreed by RSL and Group Boards	31-Dec-2025	Yes	
Tenant Web Self-Service	31-Mar-2027		33%	01. Business Case development and approved by the Executive Team	31-May-2025	Yes	As reported during the year, this contract has been purposefully paused with the vendor due to capacity and delivery concerns with the same
				02. Preferred vendor engagement pre contract	30-Nov-2025	Yes	
				03. Contract award	31-Mar-2026	No	

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
				04. Project commencement	30-Apr-2026	No	vendor on the Lowther Homes factoring platform project. We will keep the award date under review pending progress with the Lowther Homes project.
				05. NEC Project Plan approved	30-Jun-2026	No	
				06. Development and implementation update to Executive Team	30-Nov-2026	No	
[redacted] letting growth strategy	31-Dec-2025		100%	[redacted]	[redacted]	[redacted]	[redacted]
				[redacted]	[redacted]	[redacted]	
				[redacted]	[redacted]	[redacted]	
				[redacted]	[redacted]	[redacted]	

Loretto Year-end performance 2025/26

1.1 Results for the following three measures were not included in the initial Loretto Board report and are now provided here for oversight:

Annual Tenant Visits ("ATVs")

1.2 We ended the year at 90% of Annual Tenant Visits completed, an increase from 84% in 2024/25. The total number of visits carried out in 2025/26 was 2,369, from 2,627 tenancies.

1.3 It is important to note that only 1.2% of tenancies (32) have no recorded visit over a two-year period.

1.4 During 2025/26 there has been no tolerance built in for new tenant visits or the ability to filter for this. Work has been underway to ensure that from 2026/27 we can report on this enhanced basis.

Table 1

Subsidiary	No. ATV	No. Tenancies	% ATV completed 2025/26	No. with no recorded visit in two years	% tenancies no visit
Loretto	2,369	2,627	90.18%	32	1.22%

Flat entrance fire door checks

1.5 We have a rolling programme for carrying out flat entrance door checks in all 107 of our properties six floors and higher. We visit all flat entrance doors in properties at and above 18m in each six-month period (April – September and October – March).

1.6 Where we gain access, photographic evidence is kept on file and the inspections verify that doors close properly, seals are intact, and hardware (hinges, locks, self-closers) function as intended. During the second phase of this year (which began on the 20th of October 2025) to the end of March, we have visited and completed a visual inspection on all 107 properties and gained access to 58 of these to complete successful inspections.

1.7 This programme continues to present challenges in gaining access inside the properties. The Board previously agreed that we would force access to complete the check where there is "clear evidence that the flat entrance door has no qualities of fire resistance, or there is clear evidence that the fire resistance of the door has been compromised due to a repair". We have had none that fit these criteria in the second phase.

ASB repeat cases

1.8 Repeat ASB cases are defined as the number of addresses where two or more ASB complaints have been made over the course of the rolling year.

1.9 During 2025/26, ASB was recorded at 43 repeat addresses within Loretto, a decrease from 50 in 2024/25 yet a small increase from 41 in 2022/23. Around 2% of our properties have issues with repeat ASB.

1.10 As a Group, our strategic objective was to reduce repeat cases by 20% of the 2022/23 baseline figure. Across Group there have been 1,021 repeat ASB cases in 2025/26, equating to a 5.72% reduction from 1,083 in repeat cases in 2022/23. While we have not achieved our Group strategic target, we remain committed to capturing all cases of ASB, investigating and taking appropriate action.

Loretto Housing

Report

To: Loretto Housing Board

By: James Ward, Managing Director, Loretto Housing

Approved by: Laura Pluck, Group Director of Communities

Subject: 2026/27 Annual Delivery Plan

Date of Meeting: 18 May 2026

Purpose:

This report updates the Board on the agreed 2026/27 Group Delivery Plan, comprising:

1) Strategic projects to be reported to the Board during 2026/27; and
2) Our specific Board-level performance measures and corresponding targets for approval.

1. Executive Summary

1.1 The 2026/27 Delivery Plan sustains core priorities while introducing a step change through the Wheatley Standard, enhanced building safety assurance, and new legislative and partnership frameworks. Across four strategic themes, it prioritises safer, higher-quality homes, more responsive services, and stronger partnership working to improve customer outcomes—particularly in homelessness and tenancy sustainment.

1.2 Key projects include embedding the Wheatley Standard, implementing Awaab's Law, strengthening compliance and data, reforming repairs delivery, and advancing funding and commercial models. Updated performance measures align delivery with strategy and enhance Board assurance on outcomes and operational performance.

2. Authorising Context

2.1 The Board approved our new strategy, Making Homes and Lives Better, in February 2026. The Board is now asked to consider and approve the first-year Delivery Plan for the new strategy, setting out the strategic projects to be progressed during 2026/27 and the Performance Management Framework ("**PMF**"), including proposed Board-level measures and targets.

2.2 Under the Group Standing Orders, the Group Board has an ongoing role in monitoring the performance of subsidiaries across Wheatley against the agreed measures. The Group Board agreed an updated programme of strategic projects and performance measures and targets for 2026/27 at its meeting on 30 April 2026.

2.3 This Board is responsible for approving our Annual Return on the Charter ("**Charter**") returns and monitoring performance against agreed targets. Together, these arrangements clarify accountability between the Group Board and our Board, while enabling consistent oversight of strategic delivery and performance across Wheatley.

3. Discussion

3.1 Core priorities from the previous strategy continue, including building safety and compliance, customer satisfaction, damp and mould, tenancy sustainment, financial discipline and strong operational performance in areas such as arrears and days to let.

3.2 However, 2026/27 also marks a step change, with the introduction of the Wheatley Standard as a quality benchmark for our homes, the establishment of a Single Building Assessment programme to strengthen building safety assurance, a new legislative context for damp and mould, and a new phase for City Building (Glasgow).

3.3 Proposed strategic projects are set under four themes, which reflect the themes of our strategy:

- Safe and secure homes and neighbourhoods to be proud of;
- Personalised services;
- Better lives - partnership working and tackling homelessness; and
- Responsible business - strong financial foundations.

3.4 The strategic projects within the 2026/27 Delivery Plan are primarily focused on improving outcomes for customers by making their homes safer, their services more reliable and their experience more consistent.

3.5 The Wheatley Standard, strengthened building safety assurance, improved damp and mould management and enhanced energy efficiency are designed to give customers greater confidence in the condition, safety and long-term quality of their homes. Alongside this, projects to improve repairs, factoring and customer contact aim to deliver services that are more responsive, transparent and tailored to individual needs.

3.6 The projects also support better customer outcomes by strengthening partnership working and targeting key pressures facing households and communities, particularly homelessness prevention and tenancy sustainment.

3.7 The full list of Group level projects and milestones for 2026/27 is set out at Appendix 2. The projects proposed for inclusion in this Board's future performance reports are highlighted for Board feedback and agreement.

<u>Safe and secure homes and neighbourhoods to be proud of</u>

3.8 The Wheatley Standard ("**the Standard**") is the central element of our strategy. Our priority is to clearly define the Standard and establish a programme to assess homes and neighbourhoods against it, providing a consistent basis for investment decisions, performance monitoring and Board assurance.

3.9 At the upcoming Board strategy workshop, the focus will be on defining the Standard with a view to this being formally agreed by the end of September this year. Engaging with our customers and staff will also be a key element of agreeing the Standard. By the end of 2026/27, we will have established the Wheatley Standard, commenced the initial phase of surveying homes and neighbourhoods against it, and will be in a position to provide early indications of the findings and any emerging investment priorities.

3.10 We have two projects that directly relate to the condition of our properties. We will continue our preparations for the introduction of Awaab's Law in Scotland in October. We are currently engaging independent specialists and external legal advisers to support our organisational readiness and are preparing our revised Damp and Mould Policy.

3.11 By the end of 2026/27, our updated Damp and Mould Policy will be in place, we will be reporting on compliance with Awaab's Law through the performance framework, and the Board will be receiving regular assurance on the management of damp and mould cases through a combination of performance reporting and standalone updates.

3.12 We are also continuing with our Asset Compliance Programme project. It will continue to focus on the harmonisation of our approach and processes across Wheatley, increasing the level of automation in our approach and increasing the level of data we hold on work delivered via third parties.

3.13 By the end of 2026/27, we will have established standard processes across Wheatley, improved technology functionality for managing compliance activity, and enhanced the quality and completeness of data on compliance work delivered by contractors. These improvements will support even more robust Board level assurance on statutory compliance.

3.14 A new project is to develop a Single Building Assessment ("**SBA**") Programme. This was subject to a separate report discussed at our last meeting in March. By the end of 2026/27, the programme will be mobilised, the management protocol refined based on early delivery, and the Board will receive further assurance through SBA reporting on the condition and compliance of our multi-storey flat stock.

3.15 Ensuring energy-efficient homes remains a focus for us; this is particularly pertinent considering upcoming changes to heat network regulations. As such, a review of the impending regulations and our own networks will be undertaken to assess the impact on our business and develop proposals in response to ensure ongoing compliance, consumer protection and performance monitoring arrangements.

3.16 By the end of 2026/27, we will have met the initial regulatory requirements under the heat network regulations, completed Ofgem registration, and established governance and reporting arrangements to provide the Board with ongoing assurance.

Personalised services

3.17 Responding to the needs of customers and providing tailored service delivery is our second theme. Improving customer satisfaction with our repairs service is a key priority here.

3.18 Our continued focus on improving the repairs experience will see us develop proposals to move toward an area-based delivery model for repairs. The experience of our partners in other areas of Wheatley has consistently shown that an area-based model, with greater integration and collaboration of repairs, housing, Customer First Centre and planning teams, delivers better outcomes for customers. This will also apply to the delivery of factoring repairs, where we will work closely with Lowther Homes where this affects our tenants.

Better lives - partnership working and tackling homelessness

3.19 Our strategy recognises that partnership working is essential to us, supporting better outcomes for our communities. We will continue to work collaboratively with Local Authorities as appropriate in a number of areas such as: housing and regeneration; neighbourhoods; homelessness; tackling poverty and inequality; and City Building (Glasgow).

3.22 We recognise that, with the volume of homes we are allocating to homeless households and the implications of Awaab's Law on how we deal with overcrowding, the timing is appropriate for a review of our allocations policy. This will be supported by independent external expertise.

3.23 By the end of 2026/27, we will have completed a comprehensive review of the Group Allocations Policy, with clear recommendations to the Board on proposed changes to better balance customer need, legal obligations and effective use of stock.

Responsible business - strong financial foundations

3.24 In unlocking financial efficiencies to deliver on our strategic objectives, significant progress has been made in developing the Group's loan note programme. Contributing to the Group's long-term funding strategy, we will continue this project, with draft loan note documentation approved by the Board and regulatory consent secured from the Financial Conduct Authority, enabling the programme to move to an operational phase.

3.25 We will also review the City Building (Glasgow) charging model to consider whether the current schedule of rates approach remains the optimum model. We will also undertake a benchmarking exercise to better understand how the existing model compares more widely. This is a substantial project which will involve a wide range of stakeholder engagement as City Building (Glasgow) also delivers work for Glasgow City Council and some of its Arm's Length External Organisations, such as City Property LLP.

Measures and Targets 2026/27

3.26 We have revised our PMF to align it with our new strategy. As with previous strategies, some new measures will require baseline data or the refinement of formal measurement methodologies during 2026/27.

3.27 For the year ahead, key areas of operational focus will continue to be days to let and the void process, repairs satisfaction and tackling damp and mould. The strategic projects reflect these performance measures as key operational priorities. At Executive level, we are also developing more detailed operational performance frameworks. These will support clearer line of sight between operational drivers and outcomes and enable the Board to receive more targeted assurance on overall performance.

3.28 Appendix 2 details the proposed measures and targets to be reported to the Board quarterly or biannually for Year 1 of the strategy, 2026/27. This appendix does not include annual measures (e.g. independent customer satisfaction measures), as our quarterly reports focus on measures that are monitored on an ongoing basis. Our annual measures are drawn directly from our strategy, updated at each year-end, and any updates agreed as part of the annual strategy review.

3.29 All other proposed changes and additions are captured in Appendix 2, against each of our four strategic themes, with the key updates summarised below:

Homes and neighbourhoods to be proud of

3.30 Over the next year we will deliver 85 new homes. This represents a short-term reduction for the year ahead and thereafter increases to an average of over 100 social homes and 14 mid-market rent homes a year over the next four years as new projects come into the programme. We continue our focus on compliance, adding a target for Single Building Assessments during 2026/27 and continuing to monitor accidental dwelling fires against our reduced 2025/26 figure. It should be noted that as we define and assess our homes against the Wheatley Standard, additional measures are likely to be added, such as checks on features such as balconies and window latches.

3.31 Outside the home, a key strategic result remains achieving 90%+ customer satisfaction with our contribution to the management of neighbourhoods. We also need to establish a baseline for a new result: 90% of customers feel safe and secure.

Personalised services

3.32 As core services delivered to our customers, our repairs and CFC measures feature heavily. We have a strategic result to achieve 90%+ customer satisfaction with the repairs experience; we therefore propose reporting satisfaction as our primary repairs performance indicator. To strengthen this measure, we also plan to ask three additional questions in our surveys to establish customer satisfaction with: the quality of workmanship; the standard of communication; and the time taken to complete the job.

3.33 We will continue to report on average timescales for repairs, but instead of reporting all repairs combined, we will break this down by repair type (either appointed or programmed) and include prior-year comparators.

3.34 Additionally, it has been agreed by the Group Board that we begin to align our damp and mould targets with the upcoming Awaab's Law requirements with 5 and 20 working day measures for the first appointment and completing the repair respectively. This necessitated a consequential change to our current policy which set out 2 working days as our target for a first visit (where it is not an emergency, which will remain 3 hours).

Better Lives

3.35 Alongside our ongoing focus on lets to homeless households, recognising the strong contribution we made to tackling homelessness over our last strategy period, we have a continued ambition to house 500 homeless households over the next five years. We also remain focused on tenancy sustainment with a strategic ambition to maintain our 90%+ target.

Delivering sustainable value

3.36 We will continue to let our homes efficiently and collect monies due, proposing to reduce our gross rent arrears targets further once again to 4.9%.

4. Customer Engagement

4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers.

4.2 Our Delivery Plan has four strategic ambitions which respond to the key customer priorities identified through engagement with over 230 customers during our strategy development. Within our new strategy, we are committed to ensuring 100% of customer-facing policies and strategic projects are informed by customer insight.

4.3 This reflects our strong focus on our customers influencing and co-creating with us. When relevant, customer engagement is embedded as specific milestones of strategic projects which will directly impact the way we deliver services or the way they can be accessed by customers.

5. Financial and Value for Money implications

5.1 There are no new financial implications associated with this report at this stage, with known cost implications covered via the approved 2026/27 business plan, discussed at our February meeting. However, the Wheatley Standard will provide us with a better basis to make investment choices on improving our assets. This will be discussed further at the Board strategy workshop.

6. Recommendations

6.1 The Board is asked to:

1) Provide feedback on and note the 2026/27 strategic projects;
2) Approve our proposed measures and corresponding targets for 2026/27; and
3) Note the update to the Group Damp and Mould Policy to set our target timescale for the first visit in non-emergency cases to five working days.

LIST OF APPENDICES:

Appendix 1: Strategic Projects 2026/27
Appendix 2: Strategic Results and KPIs with associated targets for year 1

7. Legal Regulatory and Equalities Implications

Overall position:	
	No material implications
X	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
There are no specific legal or regulatory implications however, we continue to collect all measures required for the Annual Return on the Charter.

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
Project monitoring and evaluations consider our equity, diversity and inclusion approach and, where these meet our criteria, Equalities Impact Assessments are undertaken at the outset of new projects to ensure compliance with equality legislation, where applicable, and that we have fully considered the implications of our proposals on different protected characteristic groups.

Legal Compliance Assurance:
Relevant legal duties will be reviewed and legal compliance risk identified through each strategic project within our Delivery Plan. Strategic projects in some cases are designed to strengthen our legal compliance, for example around damp and mould ahead of Awaab's Law being introduced in Scotland.

Legal advice received:			
	Yes	X	No
This will be sought for individual projects as required.			

8. Risk Assessment

Risk Appetite:
We do not have a single risk appetite in respect of strategy. Our risk appetite statements for the respective areas of our strategy are set out in a separate report for Board consideration.

Relevant strategic risk(s):
All strategic risks within our register are relevant to the delivery plan.

Relevant assessment and mitigation:
The main risk relates to project delivery timescales where there is an interdependency a third party or partner within our strategic projects. We seek to mitigate these risks as far as possible through ongoing engagement with the third party or partner and contractual arrangements where applicable.

Appendix 1: Strategic projects 2026/27

Project	Milestones	Milestone dates
Defining the Wheatley Standard Proposed for Board quarterly performance updates	Board engagement completed through Strategy Workshops to inform the Wheatley Standard	30/6/26
	Customer and staff engagement completed to inform the final Wheatley Standard	30/8/26
	Wheatley Standard and approach to investment prioritisation approved by RSL, Lowther and Group Boards	30/9/26
	Progress update to Boards on initial phase of Wheatley Standard surveys	31/3/27
Damp and mould - Awaab's Law Proposed for Board quarterly performance updates	Refreshed Group Damp and Mould Policy approved for customer consultation	31/8/26
	Board assurance update on organisational readiness for Awaab's Law	31/8/26
	Final Group Damp and Mould Policy approved following customer consultation	30/9/27
	Policy implementation and compliance update provided to relevant Boards	28/2/27
Asset Compliance Programme Year 2	Undertake a pilot of enhanced compliance technology functionality in a limited number of areas	31/10/27
	Agree a standardised set of processed and procedures for the key compliance related activity across Wheatley	31/12/27
	Agree integration approach with third party supplier (Equans) to support automated data transfer and streamline the commissioning process	31/1/27
Single Building Assessment Programme	Board approval of Single Building Assessment approach and delivery programme	30/4/26
	Fire engineers procured to support SBA delivery	30/6/26
	Single Building Assessment Management Protocol developed and approved	31/7/26
	Single Building Assessment Programme mobilised and delivery commenced	31/8/26
	Programme outcomes reviewed and SBA Management Protocol refined as required	31/1/27
	Progress and assurance update provided to RSL, Lowther and Group Boards	30/4/27

Project	Milestones	Milestone dates
Heat Network Regulations Proposed for Board quarterly performance updates	Governance arrangements established to meet Heat Network regulatory requirements	31/8/26
	Board update on progress toward compliance with Heat Network regulations	31/8/26
	Heat Network registration completed with Ofgem	31/12/26
	Progress update to RSL Boards on ongoing compliance, consumer protection and performance monitoring arrangements	31/3/27
West repairs – Area based operating Proposed for Board quarterly performance updates	Review of the current repairs delivery model for the West	30/9/26
	Preferred operating model approved following options appraisal	31/12/26
	Transition and implementation approach agreed for any new operating model	31/3/27
Glasgow City Council – refreshed strategic partnership Proposed for Board quarterly performance updates	Refreshed Strategic Agreement agreed by the joint Wheatley/Glasgow City Council Senior Officers Group	30/9/2026
	Refreshed Strategic Agreement formally approved by the Wheatley Board and Glasgow City Council	30/11/2026
	New partnership monitoring and reporting arrangements implemented	31/3/2027
Group allocations policy review Proposed for Board quarterly performance updates	Scope and key principles for the Group Allocations Policy review approved	31/5/26
	Consultant procured	31/7/26
	Tenant and stakeholder engagement commenced	31/9/26
	Findings from the consultant review and next steps to presented to the Group Board	31/3/27
Loan note programme	Loan note programme size and parameters agreed	30/9/26
	Draft loan note and supporting documentation prepared	30/11/26
	Loan note programme and documentation approved by the Board	28/2/27
	Regulatory approval obtained from the FCA	31/3/27

Project	Milestones	Milestone dates
	Loan note programme formally established and operational	31/3/27
CBG Charging Model Review	Scope and objectives of the charging model review approved by Members	30/6/26
	Benchmarking of current charging arrangements completed	30/9/26
	Options appraisal completed and preferred charging model agreed in principle by Members for further development	30/9/26
	Financial modelling completed and recommendations made to Members on future approach and implementation	31/3/27

Appendix 2:

Loretto Housing Strategic Results and KPIs 2026 to 2027 – Quarterly or bi-annual reporting only

New measures are shown in blue and changes are shown in red

1. Homes and neighbourhoods to be proud of

Supply

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Theme 1, Result 3: Net increase of new affordable homes by at least 500 by 2031	Annual target taken from 5-year development programme	Loretto - 85	555	Business
Annual progress with our development programme against both social and mid-market targets	Annual target taken from 5-year development programme	Loretto - 85	68	Business
Satisfaction with new homes annually, with a target of 95%	No change; albeit annual targets towards year 5 will be updated post year-end	95%	95%	Customer

Health and Safety (including Fire)

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Number of RIDDOR reported	No change	Contextual	Contextual	Business
Group - Number of Health and Safety Executive or local authority environmental team interventions	No change	0	0	Business
Number of days lost due to work related accidents	No change	Contextual	Contextual	Business
Number of accidental fires in workplace	No change	0	0	Business
Number accidental dwelling fires, and per 1,000 stock	While no longer a strategic target to reduce from a set baseline, minimising the number of ADFs remains a priority	Contextual, considered against 2025/26 figure	Contextual, considered against 2025/26 figure	Business
100% of applicable properties have a fire risk assessment (HMOs)	No change	100%	100%	Business

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Number of FRA actions overdue	To be reported based on Board feedback	0	0	
Number of fire door checks completed where building is 11m - 18m/MSF or above every 6 months	No change	April to September - 107 October to March - 107		Business
Number of Single Building Assessments completed	Added, with 11 scheduled for 2026/27	11 (across Group)	Annually set	Business

Compliance

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Legionella - percentage of applicable properties with a valid risk assessment in place	No change	100%	100%	Business
% of electrical installation inspections completed and number due to be completed	No change	100%	100%	Business
% of properties with an EICR certificate up to 5 years old	No change	100%	100%	Business
Number of times during the reporting year we did not meet our statutory obligations to complete a gas safety check within 12 months of a gas appliance being fitted or its last check (ARC)	No change	0	0	Business
Percentage of domestic stair and through floor lifts with a completed annual inspection and test against the number due to be completed	No change	100%	100%	Business
Percentage of passenger lifts with a completed six-month inspection and test against the number due to be completed	No change	100%	100%	Business

Neighbourhood

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
% ASB cases resolved (ARC)	No change	100%	100%	Business
95% of ASB cases resolved within timescale	No change	95%	95%	Business
Number of repeat ASB cases	No change	Contextual	Contextual	Business

2. Personalised services

Repairs

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Theme 2, Result 3: Satisfaction with the repair experience	Transactional survey after a repair has been completed, using our digital survey tool	90%	90%+	Customer
Satisfaction with the quality of workmanship		90%	90%+	Customer
Satisfaction with the quality of communication		90%	90%+	Customer
Satisfaction with the time taken to complete the repair		90%	90%+	Customer
Average length of time taken to complete emergency repairs (ARC)	No change	3	3	Business
Average length of time taken to complete non- emergency repairs (ARC)	To be split and reported by repair type - Appointed - Programmed	Contextual	Contextual	Business
Percentage of reactive repairs carried out in last year completed right first time (ARC)	No change	90%	90%	Business
Mould inspection lines - Number and % Attended in 5 Working Days	It is proposed tis is changed to 5 working days correspond with future Awaab law requirements	Contextual	Contextual	Business
Mould inspection lines - Number and % Attended outwith 5 Working Days due to customer choice	It is proposed tis is changed to 5 working days correspond with future Awaab law requirements	Contextual	Contextual	Business

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Mould inspection lines - Categorisation as No mould found/ Mild/ Moderate/ Severe	No change until new Awaab law measures commenced	Contextual	Contextual	Business
Mould remedial lines - % Completed in 15 Working Days	No change until new Awaab law measures commenced	Contextual	Contextual	Business
Number of cases of damp and/or mould, by causation (to support ARC)	No change	NA	Contextual	Business
Average timescale for the completion of cases of damp and/or mould, by causation (ARC)	No change to measure itself and continues to be reported overall and by causation (condensation, structural or other). Target of 20 days proposed to correspond with future Awaab law requirements	20 days	20 days	Business
Number of re-opened cases of damp and/or mould, by causation (ARC)	No change, reported overall and by causation (condensation, structural or other)	Contextual	Contextual	Business
The percentage of cases of damp and/or mould that have been re-opened, by causation (ARC)	No change, reported overall and by causation (condensation, structural or other)	Contextual	Contextual	Business
Number of open cases of damp and/or mould at year end, by causation (ARC)	No change, reported overall and by causation (condensation, structural or other)	Contextual	Contextual	Business
Repair complaints as a percentage of all reactive repairs / Repair complaints per 100 reactive repairs	No change	Contextual	Contextual	Business
Stage 2 repair complaints as a percentage of Stage 1 repair complaints	No change	Contextual	Contextual	Business
The average time to complete medical adaptations (ARC)	No change. Note, contingent on the availability of funding to undertake the work	25	25	Business
No of households waiting for adaptations to their home (ARC)	No change	Contextual	Contextual	Business

Housing

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Theme 2, Result 3: Satisfaction with the process of getting my new home is improved to 90% Allocations CSAT	No change	90%	90%	Customer
100% of tenants receive an annual tenant visit	No change	100%	100%	Business

CFC

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Theme 2, Result 3: Customer satisfaction with the CFC is 90%+ - CFC CSAT	No change	90%+	90%+	Customer
% customers reporting that they have called about their enquiry before (IVR) & % customers reporting their enquiry was resolved in the CFC (survey)	New for 2026-27, to more effectively measure first contact resolution from the customer perspective. Methodologies and baselines will be established and thereafter targets set.	15% (IVR) 90% (Survey)	TBD	Customer
Revised call abandonment rate - those waited over 30secs and abandoned	No change	Loretto 5%	Loretto 5%	Business

Complaints

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Average number of working days to respond to stage 1 complaints (ARC)	No change	5	5	Business
Average number of working days to respond to stage 2 complaints (ARC)	No change	20	20	Business
Average number of working days to respond to all complaints – Stage 1 and 2 (ARC)	No change	Contextual	Contextual	Business
Percentage of stage 1 complaints responded to within 5 working days (SPSO)	No change	95%	95%	Business

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
10% reduction in complaints escalated to Stage 2 from a 2026 baseline	Baseline will inform annual targets		-10%	Business
Percentage of stage 2 complaints (direct to stage 2) responded to within 20 working days (SPSO)	No change; although noting that if agreed with the customer to exceed the 20 days this is permitted in the SPSO model complaint handling procedures	100%	100%	Business
Percentage of escalated complaints (from stage 1 to stage 2) responded to within 20 working days (SPSO)	No change; although noting that if agreed with the customer to exceed the 20 days this is permitted in the SPSO model complaint handling procedures	100%	100%	Business

3. Better lives

Housing

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Theme 3, Result 1: Housing at least 11,000 homeless households by 2031	No change, albeit new strategic target	100	500	Business
90%+ tenancy sustainment: Percentage of tenants who sustain their tenancies for more than 12 months (ARC)	No change, albeit new as a strategic target	90%	90%+	Business
Percentage of tenants who sustain their tenancies for more than 12 months - revised	No change	92%	92%	Business
Percentage of tenants who sustain their tenancies for more than 12 months (ARC) - homeless	No change	90%+	90%+	Business
Percentage of lets to homeless applicants (ARC)	No change	Contextual	Contextual	Business
Percentage of relevant lets to homeless applicants	No change	Contextual	Contextual	Business

Foundation

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Theme 2, Result 3: Satisfaction with participation in Wheatley Foundation projects	Strategic period baseline to be established during 2026/27	Baseline set	TBD	Business
Theme 3, Result 2: 5,000 jobs, apprentice and training places created for our customers and communities: Wheatley Works	No change, albeit new strategic target	Loretto - 25	Loretto - 125	Business
Children & Young People accessing Foundation programmes	New for 2026-27	Loretto - 75	Loretto - 375	Business
No. of households accessing support to maximise income and prevent poverty	New for 2026-27	Loretto - 300	Loretto - 1,500	Business
No. of interventions that help alleviate poverty	New for 2026-27	Loretto - 480	Loretto - 2,400	Business

4. Delivering sustainable value

Rent and letting operations

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
Gross rent arrears (ARC)	No longer a strategic result; however, propose target reduces to 4.9% for 2026/27 and will be set annually	4.9% (RSL Group)	TBD	Business
Average days to re-let a home (ARC)	No change	Loretto - 16	Loretto - 16	Business

People

Indicators	Update	Proposed Year 1 Target (2026/27)	Year 5 Target (2030/31)	Measure Type
The number of staff who engage with our innovation activities increases annually from a 2026 baseline	Baselines to be set across year 1 of the new strategy period	Baseline set	Contextual	Business
Group - % Sickness rate overall	No change	3%	3%	Business
Group - % sickness per subsidiary and key work groupings	No change	3%, other than NETs, Repairs and CFC at 5%	3% other than NETs, Repairs and CFC at 5%	Business

Loretto Housing

Report

To: Loretto Housing Board

By: James Ward, Managing Director, Loretto Housing

Approved by: Laura Pluck, Group Director of Communities

Subject: Complaints policy and annual update

Date of Meeting: 18 May 2026

Purpose:

1) To seek the Board's feedback on the proposed updates to the Group Complaints Policy and its agreement that it, alongside a supplementary Heat Network Complaint Policy, be progressed to the Group Board for approval; and
2) To provide the Board with an update on complaint handling during 2025/26 and plans for 2026/27.

1. Executive Summary

1.1 This report presents updated Group Complaints Policy arrangements, including a new supplementary Heat Network Complaints Policy, to ensure continued compliance with SPSO requirements and reflect key legislative developments such as incorporation of the United Nation Convention on the Rights of Children ("UNCRC") (Incorporation)(Scotland) Act 2024 and new heat network regulation. These updates strengthen the Group's approach to person-centred, rights-based complaints handling and ensure that all customers, including children and heat network users, are supported consistently and effectively.

1.2 Complaint volumes in 2025/26 have decreased slightly, with strong performance maintained against SPSO timescales despite increased complexity. Learning from complaints has informed a clear programme of improvement for 2026/27, focused on resolving issues earlier, reducing avoidable escalation, strengthening communication and ownership, and enhancing staff capability. The Board is invited to provide feedback on the updated policies and note the performance position and planned improvement actions.

2. Authorising Context

2.1 Under the Group Standing Orders, the approval of certain Group policies is reserved to the Group Board. The Group Complaints Policy is one of the Group policies reserved to the Group Board. As part of the recent strategic governance review, we agreed that Group policies should, by default, seek subsidiary Board feedback and endorsement before being presented to the Group Board for approval.

2.2 Under its Tems of Reference, the Board is responsible for the scrutiny of operational performance, including complaints handling and performance. The Board undertakes this through performance reporting as well as an annual review of complaints handling.

3. Discussion

3.1 We are considered a public service organisation under the Scottish Public Services Ombudsman's (**"SPSO"**) jurisdiction. The SPSO Statement of Complaint Handling Principles is the foundation for the Model Complaints Handling Procedures (**"MCHP"**). All public service organisations within the SPSO's jurisdiction must have complaints policy and procedures which comply with these.

3.2 The Group Complaints Policy ("**the Policy**") and Procedures ("**the Procedures**") set out how complaints are received, managed, escalated and learned from, ensuring compliance and consistency across all Group partners.

3.3 Our review of the Policy and Procedures has reflected on three key areas: child friendly complaint handling, heat network complaints, and our annual review of complaints. The updated Policy, showing track changes, is available at **Appendix 1**. Further detail on each of these review areas is set out below, followed by our plans for implementation of the updated Policy and other complaint handling areas of focus for 2026/27.

Statement of Principles and Child friendly complaints

3.4 On July 16, 2024, the United Nation Convention on the Rights of Children ("**UNCRC**") (Incorporation)(Scotland) Act 2024 ("**the UNCRC Act**") made Scotland the first country in the UK, and the first devolved nation in the world, to directly incorporate the UNCRC into domestic law. This Act ensures that children's rights are central to policy and decision-making, and that their needs are met by public service complaints procedures in Scotland.

3.5 Child friendly complaints bring to life the SPSO's move towards greater person-centred, rights-based complaint handling. The SPSO updated their Statement of Principles, which the Scottish Parliament approved in June 2025, to reflect this emphasis, including stating the following:

"Person-centred and rights-based complaints handling welcomes complaints, and ensures that people feel heard, respected, and valued throughout the complaints process. It supports public services in taking an approach which is compassionate, robust and considerate of the wellbeing of everyone involved";

"Complaints handling should be based on human rights principles, and should respect people's rights in line with relevant law, standards and guidance"; and

"These principles do not stand alone and must be read together with the SPSO's child-friendly complaints handling principles".

3.6 In incorporating their Child Friendly Complaint Handling Principles, work funded by the Scottish Government, into their Statement of Principles, the SPSO expect all public service organisations under their jurisdiction, including Local Authorities and Registered Social Landlords, to comply.

3.7 The SPSO has issued guidance on Child Friendly Complaints Procedure and Process ("**the Guidance**"), which provides guidance on approaching complaints where a child is involved. Under the SPSO guidance, a child is defined as anyone under the age of 18. In summary, the SPSO guidance is relevant where a child raises a complaint directly, an adult raises a complaint on behalf of a child, or an adult raises a complaint about all matter which affects a child. We expect any child complaints that we receive to primarily be in the adult led category given the nature of our services.

3.8 The Guidance highlights that the process suggested by the SPSO is not prescriptive and is intended to complement current complaint handling procedures. In practice, the approach adopted when handling such a complaint will vary on a case-by-case basis based on the individual circumstances of the complaint. The relevant sections in our policy and procedure are therefore brief, with signposting to the SPSO guidance on child-friendly complaints. Our approach in practice will also be informed by evolving sector experience and legal advice over time.

3.9 We have liaised with our external legal advisers Brodies on the applicability of the UNCRC Act specifically within the context of complaint handling. Brodies confirm that we should comply with the child-friendly principles and guidance as part of our compliance with SPSO's requirements. However, Brodies also advise that the compatibility duty under the UNCRC Act will not attach to all our functions. Our updated Policy and Procedures incorporate Brodies feedback and consolidates child friendly complaints handling into our approach.

Heat network complaints

3.10 Heat networks are now subject to a new statutory regulatory framework designed to strengthen consumer protection and service standards. From April 2025, heat network consumers gained access to the Energy Ombudsman, and from January 2026 heat networks became subject to statutory regulation by Ofgem, including strengthened consumer protection requirements. These changes bring heat network customers closer in line with the protections available to gas and electricity consumers.

3.11 As reported to the Group Board in September 2025, we have 120 heat networks across Wheatley – Loretto has 10 heat networks with 243 customers connected to these. These networks are a mix of what Ofgem defines as district heating (networks serving multiple buildings) and communal heating (systems comprising one building); therefore, for Loretto, our communal systems will be subject to these new regulations.

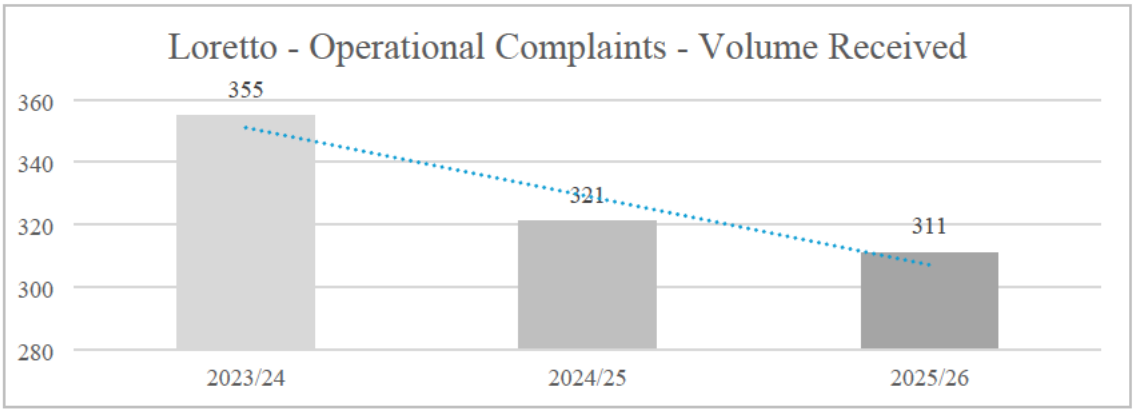
3.12 Under the new regulatory framework, consumer (customer) protection is one of the main themes and will include requirements to ensure clear information is provided, metering and billing are accurate, a defined complaints procedure and adequate engagement on the service is provided.

3.13 We are working through a detailed action plan to ensure we meet the requirements for registration and regulatory obligations. One of several requirements for registration is an appropriate complaint management policy and procedure.

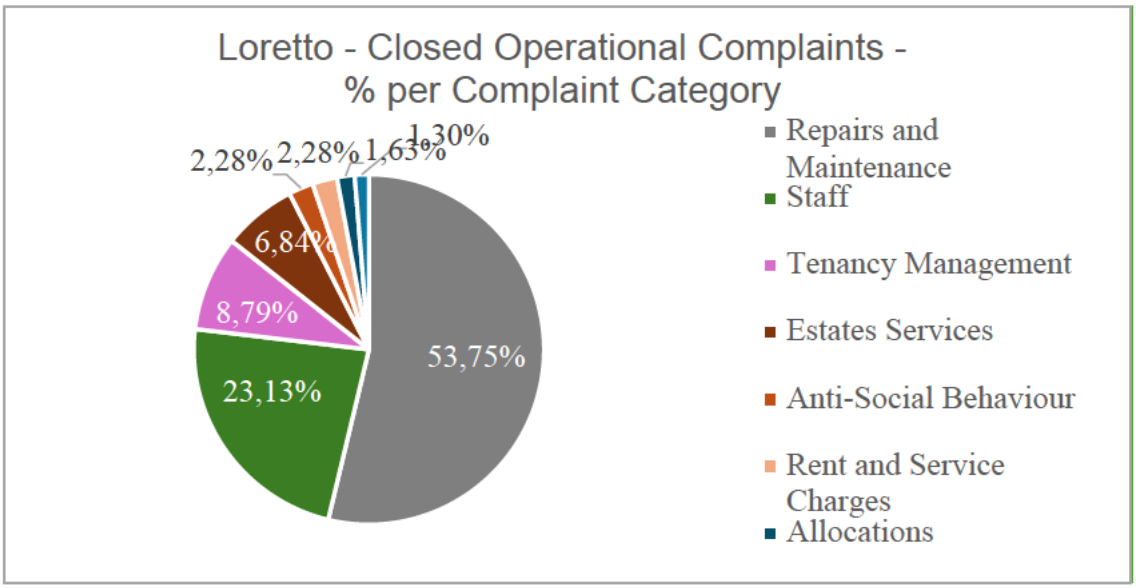
3.14 During our Policy review, we have therefore also liaised with Brodies to ensure that we are fully compliant with the Energy Ombudsman Heat Network Supplier Scheme and Ofgem's consumer protection framework. In addition to reference within our Policy and Procedures, a supplementary, dedicated Heat Network Complaints Policy has been developed. This is available at Appendix 2.

Annual review of complaints

3.15 We received 311 operational complaints in 2025/26. This is a modest 3% decrease on 2024/25, and a 12% decrease on 2023/24 when complaint volumes peaked for us and across the sector.



3.16 The chart below shows our operational complaints broken down for complaint category. While operational complaints that relate to repairs and maintenance remain the largest category (53.75%), it is useful to note that this has reduced from last year (when 57.96%). This is particularly encouraging given that the volumes of repairs undertaken in the same time period has increased by 5.1% (based on 14,970 reactive repairs in 2024/25 and 14,248 in 2025/26).

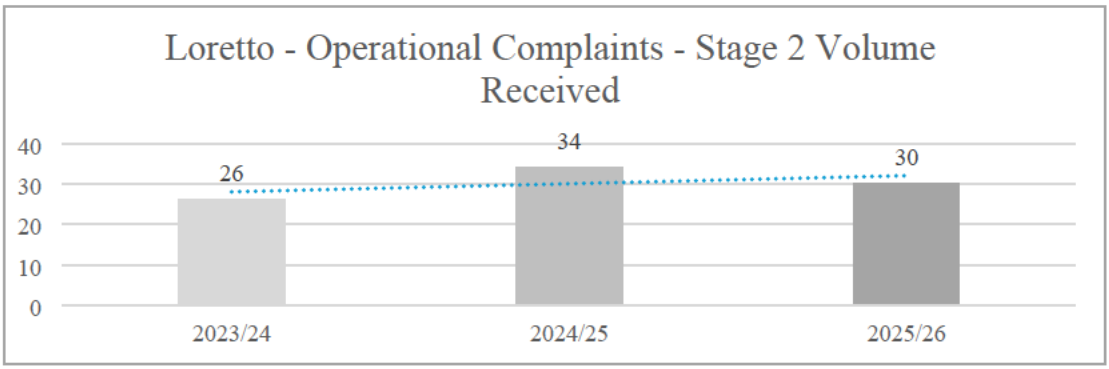


3.17 We undertook detailed analysis of staff complaints, and a common theme were that they rarely related exclusively to an individual staff member and were much more likely to be a proxy for a service or communication issues. As set out later in the report these are key areas of focus for the year ahead.

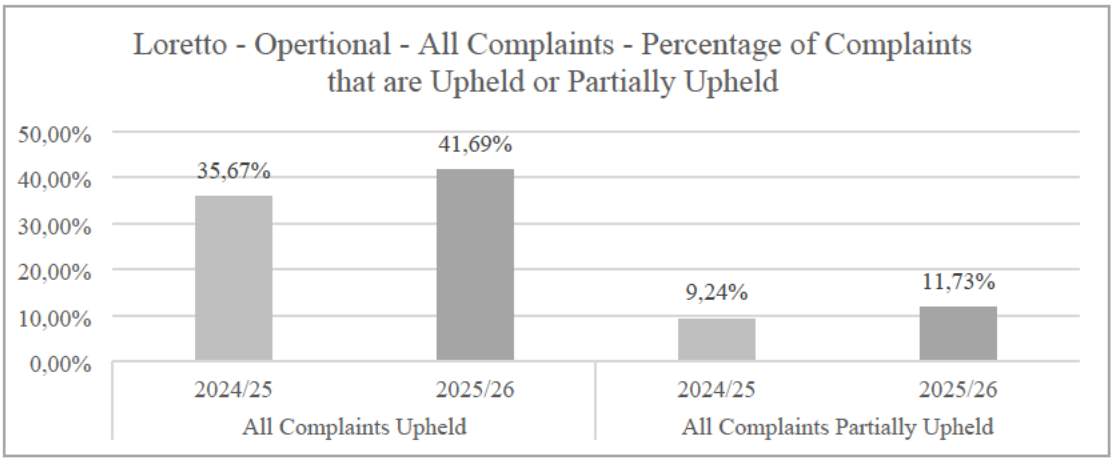
3.18 Of note, the SPSO and associated Complaint Handlers Network have acknowledged a sustained increase in complaint activity across the sector (up c40% from 22/23 to 24/25), including use of Artificial Intelligence in complaint submissions to landlords, which is adding complexity to complaint investigations and responses.

3.19 Despite the increased complexity, we continue to perform strongly for operational complaints against SPSO timescale requirements, with an average of 3.63 days against the Stage 1 five-day target and 16.58 days against the Stage 2 20-day target. Where complaints exceed these targets, factors such as customer-requested extensions to support further engagement, the complexity of the complaint and the desire for a thorough investigation are acknowledged.

3.20 A slight decrease in Stage 2 complaints contributed to the reduction in numbers recorded in the last year, with a reduction of four complaints being received at Stage 2. The SPSO continues to report receiving elevated volumes of requests for reviews, with a requirement for them that the Stage 2 process has been completed to consider a case.



3.21 A higher proportion of complaints are upheld or partially upheld this year than last year as shown in the below chart. This trend applies to both Stage 1 and Stage 2. This reflects our message to staff to adopt a pragmatic approach towards upholding complaints, recognising that this, alongside a strong focus on resolution, leads to a better customer experience.



3.22 Complaints continue to be driven primarily by repairs, communication, and service coordination issues, with escalation often linked to delays, unclear ownership, and failure to meet commitments. These themes reflect what customers told us were priorities for our strategy and areas we have agreed to focus strongly on within our strategy for example bearing down on hand-offs, improving collaborative working among teams and giving staff the confidence and tools to take ownership of issues.

3.23 Our strategy sets out an expectation that this will result in a reduction in the level of complaints escalating to Stage 2. This new measure will be reported to the Board quarterly throughout 2026/27.

3.24 Of note, Housemark – the UK's housing benchmarking membership – has recently advised us that the national average of complaints escalating to Stage 2 is around 20% and that, while we wish to improve this performance, our data still indicates strong performance.

3.25 In terms of Charter and SPSO complaints analysis, the total number of Loretto complaints is higher (338) as this includes complaints received from RSL factored owners.

Key learning from 2025/26

3.26 Our review and analysis of complaints, both Stage 1 and Stage 2, has identified the following key drivers:

- **Hand-Offs – communication** – where our processes require a customer to be handed off between teams, such as from the Customer First Centre to a frontline or repairs team, the communication is not strong enough between teams, as there is often no ongoing relationship, or with the customer;
- **Hand offs – ownership** – our processes can require hand offs rather than empowering staff to see the issue through to a resolution for the customer. This increases the risk that not all issues are followed through or the customer has to repeat the same issues;
- **Repairs – quality and communication** – repairs remain a key issue associated with complaints, in particular about how we communicate with customers what will happen next or their perception of the quality of the work; and
- **Anti-Social Behaviour ("ASB") – communication** – customers consistently complain about the lack of specificity in our communication on how we are managing ASB and how we expect to achieve a resolution.

3.27 In response to these lessons, we are taking forward a number of major changes, including:

- Introducing a new customer communication framework to address the current gaps, particularly in areas where there are hand offs;
- We are reviewing our approach to ASB communication and introducing ASB specific complaints training for all housing staff; and
- Introducing more structured complaints resolution performance monitoring, led by the Group Director of Housing, assessing performance on qualitative areas such as taking ownership, collaborative working and customer engagement.

3.28 This is also being supported by a number of improvements to how we manage complaints handling more widely, including:

- Using AI to develop quality assurance tools for complaints handlers to use to improve the quality of written responses before they are issued;
- Reviewing our complaint reporting process to increase automation and provide better, quicker data and analysis; and
- Rolling out an automated digital stage 1 commitments tracker within the housing and repairs teams.

4. Customer Engagement

4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers. Given the legislative and regulatory nature of the Policy and the necessary updates made during this review, we have not undertaken engagement during the review itself – rather focusing on relevant legal advice and update of our EIA to inform implementation actions.

4.2 In terms of heat network regulations, a separate programme of customer engagement is being developed to support all aspects of compliance and will include complaints handling as appropriate.

5. Financial and Value for Money implications

5.1 There are no anticipated implications. All work is expected to be undertaken within existing budgets.

6. Recommendations

6.1 The Board is asked to note and provide comment on the:

1) Updated Group Complaints Policy and supplementary Heat Network Complaint Policy; and
2) Annual update on complaint handling during 2025/26, and priorities for 2026/27.

LIST OF APPENDICES:

Appendix 1: DRAFT Group Complaints Policy - track changed
Appendix 2: DRAFT Heat Network Complaint Policy
Appendix 3: Wheatley Group Annual Complaints Report 2024_25

7. Legal Regulatory and Equalities Implications

Overall position:	
	No material implications
X	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
Scottish Public Services Ombudsman Act 2002. United Nation Convention on the Rights of Children (UNCRC) (Incorporation)(Scotland) Act 2024. Heat Networks (Market Framework) (Great Britain) Regulations 2025.

Current level of compliance:			
	Compliant		Not Compliant
X	Partially Compliant		Not yet in force

Implications:
As a Group, we are in the process of gathering the necessary evidence to register with the Energy Ombudsman. The updated Group Complaints Policy and supplementary Heat Network Complaints Policy will support this.

Legal Compliance Assurance:
We will continue to work through child friendly complaints on a case-by-case basis, taking legal advice as necessary. We are in the final steps of adding a 'child friendly' complaint flag on our CRM system ASTRA to support identification and triage of potential child friendly complaints at an early stage.

Legal advice received:			
X	Yes		No
Brodies provided independent legal advice on both child friendly complaints and heat network complaints as detailed in this report.			

8. Risk Assessment

Risk Appetite:
Our agreed risk appetite relating to laws and regulations is **"Averse"**. This level of risk tolerance is defined, as "Avoidance of risk and uncertainty is a key organisational objective".

Relevant strategic risk(s):
The key complaint related risk ("111) is at an operational level, Complaints management: complaints not being managed in line with the Group Policy or SPSO guidance. We mitigate this risk through: ▪ Our Group Complaints Policy and Procedures; ▪ E-learning available to staff; ▪ Routine complaints performance monitoring and sample checks; and ▪ Regular ET oversight of performance, quarterly board performance and year-end review of complaint handling.

Relevant assessment and mitigation:
The updated Group Complaints Policy, supplementary Heat Network Complaint Policy and Group annual complaints report help us mitigate the risks of non-compliance with regulation and legislation by setting out our approach and performance in clearly defined documents.

Wheatley Group

Making homes and lives better
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Wheatley Group Complaints Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

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Approval body	*Group Board*
Date of approval	~~*25 August 2022 (interim review and update Jun 24, section 10.7)*~~ *June 2026*
Review Year	~~*2025*~~ *2029*
Customer engagement required	~~*No*~~ *Yes – to support implementation*
Trade union engagement required	*Yes – for information*
Equality Impact Assessment	~~*No*~~ *Yes*

1. Introduction

1.1 Our ~~2021~~2026-~~26~~ 31 Strategy, '~~Your Home, Your Community, Your Future~~Making Homes and Lives Better' clearly demonstrates our commitment to ~~delivering exceptional customer experience and our ambition to progress from excellent to outstanding service~~ .evolve our services to be seamless and personalised. However, it is recognised that there may be times when customers are not happy with the services provided. When this occurs, Wheatley actively encourages customers to contact staff so that action can be taken.

1.2 In line with the Scottish Public Service Ombudsman's (SPSO) Model Complaint Handling Procedure for Registered Social Landlords (2012), re-launched by the SPSO in 2020 (effective from 1 April 2021), ~~Complaint Handling Code (2020)~~, Wheatley defines a complaint as:

An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents.

1.3 When handling complaints, Wheatley commits to putting customers at the heart of the process by:

- Accepting complaints in any format, including verbal, written and online;
- Making it clear that a service request is not a complaint and that the word 'complaint' does not need to be used for an issue to be raised as a complaint;
- Making reasonable adjustments so customers can access the process;
- Recognising and respecting the rights of individuals and children under the law;
- Giving customers opportunities to share evidence and suggest solutions;
- Using records and evidence to inform decisions rather than speculation; and
- Signposting customers to other organisations for support where needed.

1.4 We recognise that complaints may arise from issues affecting not only individual customers but also their families, including children and young people. Our approach considers the broader impact on the household and ensures that all affected parties are treated with dignity and respect.

1.~~5~~4 Wheatley uses all customer feedback, including complaints, to inform service delivery and has specifically put the following processes in place to ensure that lessons are learned from customers' complaint~~experience~~s:

- ~~Regular engagement with customers undertaken to seek their feedback on improvements they want to see in our complaint handling process;~~
- Records of any service failures and the actions taken in response;

- ~~Feedback opportunities given to complainants to assess the process;~~
- Regular reports detailing ~~complaint handling~~ performance to relevant management teams;
- Reference as part of our staff Communities of Excellence, Group Scrutiny Panel thematic reviews and Customer Voice panels as applicable; and
- Annual published performance report~~,update and~~ including lessons learned ~~shared with customers~~.

1.5 More broadly, Wheatley looks for opportunities to work with the wider sector to identify, share and embed best practice through:

- Actively engaging with the SPSO, including through the RSL~~ir~~ Complaint Handler's Network, and using their ~~regular~~published insight reports to review and improve services as required;
- Taking part in recognised training and development activities where appropriate; and
- Participating in sector-wide reviews, assessments and feedback activities wherever the opportunity arises.

1.6 The Group Complaints Policy and Complaint Handling Procedure outlines our two-stage complaints process which is compliant with the requirements of the SPSO Model Complaint Handling Procedure (~~CHP~~MCHP) and the requirements of the Scottish Housing Regulator (SHR). Our Complaints Policy and Complaint Handling Procedure has been reviewed to ensure that it complies with the SPSO's statement of principles from June 2025 (including the child-friendly complaints handling principles).

1.7 Effective complaint management is critical to the successful delivery of our five-year corporate Strategies~~y~~. It is vital that we ensure consistent and robust arrangements are established and maintained for handling ~~and investigating~~ complaints, including ~~recording, investigating, responding to and learning from complaints. identifying issues, establishing clear strategies for seeking an appropriate resolution and where possible mitigating risk for the Group.~~

1.8 The analysis of qualitative and quantitative information from complaints received across the Group is vital to support service delivery and drive continuous improvement. This customer insight will enable the Group to better understand all sections of its customer base and set the benchmark in Scotland, and beyond, for outstanding customer satisfaction in housing~~, care~~ and property management.

1.9 Building and maintaining our customers' trust is at the heart of our approach. ~~and we'll make sure customers feel we're taking their issues seriously.~~ This policy explains how we~~'ll~~ will take issues reported by our customers seriously and ~~'ll~~ make it easy for customers to tell us when our services ~~things~~ have not met their expectations or gone wrong~~ and~~. It ~~will~~ also explains how we wi~~'~~ll resolve ~~them~~complaints and use the lessons learned and customer feedback to drive continuous improvement in our service delivery.

2. Background

2.1 Our Complaints Policy and operational Complaint Handling Procedure support our aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling, promoting ~~with local,~~ early resolution by capable, well-trained staff. In doing so, complaints are less likely to escalate to the next stage of the procedure.

2.2 ~~The~~ Our Group Complaints Policy and ~~our~~ operational Ccomplaint Hhandling Pprocedure reflect ourthe commitment to valuing complaints and support us ~~the aim~~ to resolve customer dissatisfaction at the earliest opportunity. This will be achieved by conducting thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

2.3 Complaints give us valuable information we can use to improve customer satisfaction and drive continuous ~~business~~ improvement. Our Ccomplaints Hhandling Pprocedure enables us to address a customer's dissatisfaction and will help to prevent the same problems that led to the complaint from happening again.

2.4 For our staff, complaints provide a first-hand account of the customer's views and experience of our services and can highlight problems we may otherwise miss. ~~Handled well, complaints~~Complaints can also give our customers a form of redress when things go wrong~~, and can also help us continuously improve our services~~.

2.5 Resolving complaints at the earliest opportunity builds our customers' and stakeholders' trust. ~~and drives customer satisfaction with our services. Finding appropriate solutions to complaints as soon as possible means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure.~~ ~~The~~Our Complaints Policy and operational Complaint Handling Procedure will help us do our job better, improve relationships with our customers and in doing so, helps to enhance public perception of the Wheatley Group. ~~It will help us keep the customer at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.~~

3. Objectives of the policy

3.1 Our aim is to develop an approach to complaints management which embeds a consistent methodology across the Group.

3.2 We aim to ensure that the procedure designed to manage complaints embeds best practice handling of and learning from complaints in our operational practices. ~~is intrinsically built into everyday business practices.~~ This is described in more detail in our Complaint Handling Procedures and guidance notes.

3.3 ~~Identifying issues, establishing clear strategies for seeking an appropriate resolution and where possible, mitigating risk for the Group should be an integral part of the culture and way we operate our day-to-day business. Where possible, thehandling and learning from complaints should be embedded in our operational practices.~~ In this way, seeking early resolution to issues and managing complaints effectively is not the responsibility of senior management alone, but more appropriately the responsibility of all colleagues and stakeholders.

3.4 ~~In order T~~to achieve ~~group~~ awareness across our Group and to help manage the delivery of our business objectives in an effective manner, we aim to:

- Promote a Group wide customer centric 'Think Yes' culture ~~focused on 'Thinking Yes Together'~~;
- View complaints as an opportunity to resolve dissatisfaction at the earliest opportunity where possible;
- Adopt a uniform approach to the management of complaints which is captured through our customer relationship management system and reported through our ~~the~~ performance management ~~system~~framework;
- Ensure that management decisions taken are informed by the complaints we receive and learning from complaints is communicated effectively across the Group;
- Ensure that complaints raised by or on behalf of children and young people are handled in a manner consistent with children's rights and taking into account the SPSO's child friendly complaints handling principles and the SPSO's associated guidance on child friendly complaints;
- Ensure that complaints handling reflects a rights-based approach;
- Encourage all staff to consider how their work practices can contribute towards a favourable approach to the effective management of complaints; and
- Focus on the opportunities that the effective management of complaints can provide.

4. Roles and Responsibilities

4.1 The Group Director of ~~Communities~~Business Solutions and Governance is responsible for ensuring adoption of, and adherence to, this policy across the Group.

4.2 This is supported by the ~~Customer Insight and Complaints~~ Customer Resolution Manager, who provides guidance and support to staff and maintains independent oversight of all complaints handled through this policy. Additionally, the ~~Customer Insight and Complaints~~ Customer Resolution Manager is responsible for ensuring that complaints are used to inform service delivery, and that action is taken in response to lessons learned.

4.3 Managers and Leaders have day-to-day responsibility for implementation of the Policy and associated procedure in practice. They are responsible for ensuring:

- ~~Communication~~Our complaints policy and procedures are communicated to all staff;
- Suitable and sufficient training and direction is provided;
- Adherence to the policy by all staff;
- The provision of the necessary equipment, resources, and the monitoring of record management to make sure that compliance is achieved; and
- The monitoring of ~~effective management of~~performance and lessons learned, and the associated improvements required.

4.4 Communication with customers is cent~~e~~red around the concept that all enquiries are actioned and where possible resolved at the first point of contact~~. wherever possible~~. This is particularly pertinent ~~with the introduction of~~for our ~~new~~ Customer First Centre ~~model~~ which is built on this premise. Communication about complaints is centred upon a person-centred and rights-based approach to complaints handling.

4.5 ~~All~~ Customer-facing staff, ~~particularly those who may interact with customers and receive complaints~~ are:~~; must:~~

- ~~Be~~ Made aware of ~~, understand and implement~~ this policy and associated procedure;
- Made aware of when to treat something as a complaint and when something is best dealt with under another policy or procedure (e.g. child protection concerns should ordinarily be processed under our Child Protection Policy and not the Complaints Handling Procedure);
- Support~~ed to~~ resol~~ve~~ ~~ution of~~ complaints and concerns at the first point of contact where possible;
- Required to p~~P~~rovide assistance to colleagues handling complaints where requested;
- Understand what is required of them by p~~P~~articipat~~ingte~~ in training that the Group makes available to support effective complaint handling and management; and
- Communicate any issues with implementing this policy to their line manager and identify any areas for continuous improvement promptly.

5. Group benefits

5.1 Although we strive to provide an excellent service, we understand that there may be times when customers are not happy with the service provided.

5.2 ~~There are many benefits to be gained~~ B~~b~~y embedding effective complaint management into our culture and across the Group, we can use complaints positively to:~~ enhance our service design and delivery as well as:. These include:. These include:~~

- ~~Greater focus by the~~Provid~~inge~~ insight to our leadership, Executive Team and~~–~~ Group Board(s) on the key business issues and ~~to focus~~inform our objectives;

- ~~Increased likelihood of business success~~Use lessons learned and insight to drive improvements, providing strong evidence for change in ~~change~~service design and delivery where required;
- ~~Identifying trends in failure, to reduce this; Reduction in surprise events;~~
- Support our focus across Group on first time resolution; ~~More internal focus on doing things in the right way to get it right first time;~~
- ~~Greater likelihood of achieving business objectives;~~ and
- ~~Increase~~Enhance customer insight ~~driven~~ ~~More~~ informed decision making.

6. Regulatory and Legal requirements

6.1 We adopt and regularly review our requirements for and best practice in the effective management of complaints. We recognise the:

- SPSO Statement of Principles, most recently updated and published in 2025;

  A~~a~~ssociated SPSO specific guidance on complaint handling, including the
- SPSO child friendly complaints handling principles and associated guidance; and
- the Scottish Housing Regulator's Framework that sets out their approach to gathering information about complaints.

6.2 We recognise that Wheatley Group has relevant duties under the following legislation (in certain circumstances and when exercising certain functions):

- The Equality Act 2010;
- The Human Rights Act 1998;
- The UK GDPR and the Data Protection Act 2018;
- The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024;
- Relevant housing legislation; and
- The Heat Networks (Market Framework) (Great Britain) Regulations 2025.

6.3 We recognise duties which apply to Wheatley under these laws and will ensure that our complaints processes are inclusive, non-discriminatory, and uphold the dignity and rights of all individuals, including those with protected characteristics. We keep the rights of children in mind in relation to the development of relevant policies and practices including when exercising functions under this policy and accompanying procedure. Our related policies have been developed taking into account of these duties as discussed below.

7. Related policies

7.1 This policy is supported by the:

- ~~Operational Complaints Handling Procedure;~~
- ~~, the~~ Social Media Policy~~,~~;

- Group Equity, Diversity, Inclusion and Human Rights Policy;
- Group Protecting People suite of policies, including our Child Protection Policy;
- Unacceptable Actions Policy; and
- Heat Networks Complaints Policy-.

7.2 Reference may also be made to the Terms of Reference for the Group Board within our Standing Orders, which refer to the Group Board's responsibility for approving the Group Policy Framework and Group Policies.

8. Policy Review and Compliance

8.1 This policy may only be changed or varied with the specific authority of the Group Board.

8.2 We will review this policy every three years. More regular reviews will be considered where, for example, there is a need to respond to new legislation/policy guidance. ~~Reviews will consider legislative, performance standard and good practice changes.~~

8.3 If there are significant changes to legislation or regulation or there are found to be deficiencies or failures in this policy, as a result of complaints or findings from any independent organisations, the Group Director of ~~Communities~~Business Solutions and Governance will initiate an immediate review.

8.4 We will publish this policy on our website. A hard copy is available ~~on~~upon request. Customers can also get a copy of the policy on tape, in Braille, in large print or in translation on request.

8.5 Where appropriate, customers, key stakeholders~~, residents~~ and interested parties will be ~~consulted~~ engaged as part of any review and implementation of this policy. It should be noted that the SPSO consults widely on the MCHP which we must adopt, and we need to be clear on what engagement can influence.

9. Equity, Diversity and Inclusion (EDI) ~~Equal Opportunities and Impact on Diversity~~

9.1 This policy ~~complies fully with our Equal Opportunities Policy~~was developed in line with our Group EDI and Human Rights policy, with due regard to the protected characteristics identified under the Equalities Act 2010.

9.2 We do ~~non~~'t discriminate against anyone on the grounds of race, ethnic or national origin, language, religion, belief, age, gender, sex, sexual orientation, marital status, family circumstances, employment status, physical ability or mental health, or any protected characteristic. We aim to achieve equitable opportunities for all, threading an EDI approach through our decision-making and service design and delivery.~~We recognise our pro-active role in valuing and~~

promoting diversity, fairness, social justice and equality of opportunity by adapting and promoting fair policies and procedures.

9.2 We are committed to providing fair and equal treatment for all our stakeholders and demonstrate our commitment to diversity and promotion of equality by ensuring that this policy is applied in a manner that is fair to all sections of the community, with due regard to the protected characteristics identified under the Equalities Act 2010.

9.33 Wheatley recognises that some customers have disabilities or communication needs, which may make it difficult for them to express themselves or communicate clearly; especially when they are anxious or upset.

9.4 Where Wheatley is made aware that a customer has particular needs, staff will make reasonable adjustments to meet their needs. Examples of adjustments that may be made include (but are not limited to):

- Using different ways to communicate to customers;
- Arranging for translation services, large print or braille where required; and
- Signposting customers to advocacy or support services if appropriate.

9.3 5 Where the complainant is a child or young person, we will take additional steps to ensure that communication is age-appropriate, and that they are supported to understand and participate in the process.

9.5 We also recognise that it is important that hard to reach groups are aware of our complaints process. Our policy and customer information about complaining is available for anyone to access on our websites and we can provide this translated or in an alternative format. Through our staff training, staff will be equipped to support customers who require additional assistance to complain. We can also receive complaints from third parties, for example, if a valid mandate or power of attorney is in place.

9.6 For relevant policies, Wwe carry out Equality Impact Assessments (EIA) when we review these. our policies. This policy and its implementation hashave been informed by an EIA. We check policies and associated procedures regularly for their equal opportunity and diversity implications. This supports us to We take appropriate action to address inequalities likely to result or resulting from the implementation of the policy and procedures.

10. Operational Arrangements

10.1 This policy must be read in conjunction with our Complaints Handling Procedure and associated guidance documents. Our Complaints Handling Procedure has been designed in line with the SPSO statement of principles (including the statement of principles on child-friendly complaints handling).

Raising Complaints

10.2 Wheatley operates a two-stage complaints procedure in which the first stage, Front Line Responseolution (FLR)), focusses on front line staff taking swift action to resolve and rectify customers' concerns effectively and timeously. The second stage, Investigation, focusses on providing an independent investigation into customer concerns and providing a full written report of their findings. Wheatley may tailor or amend its approach to these stages where required (i.e. because a child-friendly approach is required or an approach to account for a particular need of a customer arises).

10.3 Complaints will be accepted from residents and applicants wth wh the Group has a form contract. anyone who receives, requests or is affected by our services. This includes complaints from or on behalf of children and young people, defined as those under the age of 18 in accordance with the child-friendly complaint handling principles.

10.4 Complaints comprise any expression of dissatisfaction from the Group's action, lack of action, or the standard of service provided by us or on our behalf.

10.54 There are circumstances in which it is not appropriate for a complaint to be raised because there is another process which is better suited to resolving the problem. These areinclude:

- A first-time request for a service;
- A request for compensation only;
- Issues that occurred more than six months previously, unless there are special circumstances for considering complaints beyond this time is evidence that this has been raised to staff and no action has been taken.;
- Concerns that have already been investigated through the Group's Complaints Policy and a final response has been given.;
- Matters are being considered through the relevant legal process such as a Small Claims Court or First Tier Tribunal.that are at court or have already been heard by a court or tribunal
- ;
- Complaints about the behaviour of tenants, and their households or visitors to their home – these are handled in line with the Group's Anti-SocialAntisocial Behaviour Policy and Procedure.;
- Reports of a hate crime – these are handled in line with the Group's Hate Crime Policy;
- Disagreement with a decision where there is a statutory process for challenging that decision or an established process, such as our Housing Appeals procedure;
- Abuse of staff or unsubstantiated allegations about the Group or staff where such actions would be covered by our Unacceptable Actions Policy;
- Dissatisfaction with the Group's policy or procedure – these are recorded as policy feedback and passed to the policy owner to be considered in the next review.; and
- Personal injury claims or claims for damaged items – these will be assessed and usually passed to the Group's insurersLegal Team.

10.~~5~~6 Where the Group decides not to raise a complaint, this will be explained to the customer, and they will be advised of their right to contact the SPSO ~~or Third Tier Tribunal to challenge~~ on this decision. There may be circumstances under which another ombudsman would also be referred too.

Stage 1 ~~– –~~ Front-Line Res~~olution~~ponse (FLR) ~~– the first stage~~

10.7 ~~In most cases,~~ Stage 1 ~~FLR~~ complaints are ~~undertaken~~mainly registered by the member of staff who receives the complaint. Staff are empowered to undertake the activity they feel is appropriate to achieve resolution at the first point of contact, in consultation and agreement with the customer. This is a critical part of our 'Think Yes ~~Together~~' culture.

10.~~7~~8 Staff aim to acknowledge Stage 1 ~~FLR~~ complaints within 48 hours, although we will always attempt to do this sooner, particularly where a customer ~~raise a complaint~~complains through our Customer First Centre or on one of our digital channels. ~~Appendix 1 outlines in more detail the response time that can be expected based on the communication channel in which a complaint is submitted through. The response will explain whether the complaint is upheld~~We aim to respond to the first stage complaint within 5 working days and will confirm the outcome of the complaint, any lessons learned, and what action will be taken to resolve the situation moving forward.

10.~~8~~9 Where customers are unhappy with the proposed action, they have the right to escalate their complaint to the second stage ~~and in~~within ~~3~~2 months of receiving their first stage response. In order to do so, they should explain to the person handling the complaint why they remain unhappy and what recourse they are looking for ~~in order~~ to resolve the complaint.

10.~~9~~10 If we are unable to confirm the Stage 1 complaint outcome within 5 working days, we will seek agreement from the customer to extend the timeline to a maximum of 10 working days. This decision should be solely based on our desire to ensure a high-quality response that seeks to fully resolve the issue(s) raised. Such complaints will still be considered to have breached our 5-day target. Complaints not closed by day 10 will be escalated to Stage 2, the final stage.

Stage 2 - Investigation – the ~~second and~~ final stage

10.~~9~~11 The aim of the ~~second~~ stage 2 of the process is to resolve the complaint through robust investigation of the issues by an independent and objective team or suitably senior manager.

10.1~~0~~2 The Group aims to acknowledge Stage 2 complaints within two working days and respond ~~to all Stage 2 complaints~~ within 20 working days ~~and~~ . Our complaint response will ensure that customers are informed ~~whether~~ of the outcome of their complaint ~~has been upheld~~, any lessons learned from their complaint, and ~~what action~~actions that will be taken to resolve the situation.

Should we require further time to conclude the complaint, we will explain the reasons with the customer ~~and~~, update them (and any staff involved) at least every 20 days and provide a revised timescale for completion. Once again, this decision should be solely based on our desire to ensure a high-quality response that seeks to fully resolve the issue(s) raised. Such complaints will still be considered to have breached our 20-day target.

10.1~~1~~3 If a customer remains unhappy with the outcome of the investigation of the complaint, they ~~are encouraged to make contact with the complaints handler and to share why they remain unhappy,~~can provide any additional evidence which may have not been considered and ~~to~~ explain what they are looking for to resolve the complaint.

10.1~~2~~4 Once this has been provided, staff will provide a final response to the customer, and this will explain fully the Group's position and the customer's rights should they wish to pursue their complaint further. In all instances, this will ~~involve a referral~~confirm details of how to contact the relevant ombudsman including the SPSO, ~~Homeowners~~ First Tier Tribunal (Housing ~~Panel,~~and Property Chamber), the Care Inspectorate, Financial Services Authority, the Energy Ombudsman and any other agencies should this be appropriate.

Managing Challenging or Unacceptable Behaviours

10.1~~3~~5 Whilst staff ~~to~~ understand that there are times that customers may become upset, frustrated or anxious and will endeavour to respond positively, timeously and sensitively, there are occasions ~~that~~when customers behave in ways that are challenging or unacceptable.

10.1~~4~~6 Where customer~~s~~ behaviour prevents staff from carrying out their duties effectively or is rude, abusive or threatening, the Group will ~~take action~~act in line with our Unacceptable Actions Policy.

Summary Complaints Process

COMPLAINTS PROCEDURE

You can make your complaint in person, by phone, by e-mail,online or in writing.

We have **a two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need a detailed investigation, we will tell you and keep you updated on our progress.

STAGE 1: FRONTLINE RESOLUTION

We will always try to resolve your complaint quickly, within **five working days*** if we can.

If you are dissatisfied with our response, you can ask us toconsider your complaint at stage 2.

STAGE 2: INVESTIGATION

We will look at your complaint at this stage if you are dissatisfied with our response at stage 1. We also look at some complaints immediately at this stage, if it is clear that they are complex or need detailed investigation.

We will acknowledge your complaint within **two working days.** We will give you ourdecision as soon as possible. This will be after no more than **20 working days*** *unless* there is clearly a good reason for needing more time.

*The definition of working days is Monday – Friday, excluding public holidays. Complaints received after 5pm are considered from the next working day.

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Heat Network Complaint Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

June 2026

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Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

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ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

1. Introduction and Purpose

The Heat Network Complaints Policy ensures that our heat network customers have confidence that concerns relating to their heat supply are handled transparently, within defined timescales, and with access to independent redress where issues cannot be resolved locally.

This policy sets out how we handle complaints relating to the supply of heat and the operation of our heat network(s). It should be read alongside our Group Complaints Policy and applies the same principles of fairness, accessibility, learning, and customer focus.

This policy is designed to:

- Ensure complaints relating to the supply of heat and the operation of our heat network(s) ;
- Meet the requirements of current heat regulation and the Energy Ombudsman Heat Network Supplier Scheme; and
- Provide appropriate consumer protection, including clear escalation routes and access to independent redress.

2. Scope

This policy applies to our customers who receive heating and/or hot water through one of our communal or district heat networks.

It covers complaints relating to the supply of heat and the operation of our heat network(s), including but not limited to:

- Heat and hot water supply (including outages, interruptions, or quality of service);
- Billing, metering, and payments;
- Customer service and communication; and
- Appointments, delays, and service standards.

3. Issues relating to housing management, repairs, or tenancy matters will continue to be handled under the relevant organisational policies, unless they directly relate to the provision of heat supply. Customers who raise mixed issued not relating to heat supply will be redirected within the complaint pathway. **Definition of a Complaint**

A complaint is any expression of dissatisfaction from the Group's action, lack of action, or the standard of service provided by us or on our behalf for the supply of heat and the operation of our heat network(s).

A customer does not have to use the word ‘complaint’ for it to be treated as such. We will always aim to avoid any uncertainty when determining an expression of dissatisfaction is being made, confirm with the relevant consumer that the expression has been recognised as a complaint and explain the next steps in the complaint process.

4. Principles

We will:

- Treat all customers with courtesy, respect, and fairness;
- Make our complaints process easy to access and understand;
- Provide clear and timely responses;
- Put things right where we have made mistakes;
- Use complaints to improve our services;
- Provide additional support to customers vulnerable situations where required; and
- Act in line with applicable heat network consumer protection regulations and Ofgem’s Standards of Conduct, ensuring customers are treated fairly, transparently, and not disadvantaged when raising a complaint

5. How to Make a Complaint

Customers, individually or as a group, can raise and progress a complaint about their heat supply:

- By telephone;
- By email;
- In writing; and
- In person (where appropriate).

Customers who raise concerns via social media will be signposted to this policy and the appropriate means for making a complaint

Complaints can be made by the customer directly or by a representative acting on their behalf, authorised through a representation mandate.

In order to be represented by someone else, a mandate form should be completed and sent to us by post or email. Proof of identification should also be supplied for the customer, and the person or organisation representing them. Customers can complete the mandate online or on paper form. They can sign this via wet signature or electronic signature (e.g. Docusign or typed with completed mandate sent in from the customer’s email address.)

Customers may also hand a member of staff a completed mandate, for example during a visit.

Further information including a mandate form can be found here - Representation Mandate | Wheatley Group

Complaints can also be made by made via third party organisations, for example Citizens Advice Scotland, on behalf of a customer.

We will provide reasonable adjustments and alternative formats (for example, large print or translation services) on request.

6. Complaints Handling Process

Stage 1 – Initial Complaint and Frontline Resolution

- We will acknowledge receipt of the complaint within **2 working days**
- The complaint will be investigated by the appropriate service team
- We aim to provide a full response within **5 working days**
- Where this is not possible, we will seek agreement from the customer to extend the timeline to a maximum of **10 working days**
- Where a complaint involves multiple parties, including third-parties, but relates to a matter that falls within our responsibility, we will act as the single point of contact for the customer, co-ordinate with those other relevant parties, keep the customer informed of progress and ensure that the complaint is resolved within the timescales set out in this policy.
- Our response will include:
    - A clear explanation of the outcome;
    - An apology where appropriate;
    - Details of any action taken or proposed; and
    - Information on how to escalate the complaint if the customer remains dissatisfied.

Stage 2 – Review

- If the customer is not satisfied with the Stage 1 response or the handling of the complaint, they may request a review
- A senior officer, not previously involved, will carry out the review
- We aim to respond within **20 working days** of this request.

7. Deadlock and Energy Ombudsman Referral

The customer has the right to refer their complaint to the Energy Ombudsman, which provides a free and independent dispute resolution service, if:

- The complaint has not been resolved to the customer's satisfaction by Wheatley within **8 weeks**; or
- We issue a written 'deadlock' letter earlier stating that the complaint cannot be resolved to the customer's satisfaction.

The Energy Ombudsman can Investigate your complaint independently and award compensation if appropriate. Contact details for the Energy Ombudsman are:

www.energy ombudsman.org/raise-dispute

0330 440 1624

Energy Ombudsman
P.O. Box 966
Warrington WA4 9DF

If the customer accepts the Energy Ombudsman's decision, it will be binding on us.

It should be noted that the Energy Ombudsman will not consider housing management, repairs, or tenancy issues unless they directly relate to heat networks.

Such complaints would be handled under the wider Group Complaints Policy, with customers having the right to refer their complaint to the Scottish Public Services Ombudsman (SPSO).

Where a complaint has multiple aspects, customers may be directed to more than one Ombudsman for external review.

8. Advocacy and Advice

The following organisations can provide free independent advice to help with your complaint:

- Consumer Scotland
- Citizens Advice Scotland
- A qualifying public consumer advice body.

Consumer Scotland is the statutory advocacy body, while Citizens Advice and qualifying bodies provide, or arrange for, advice and case support in relation to heat network consumers.

Contact details for Consumer Advice and Citizens Advice are:

www.consumer.scot

www.cas.org.uk

9. Outcomes and Remedies

Where a complaint is upheld or partially upheld, we may:

- Apologise and provide an explanation;

- Take corrective action;
- Review or amend a bill; and
- Make a goodwill gesture payment (where appropriate) to compensate the customer.

Any remedies will be fair, proportionate, and consistent with heat network consumer protection regulations, including requirements relating to fair billing, transparency, and redress for service failure, and will align with Energy Ombudsman and Ofgem guidance.

10. Records and Monitoring

We will:

- Keep accurate records of heat network complaints, including timescales, outcomes, and learning points;
- Monitor trends and themes;
- Use complaint data to improve service delivery and prevent repeat issues;
- Make customers aware of the complaints policy at least annually; and
- Provide complaints information to the Energy Ombudsman as required under the scheme.

11. Links to Other Policies

This policy operates alongside the:

- Group Complaints Policy;
- Data Protection and Privacy Policy;
- Social Media Policy;
- Group Equity, Diversity, Inclusion and Human Rights Policy;
- Group Protecting People Policies; and
- Unacceptable Actions Policy.

12. Review of Policy

This policy will be reviewed every three years, unless a change of legislation warrants earlier, to ensure it remains compliant with:

- Energy Ombudsman Heat Network scheme requirements;
- Ofgem heat network consumer protection regulations; and
- Relevant legislation and best practice.

Wheatley Group

Making homes and lives better

Annual complaints report 2024/25

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Wheatley is Scotland's leading housing, care and property management group, providing homes and services to over 210,000 people in 19 local authority areas across Scotland.

The Group is made up of four Registered Social Landlords (RSLs) – Wheatley Homes Glasgow, Wheatley Homes South, Wheatley Homes East and Loretto Housing – and property-management organisation, Lowther.

At Wheatley, we want our customers to be at the heart of everything we do.

We use the complaints and compliments we receive as an important way of engaging with customers and using their feedback as a way of improving our services.

Our 'Stronger Voices' programme helps customers shape our services in a range of ways, including through focus groups, surveys, panels, neighbourhood walkabouts and other activities.

The effective use of complaints and compliments is a vital part of that customer engagement framework and has helped identify areas of improvement over the past year and helped ensure our customers continue to shape what we do.

We can provide this document translated, in large print, in Braille, on tape or in another non-written format on request and at no cost. Visit: www.wheatleyhomes-glasgow.com/ways-we-can-help/accessibility

Learning from complaints

We analyse our complaints to identify themes which help us to improve customer service. We regularly report to our Executive Team on what we have learned and improved.

Here are some examples of what you reported and how we improved.

You said

Complaints around our repairs service were the most common reported by customers in 2024/25, accounting for around half of all complaints received. This year, our analysis showed some customers were frustrated with the timescales to complete repairs and our communication about appointments.

Our reactive repairs service is in high demand. We carried out over 300,000 reactive repairs in 2024/25. While complaints received about our repairs service represent less than 2% of all repairs, we know it is a core service for customers and we recognise how important it is to work together to improve it.

We did

We introduced a new approach to better understand the repairs issues experienced by customers, including changing our complaint repair categories to better reflect the issues reported and to allow us to analyse where the barriers were in our service delivery.

Following this, our repairs specialist team was tasked with overseeing complex repairs and engaging with our customers throughout their repairs journey to ensure all issues had been resolved.

Customers told us having a single point of contact with a repairs specialist helped improve their experience, and the repairs specialist team now tracks commitments made in our repairs complaint responses and provides regular updates to customers on the progress of their repairs.

The repairs team meets with senior staff across Wheatley every month to review the complaints received and identify areas for improvement in our service delivery. Key themes included our response timescales, repairs which were not completed at the first visit, and the need for proactive communication with customers.

A range of recommendations were considered, including how we share customer feedback with our trades staff; identifying the areas with the highest demand for our services; and ensuring resources were aligned to meet this. This helps focus work on trade groupings and has already been implemented in the west and will be rolled out across all Group subsidiaries.

To support the completion of repairs at our first visit, we have reviewed the stock held in our works vans.

Learning from complaints

Here are some more examples

You said

Our staff interact with customers every day, including when customers call us, discuss their tenancy with us and provide access to their home for repairs. You told us we don't always get it right during these interactions, and complaints related to our staff can include delays in responding to enquiries and inadequate communication.

We did

We identified several actions, including making sure staff leave out-of-office messages on their work phones when they are unavailable; refreshed training for staff on our complaint handling process; and learning from complaints being shared at meetings of local housing teams.

You said

Customers told us our response to issues such as neighbour disputes and neighbourhood environmental services could be better, and that we did not always respond with the outcome they were seeking.

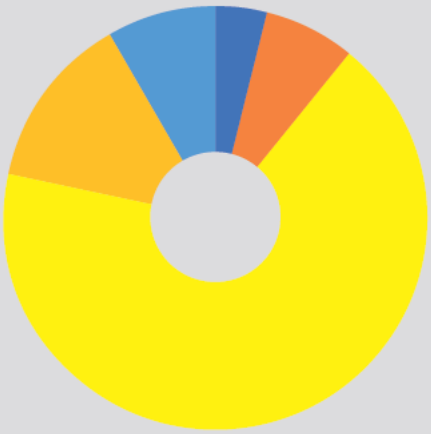
We did

We introduced our 'Safer Communities' system where we record incidents reported to us and attach supporting evidence, such as videos including ring door bell recordings, and photos. The system allows staff at our Customer First Centre (CFC) and housing officers to respond to customers' enquiries and take action where necessary. In addition, we introduced our new neighbourhood management policy and provided clear guidance for staff.

Complaints trends and performance

The chart below confirms the number of complaints received across Wheatley Group in 2024-25. Wheatley is made up of five subsidiary organisations which deliver housing services to customers throughout Scotland. Complaints related to factoring services delivered by Lowther on behalf of one of our RSLs are included within the numbers for that RSL.

Complaints received 2024/25

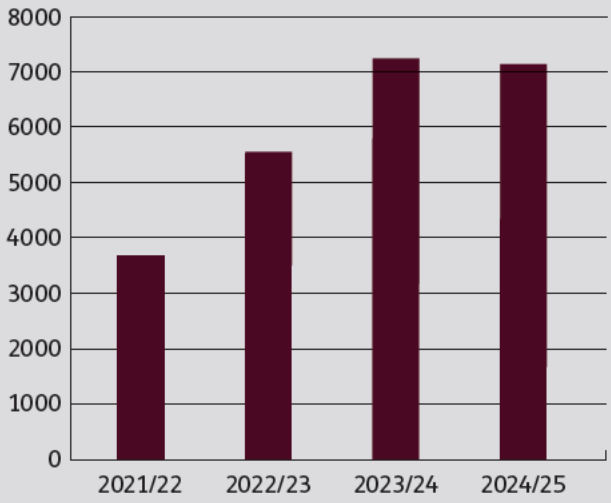


- 333 Loretto
- 553 Wheatley Homes South
- 5507 Wheatley Homes Glasgow
- 1071 Wheatley Homes East
- 670 Lowther

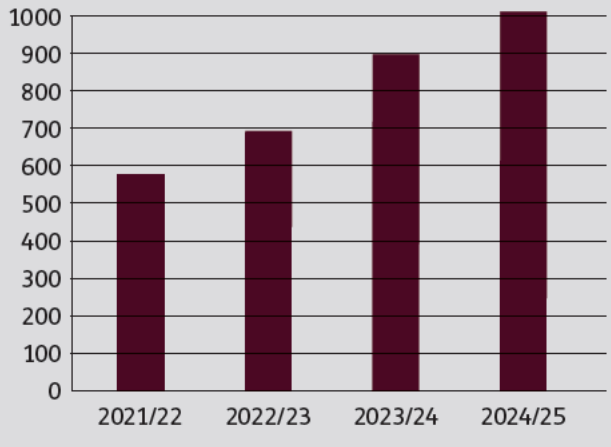
Complaint trends

While we have seen a steady increase in complaints in recent years, our figures per 1,000 customers are significantly lower than benchmarks. We continue to ensure the recording of complaints remains robust through ongoing staff training, monitoring and engagement with customers.

Wheatley Group Stage 1 complaints



Wheatley Group Stage 2 complaints



Complaints trends and performance

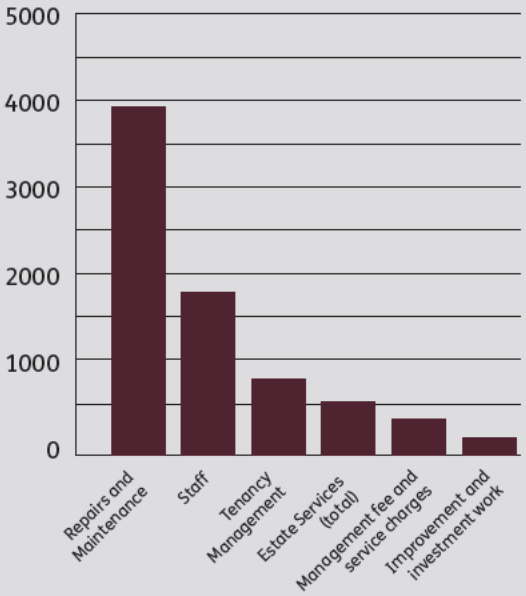
Complaint handling performance
We aim to respond to Stage 1 complaints within five working days and Stage 2 complaints within 20 working days, but much sooner wherever possible. The table below shows the percentage of complaints dealt within timescale in 2024-25. Almost all timescales have improved from the previous year. Complaints taken directly to Stage 2 include those where multiple issues are raised and require a complex investigation.

	Stage 1 Responded to within five working days	**Stage 2** Responded to within 20 working days	**Escalated complaints** Responded to within 20 working days
Wheatley Homes South	95.92%	100%	100%
Wheatley Homes Glasgow	96.48%	100%	100%
Loretto	99.66%	100%	100%
Wheatley Homes East	97.78%	100%	100%
Lowther	96.38%	100%	100%

Complaints trends and performance

Repairs and maintenance continues to be the most common topic for complaints.

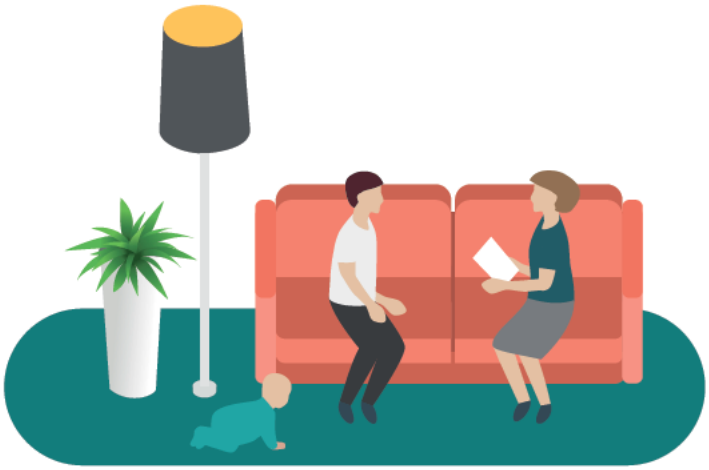
Top six complaint categories



Repairs service: Across Wheatley, we received over 300,000 repairs requests in 2024-25, including emergency repairs, general repairs and repairs to common areas.

Staff: Where we receive a complaint about a member of staff, line managers will normally interview those concerned. Where a complaint is upheld, appropriate actions are taken including additional training and support, and disciplinary processes are implemented if necessary. Confidentiality means we cannot report the detail of actions taken in relation to staff. Some complaints may be recorded as staff complaints because the staff member was unable to do what a customer wants – for example, where we do not provide the service.

Tenancy management: These complaints typically relate to a commitment in the tenancy agreement which the complainer believes has not been met. We review the issues reported to us and consider if there are ways to improve service delivery, even where these are not strictly a failure in commitments.



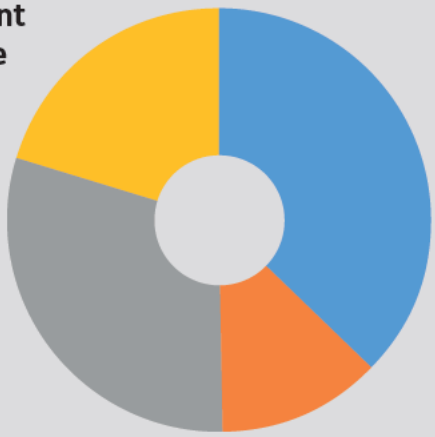
Complaints trends and performance

Estate services: Complaints in this area often relate to our stair cleaning service, back court maintenance and landscape works to land we maintain.

Management fee: Lowther provides factoring services for homeowners on behalf of Wheatley's RSLs and for some other customers. Complaints raised in this category typically relate to account issues or invoices issued for a share of repairs or investment works. Our aim is to get services right first time, although we recognise things can go wrong and service is not always delivered as we expected. We will apologise where we get things wrong and resolve the issues reported to us.

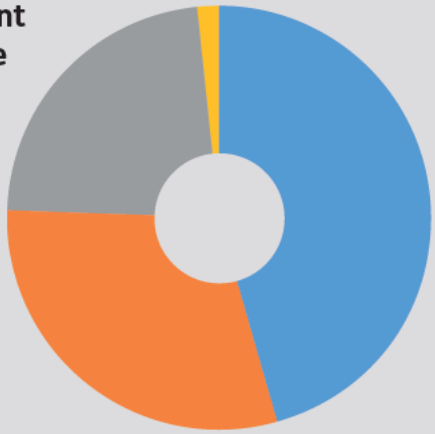
Investment work: The investment work we carry out in customers' homes, such as installing new bathrooms and windows or rewiring, can cause some disruption. We will always aim to get things right first time, but we recognise the work can be intrusive. We will apologise when things go wrong and aim to keep any disruption to a minimum.

Stage 1 complaint outcome



- 2579 Not upheld
- 867 Partially upheld
- 2061 Resolved
- 1397 Upheld

Stage 2 complaint outcome



- 458 Not upheld
- 301 Partially upheld
- 229 Resolved
- 14 Upheld

Compliments

Customers often take the time to tell us when we have done things well or made a difference to their lives. Here are some examples we received recently.

"Trades attended today to fix an issue with the plumbing. He was courteous, cheerful, quick and did the job efficiently, and I was happy with the work."

"Many thanks for the repairs recently carried out to my shower and my sink. Very good and helpful."

"I am extremely happy with the work done in the bathroom. It's a fantastic job. Thank you."

"I would like to compliment the joiner who fixed my bathroom door. He did a fantastic job, went above and beyond and was very polite."

"Just wanted to say a massive thank you for the emergency repair. The tradesperson was out within an hour."

"The electrician was lovely and did a really good job. I also appreciate you arranging the repair so quickly."

"I want to thank the NETs team for cleaning the close and back area. They did a great job."

"I would like to compliment my housing officer for requesting the job to cut back the work top above my fridge freezer."

"I'd like to thank my housing officer for all her help and support in recent weeks. She has been great!"

"I want to pass on a thank you to the caretaker for helping me with the garden area. I really appreciate the great job he did in getting it in better condition."

Case studies

Complaint 1: A customer complained they had not been allocated a suitable home within three months, and that not all homes were advertised on our choice-based letting system.

Our response: We explained that many types of homes – particularly larger homes, adapted homes, and homes in more popular areas – are in short supply and do not come up for let very often. As part of our housing information and advice policy, we match some properties to households who are in exceptional housing need and these are not advertised on our system. We consulted with customers on this approach in 2022 and it received overwhelming support, with 86% of those who responded agreeing with this approach. We also support local authorities in helping homeless households and some of our homes are also directly matched to these households who are in acute need. This complaint was not upheld.

Complaint 2: A customer complained their neighbour was not maintaining the garden hedge and, as a result, it had grown to an unacceptable height and was also growing on to a public footpath. The customer is unhappy we had not taken action to resolve this at an earlier stage.

Our response: We apologised for the delay and arranged for our environmental team to carry out a one-off cut to reduce the height of the hedge, including cutting back the hedge at the front and side. We had first agreed with the neighbour that they would maintain the hedge thereafter. This complaint was upheld.

What's next

A key priority for last year was to analyse the customer complaints journey to identify areas where we can both improve the process and reduce the need for customers to complain. This included phoning customers and engaging with our 'Stronger Voices' panels to help direct our continuous improvement.

Our priority for this year is to roll out the learning from this analysis, taking ownership of issues when they are first reported to us and focusing on resolving complaints at an earlier stage.

We continue to provide detailed analysis on complaints themes, particularly around repairs, to identify service improvements which meet customers' needs. We also review our recording and responses to ensure we maximise the learning from the information customers give us and deliver the best possible service.

Scottish Public Services Ombudsman
The Scottish Public Services Ombudsman (SPSO) published its review of the complaints handling procedure in January 2020 and all public sector organisations were required to adopt this guidance from 1 April 2021. Our process follows this guidance. In addition to providing reports on our complaint handling performance to our boards, the SPSO requires organisations to publish an annual complaints report.

In 2024/25, the SPSO published its Child Friendly Complaint Handling Principles and Guidance in response to the United Nations Convention on the Rights of Children (UNCRC) (Incorporation)(Scotland) Act 2024, and approved by the Scottish Parliament in June 2025. These principles are not intended to stand alone. Instead, they add to the main principles, adapting the complaints process to meet children's rights and needs. We are working in partnership with the SPSO, as are other housing associations across Scotland, to embed this in our complaints process. We continue to actively participate in the Scottish Complaint Handlers Network, where members promote and share best practice in relation to complaint handling.

Wheatley Group

Making homes and lives better

Loretto Housing

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Report

To: Loretto Housing Association

By: Helen Berry, Director of Governance

Approved by: Anthony Allison, Group Director of Governance and Business Solutions

Subject: Governance Update

Date of meeting: 18 May 2026

Purpose:
To seek the Board's feedback on the following governance related matters: 1) The Board planner and progress in implementing the independent strategic governance review; 2) Tenant Board Member Pathway Programme; 3) The annual governance reporting on expenses and allowances, Register of Interests and gifts and hospitality; and 4) The annual reporting of disposals and acquisitions.

1. Executive Summary

1.1 This report provides a governance update, seeking Board feedback and, where required, approval across key areas. It confirms the agreed approach to Group-wide decision-making, with subsidiary engagement prior to Group Board approval, and meets the requirement for annual reporting on disposals and acquisitions.

1.2 The Board is asked to review the refreshed Board planner and provide feedback on Strategic Governance Review actions, including clearer delineation of decision-making responsibilities. Progress is noted on constitutional updates to align subsidiary Chair appointments with Group Board requirements, strengthened processes for managing conflicts (including close-relative employment), and enhancements to Board recruitment, induction, CPD, and reporting to improve effectiveness and assurance.

1.3 The report also confirms progress against a range of annual governance compliance and reporting requirements, including adherence to the Code of Conduct, Register of Interests, expenses and allowances, gifts and hospitality, and acquisitions and disposals.

2. Authorising Context

2.1 The Group Standing Orders, our Terms of Reference, the intra-group agreement with Wheatley Group and the Group-wide governance policies set out the respective roles of the Group Board and subsidiary Boards in decision making. As part of the strategic governance review, it was agreed that, for Group-wide policies and procedures, our default position would be that subsidiary Boards would be engaged for their feedback and endorsement prior to Group Board approval being sought.

2.2 The Group Remuneration Appointments Appraisal and Governance ("**RAAG**") Committee has been delegated authority by the Group Board to oversee the implementation of the strategic governance review on behalf of the Group Board.

2.3 Under our Disposals and Acquisition Policy, approved by the Board, an annual update is required on all activity in the year. In addition to this any disposal valued over £120,000 is subject to Board approval.

3. Discussion

Board planner

3.1 Following agreement of the Board planner at the February meeting, it was agreed it would be refreshed in May to reflect the final February, March and May meetings and consider the remainder of the year. An updated Board planner, including the mapping to our strategic risk register, is set out at Appendix 1 for Board feedback.

Strategic Governance Review update

3.2 A summary of activity for all actions within the Strategic Governance Review ("**SGR**") implementation approach is provided at Appendix 2. A more detailed update on progress where the Board's feedback is sought is set out below:

Clarifying roles and responsibilities

3.3 As part of the SGR we recognised that clarity across all Boards on roles and responsibilities and, in particular, how and where key decisions are taken is important in facilitating effective decision making. To further refine our approach, it was agreed to formally define which decisions, and which types of decision, are taken at the Group level and which are agreed at the Group level following subsidiary engagement.

3.4 A proposed defined list has been agreed in principle by RAAG, and the Board's feedback is sought on both this list and any other decision types it considers would benefit from more clarity, to be included in advance of Group Board approval being sought.

Decision type	Group level first	Group level following subsidiary feedback / agreement of sub specific version	Subsidiary only *
Rent setting (RSLs)	√		
5 Year Investment Plan		√	
5 Year Development Plan		√	
Business Plan/Budget		√	
Group strategy		√	
Group policies (non-Governance)**		√	
Funding strategy	√		
Group governance framework - Schemes of Financial Delegation - Group CEO Delegations - Committee Terms of Reference	√		
Board appointments		√	
Risk register			√
Annual Assurance Statement	√		
Acquisitions and disposals			√
Stock reclassification			√
Performance Framework	√		

** This may be a subsidiary only version or subsidiary specific additions to Group approaches.*
***The default position is that Group-wide policies are considered by Subsidiary Boards prior to being presented to the Group Board. We will then feedback, via Chairs, the outcome of the Group Board's decision on the final policy.*

Subsidiary Chair role on the Group Board

3.5 Subsidiary Chairs are formally part of the Group Board, which comprises 5 Non-Executives, 5 Subsidiary Chairs (having previously allowed for the Wheatley Care Chair) and up to two co-optees. In recognition that subsidiary Chair appointments are critical in ensuring that the Group Board retains the right balance of skills and experience, our recent established approach has been that Subsidiary Chairs are appointed based on the skills and experience the Group Board requires in a process overseen by the Group RAAG Committee.

3.6 As part of the strategic governance review it was agreed that individual subsidiary constitutions needed to be updated to reflect this approach. We intend to update all subsidiary constitutions later this year to reflect what happens in practice and explicitly state that the Chair shall be appointed by the Parent (the Group Board or RAAG).

3.7 This mitigates any risk that in future any subsidiary Board may seek to elect a Chair whose skills and experience are not aligned with the requirements of the Group Board. The proposed changes to this Board's constitution will be presented for consideration and approval in August in advance of a formal Special General Meeting being convened in September.

Close relatives

3.8 We agreed to implement consistent arrangements across subsidiary constitutions for appointing a Board member who is a close relative of an existing employee. This work is ongoing as part of a wider review of subsidiary constitutions.

3.9 We also agreed that we should have a formal process where an individual seeking employment is a close relative of a senior staff member or an existing Board member. RAAG has agreed a procedure, the main points of which are:

- Any offer of employment to an individual who is a close relative of a senior staff member will require prior approval by the Committee; and
- Any offer of employment to an individual who is a close relative of a Board member will require prior approval by the Committee.

3.10 The Committee's focus under the agreed procedure will be on receiving assurance on the robustness of the recruitment process and that conflicts of interest or perceived conflicts of interest have been and, where appropriate, will continue to be managed appropriately.

Role, responsibilities and expectations of subsidiary Chairs within recruitment

3.11 We agreed to clarify the role, responsibilities and expectations of subsidiary Chairs within recruitment to their Board. A refreshed Group recruitment and succession planning process which more explicitly refers to the role of subsidiary Chairs, the role of the subsidiary Board and how internal appointments are carried out, is attached at Appendix 3.

3.12 The Board is asked to provide feedback on the refreshed recruitment and succession planning process, after which the Group Board's approval will be sought.

Induction and Board learning and development

3.13 We have reviewed our Board Induction and Continuing Professional Development ("**CPD**") processes, using feedback from Board members and comparison to good practice. The feedback from Board members across Wheatley was generally positive, with our survey capturing an average rating of 3.8 out of 5 from 34 respondents for the CPD programme. Induction materials and information on the role and responsibilities of a Non-Executive Director were rated 5 out of 5 and all respondents felt they had a good understanding of the Group's structure, strategy, and governance at the end of the induction programme.

3.14 The most valuable aspects of the current CPD programme were sector updates and housing briefings; legal and regulatory updates; and sessions on the role of the non-executive/Trustees. Key areas identified for inclusion in the programme were: AI in Governance; Strategic thinking and questioning; and cyber security. Given its importance we have also added building compliance to the proposed programme.

3.15 A revised Induction and CPD programme for 2026/27 is set out in Appendix 4. Key sessions will include:

- Financial reporting and external audit training delivered by the Director of Financial Reporting and KPMG in August 2026;
- The Role of the Board training delivered by the Institute of Directors in the Autumn; and
- Access to online cyber security training materials, which can be completed as self-paced learning.

Board reporting

3.16 Effective Board reporting is critical to supporting clear, timely and well-informed decision-making. Drawing on learning from this and previous governance reviews, we agreed to refine the current Board reporting format to seek to improve succinctness, reduce duplication and ensure that reports focus clearly on those matters requiring Board oversight, assurance or decision.

3.17 The Group Board agreed in April that the updated template be tested across subsidiary Boards in May. The reports for this Board meeting use the revised template, and Board members are asked to provide feedback on the template. The template will be updated to reflect feedback from Board members and presented to the Group Board for consideration and approval in June.

Tenant Board Member Pathway

3.18 Our Tenant Board Member Pathway Programme ("**the Programme**") has played an important role in supporting our Board succession planning in recent years. We have recently refreshed the Programme and are currently advertising for expressions of interest. Information sessions will be held to provide those expressing an interest with further details on the expectations of our Board members, and the benefits of participation, along with information on the training that will be provided.

3.19 Following an interview process, overseen by the Chair, any successful applicants will commence the Programme. The Board will be updated on the progress of this exercise at its next meeting.

Annual Governance Reporting

Code of Conduct

3.20 The Group Code of Conduct ("**the Code**") sets out the requirements and expectations that are attached to the role of a Board member. All Board Members have a responsibility to uphold the requirements of this Code. We ask each Board member to re-sign the Code annually to ensure that they remain familiar with its contents and reaffirm their commitment to upholding the requirements of the Code. All Board Members have now re-signed the Code.

Register of Interests

3.21 Our Group policy on Board Member Conflicts of Interest sets out our Group position and must be read in conjunction with the constitution of each entity in the Group, and our Group Code of Conduct. The Code requires Board members to ensure they register any interests and update their entry whenever a new interest arises.

3.22 Information on Board member interests is published on our website, along with Board member profiles. In addition, we are required to provide information to our auditors concerning related parties. Declaration of Interests form a standing agenda item at each Board meeting, where members are requested to declare any further interests, any amendments to the register of interests or any conflicts related to specific agenda items.

3.23 A Register of Interests is maintained for Board Members. As part of our year-end procedures, we have sought confirmation from Board members that they have no new declarations that require to be made. Any updates will be recorded in the register and notified to the Chair and the Board as required.

Expenses and Allowances

3.24 The Group Policy on Governance Body Expenses and Allowances provides a clear framework for reimbursing Board members. As per section 11.1 of the policy, Board Members are asked to note that claims should normally be made within one month of incurring the expense and should ideally be made within the tax year in which they are incurred. This allows individuals to make appropriate returns to HM Revenue and Customs.

3.25 Board Members' expenses are reported within our annual report and consolidated financial statements. All Board Members have been invited to submit any expenses for the period covering 1 April 2025 to 31 March 2026.

Gifts and hospitality

3.26 We are required to annually confirm any gifts or hospitality that have been received or given as detailed in our Group Gifts, Hospitality, Payments and Benefits Policy. Under the policy, Board Members are required to declare any offers of gifts and hospitality they make or receive on behalf of Loretto Housing Association. A register of the offer or receipt of any gifts or hospitality is maintained by the Governance team. During the period 1 April 2025 to 31 March 2026, no declarations have been received from any of our Board members.

Disposals and Acquisitions

Annual reporting of Disposals and Acquisitions

3.27 Our Disposals and Acquisitions Policy ("**the Policy**") includes a requirement to report to the Board annually on disposals and acquisitions undertaken during the year. This allows the Board to maintain oversight of our property disposals and acquisitions, and any decisions being taken under the delegated authority.

3.28 Under the Policy:

- A disposal includes any scenario in which we grant or transfer an interest in land or property such that it is no longer available for us to use either temporarily or permanently;
- An acquisition includes the purchase of development sites or turnkey developments as part of a new build strategy or one-off or ad-hoc purchase of residential property; and
- Our disposal and acquisition approval limits are: up to £120k or over £120k with Board approval or delegation.

3.29 Our disposals and acquisitions register for the period 1 April 2025 - 31 March 2026 contains no acquisitions and no disposals.

3.30 There are no identified issues of non-compliance with the policy to report to the Board.

4. Customer Engagement

4.1 There has been no direct customer engagement associated with the matters covered within this report.

5. Financial and Value for Money implications

5.1 There are no financial or value for money implications associated with the matters in this report.

6. Recommendations

6.1 The Board is asked to:

1) Note the progress overall in implementing the SGR actions and provide feedback on the schedule of decisions, the Group Board recruitment and succession planning process, and this revised Board reporting template; and
2) Note the arrangements for Board member succession planning, the annual governance reporting information and the disposals and acquisitions report.

LIST OF APPENDICES:

Appendix 1: Refreshed Board planner
Appendix 2: SGR Implementation Update
Appendix 3: Group Board recruitment and succession planning process
Appendix 4: Board Induction and CPD Programme 2026-27

7. Legal, Regulatory and Equalities Implications

Overall position:	
	No material implications
X	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
We are required under the Scottish Housing Regulator's Regulatory Framework to achieve Standards of Governance as well as ensure compliance with other statutory duties relating to effective governance, such as company and charity law where they apply across the Group.

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
Under the SHR's Standards of Governance there is a requirement for "*The governing body... to have the skills and knowledge they need to be effective*". This also includes a requirement for Board members to have annual performance reviews and for the Board to annually assess the skills, knowledge, diversity and objectivity it requires to govern. The proposals in the report support us in achieving this by ensuring we have succession planning arrangements in place to maintain a Board with a balance of skills and experience, as well as oversight of our governance reporting requirements.

Legal Compliance Assurance:
We are required under the Scottish Housing Regulator's Regulatory Framework to achieve Standards of Governance as well as ensure compliance with other statutory duties relating to effective governance, such as company and charity law where they apply across the Group. One element of how we achieve this is submitting ourselves to independent review to gain assurance over the strength of our governance and evidence to support it. As part of our ongoing engagement with the Scottish Housing Regulator we shared the findings of the strategic governance review

Legal advice received:			
	Yes	X	No

8. Risk Assessment

Risk Appetite:
Our risk appetite in relation to governance is cautious, which is defined as "*Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward*".

Relevant strategic risk(s):
Our strategic risk register contains the risk "*…Failure of corporate governance arrangements could lead to serious service and financial failures*."

Relevant assessment and mitigation:
We mitigate this risk through our suite of policies as one of our key control measures and which are part of our overall governance framework. Our policies are subject to regular review, monitoring and reporting to ensure legal, regulatory and compliance requirements are met. Undertaking periodic independent strategic governance reviews to gain assurance on the strength of our governance is one of our risk mitigations in relation to the risk of a governance failure. The implementation of actions following the strategic governance review supports us in further mitigating the risks of any governance failure.

Loretto Housing

BOARD AGENDA PLANNER

Meeting	Agenda items
August	▪ Repairs and Maintenance Framework and policy ▪ Stock condition assurance update ▪ Financial Statements ▪ Group Homelessness Policy ▪ Group Hate Crime Policy ▪ Group Damp and mould policy ▪ Performance Report ▪ Group Assurance update ▪ Governance update ▪ Customer Engagement Plan ▪ Heat network regulations update
September	▪ New build Development mid-year review ▪ Finance report ▪ Annual Report to Tenants ▪ Sustainability update ▪ Board appraisal – feedback and next steps ▪ Wheatley Standard
November	▪ Group Anti-Social Behaviour Framework ▪ 2027/28 Rent setting ▪ Homeowner satisfaction improvement plan update ▪ Lock-ups and garages update ▪ Performance report ▪ Finance report ▪ Complaints handling update ▪ Risk Register

Board agenda – key risk mapping

Agenda Items	Relevant Strategic Risks (from strategic risk register)
Agenda Items	**Relevant Strategic Risks (from strategic risk register)**
February	
Awaab's Law	– Responsibilities under Awaab's Law – Damp and Mould
2026-31 Strategy	– Political and Policy changs impact on strategic key partnerships
Rent and service charges 2026/27	– Impact on our customers of reduced public funding – Rent Arrears Management
2026/27 financial projections/investment & development plans	– Reduced availability of financial support from Scottish Government and / or local government – Non-achievement of sustainability targets – Newbuild contractor non-compliance with building standards – Underperformance of main delivery partner against investment plans – Non-achievement of sustainability targets

Agenda Items	Relevant Strategic Risks (from strategic risk register)
	– Ability to meet Scottish Government legislative requirements for energy efficiency
Funding update	– Compliance with funders' requirements – Group Credit Rating – Securing new funding and adverse market changes
Strategic governance review	– Laws & Regulations – Governance Structure – Impact of Care Structural Change Proposal
Finance report	– Compliance with funders' requirements – Group Credit Rating
Performance report	– Rent Arrears Management – Impact of CBG consolidation on Group
Group Assurance update	Various Risks as identified in Internal Audit Plan and approved by Group Audit Committee
March	
Single Building Assessment	– Laws & Regulations – Scottish Government grant funding
Home Safety building compliance update	– Laws & Regulations – Underperformance of main delivery partner against investment plans – Large Panel System structural condition
Wheatley Care Strategic partnership – services agreement	- Wheatley Group Services agreement with Wheatley Care Formal contract monitoring and routine review
Income, Arrears and Debtors policy	– Rent Arrears Management
Lock ups and Garages Policy	– Rent Arrears Management – Commercial Operations
Customer engagement framework	Continuous monitoring of customer feedback and satisfaction
Protecting people policies review	– Laws & Regulations – Impact on our customers of reduced public funding
2026/27 Budget and finance report	– Reduced availability of financial support from Scottish Government and / or local government – Compliance with funders' requirements – Group Credit Rating
Cyber-security update	– Staff behaviour enables a cyber-attack – Delayed recovery in the event of a cyber-attack – Disruption following a cyber-attack on a key system provider – Business Continuity
Group procurement – annual strategy and policy updates	– Repairs supply chain disruption
Gender Pay Gap (verbal update)	– Laws & Regulations – Staff development and succession planning

Loretto Housing

Agenda Items	Relevant Strategic Risks (from strategic risk register)
May	
Year-end Performance and ARC	– Rent Arrears Management – Impact of CBG consolidation on Group
Annual Delivery Plan 2026/27	– Impact of CBG consolidation on Group – Political and Policy changs impact on strategic key partnerships
Governance update	– Laws & Regulations – Governance Structure
Risk Register and risk appetite statements	All Risks
Group Fire Safety Policy and Annual Report	– Laws & Regulations – Fire Event – Fire Safety
Group Customer Reasonable Adjustment Policy (New)	– Laws & Regulations
Group H&S Annual Report	– Laws & Regulations – Monitoring H&S arrangements
Group Complaints Policy and Annual complaints handling review	– Laws & Regulations
Finance report	– Compliance with funders' requirements – Group Credit Rating
Wheatley Foundation Annual Report	– Impact on our customers of reduced public funding (removed – event will be arranged)
August	
Repairs and Maintenance Policy Framework and policy	- Underperformance of Repairs delivery partner (West)
Stock condition assurance update	– Non-achievement of sustainability targets – Ability to meet Scottish Government legislative requirements for energy efficiency – Large Panel System structural condition
Group Homelessness Policy	– Rent Arrears Management – Impact on our customers of reduced public funding
Group Hate Crime Policy	– Laws & Regulations – Impact on our customers of reduced public funding
Group Damp and Mould Policy	– Laws & Regulations – Responsibilities under Awaab's Law – Damp and Mould
Financial Statements	– Group Credit Rating – Compliance with funders' requirements
Performance Report	– Rent Arrears Management – Impact of CBG consolidation on Group

Agenda Items	Relevant Strategic Risks (from strategic risk register)
Group Assurance update and Internal Audit Annual Report	Various Risks as identified in Internal Audit Plan and approved by Group Audit Committee
September	
New build Development mid-year review	– Non-achievement of sustainability targets – Newbuild contractor non-compliance with building standards
Independent Tenant Satisfaction Survey	– Customer Satisfaction (tenants)
Governance update	– Laws & Regulations – Governance Structure
November	
Group Anti-Social Behaviour Framework	– Laws & Regulations – Impact on our customers of reduced public funding
Rent Setting 2027/28	– Impact on our customers of reduced public funding – Rent Arrears Management
Homeowner Satisfaction improvement plan update	- Customer Satisfaction (owners)
Funding update	– Compliance with funders' requirements – Group Credit Rating – Securing new funding and adverse market changes
EDI Action Plan & Annual Equalities report	– Laws & Regulations - Senior Staff Recruitment
Performance Report	– Rent Arrears Management – Impact of CBG consolidation on Group
Finance Report	– Compliance with funders' requirements – Group Credit Rating
Risk Register	All Risks

Appendix 2: Strategic governance review – implementation

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
1) Our overarching recommendation is that the Group Board follows its own advice and avoids complacency, using our recommendations below as a starting point (No response required)			
2) Continue to consider options to reduce complexity through:			
a) Regular review of the role of each subsidiary within the Group, its alignment with purpose and whether there are more effective structures (for example collapsing or releasing a subsidiary).	We routinely undertake governance reviews and review the role of each subsidiary, evidenced by the recent review of the future role of Wheatley Care. It is proposed that the Group Remuneration, Appointments, Appraisal and Governance Committee ("**RAAG**") next review our structure in 2028 in the absence of any specific event or Board decision triggering an earlier review.	2028	**NOT YET DUE**: To be considered by RAAG in early 2028.
b) Clarifying the role of subsidiary Boards in contributing to Group decisions and policies, whether noting a Group approach which is being implemented across the structure, or opportunities for more upstream involvement and influence.	We will define which decisions and decision types will be agreed at Group level first (e.g. agreeing overall rent parameters) and which should be agreed at Group level following subsidiary Board feedback (e.g. operational policies such as complaints) It is proposed that, with immediate effect, the default position will be that Group-wide policies are considered by subsidiary Boards prior to being presented to the Group Board. We will then report, via Chairs, the outcome of the Group Board's decision on the final policy.	Feb 2026	**IN PROGRESS:** RAAG agreed the proposed Key Decisions in principle in February. Subsidiary Board feedback, including from this Board, is now be sought in advance of seeking Group Board final approval.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
c) Strengthening links between the Group and subsidiary corporate plans and the reporting framework by putting in place clear, measurable targets to underpin each outcome in each plan.	To be considered as part of the development of the performance framework for the 2026-2031 Group strategy	May 2026	**NOT YET DUE:** This feedback has informed the development of the new Group Performance Framework, which was considered by the Group Board in April and is now presented to subsidiary Boards for comment. It will also be independently tested through future EFQM assessments.
d) We also suggest that additional guidance be provided to chairs of subsidiary Boards to support them in cascading key messages from the Group Board.	All subsidiary Chairs will be provided with a key messages briefing note ahead of their Board meetings.	Feb 2026	**COMPLETE:** This is already in place; subsidiary Chairs received a briefing note in the February meeting cycle.
3) Review and update standing orders and related documents more frequently and to reflect current practice, considering the following amendments:			
a) Define more clearly the roles of Group Chair and Senior Independent Director through enhanced role descriptions.	We will undertake a full review of the Group Standing Orders and cover the role descriptions of the Group Chair and Senior Independent Director roles as part of this review.	Feb 2026	**COMPLETE:** The Group Chair role profile was approved by the Group Board at its February meeting. The SID role profile was approved by the Group Board in April.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
b) Formalise the arrangements through which the Chair of a subsidiary Board is also a member of the Group Board.	This is already enshrined in our Articles of Association, however, we will formally document the existing practice that subsidiary Chairs are selected by the Group Board, or a Committee thereof, based on factors such as the skills and experience required.	Feb 2026	**IN PROGRESS:** This change is included in the proposed changes to the subsidiary Constitutions that are with our external legal advisors for advice.
c) Review, and we suggest remove, ex officio membership of committees.	This currently only applies to the Group Remuneration, Appointments, Appraisal and Governance Committee. It is proposed that this is considered by the Group Board as part of the next annual review of Committee memberships.	Sep 2026	**NOT YET DUE:** Proposals to be considered by the Committee at its August meeting as part of the annual review of Committee memberships.
d) On the current Group Chair stepping down, review RAAG terms of reference so that the Group Chair may be a committee member but may not chair the committee.	It is proposed that this is considered by the Group Board as part of the next annual review of Committee memberships.	Sep 2026	**NOT YET DUE:** Proposals to be considered by the Committee at its August meeting as part of the annual review of Committee memberships.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
4) Appointment of governing body member relatives			
Review and update arrangements a) so that the same probity expectations apply to all Board members across the Group and b) with regard to the appointment of a member of staff who is related to a senior staff member or member of a Board, so that there is a greater level of control for the Board. We suggest that RAAG could review and approve such appointments.	It is proposed that any such appointments are subject to Group Remuneration, Appointments, Appraisal and Governance Committee approval. The Committee will be asked to agree a process in February, setting out the information it requires to allow it to review the process and the process will come into effect immediately thereafter. It is intended that we update each constitution (of those subsidiaries that directly employ staff) to reflect the process, as there is currently an inconsistency in how it is documented across subsidiaries.	April 2026 Sep 2026	**IN PROGRESS:** RAAG agreed an updated process in February. This change is included in the proposed changes to the subsidiary Constitutions that are with our external legal advisors for advice. Following the Committee's review of the proposed changes, we will present the changes to each subsidiary Board for approval at the September AGMs.
5) Put in place incremental improvements to the ownership of risk by subsidiary Boards through:			
Earlier consideration of risk on Board agendas to ensure the focus of adequate time and energy	It is proposed that how risk is placed on the agenda remains subject to agreement with each Chair when reviewing the agenda for individual meetings.	Feb 2026	**COMPLETE:** Implemented as part of pre-meets with Chairs
Clarity over whether Group-level risks should be discussed at subsidiary Boards and ensure there is consistency in how risks are communicated and interpreted.	Group-level risks remain relevant for subsidiaries, for example cyber security and core financial controls. Although they are managed at Group level, it is still expected that subsidiary Boards scrutinise the assurance they receive. It is intended that future risk reports are, however, clearer on this and that subsidiary Boards can and should give feedback on our risk appetite levels and mitigation approach(es).	May 2026	**IN PROGRESS:** We undertook a risk mapping exercise with subsidiary Boards as part of their Board planners. This identifies where each risk is considered over the course of the annual Board cycle. Further discussion of this Board's risks will be part of the Risk paper on the May Board meeting agenda.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
Including clearer information on the effectiveness of controls within the risk register, to support better oversight and decision-making.	We will refine how this information is more explicit in the reports and seek Board feedback on whether the refined approach is clearer.	May 2026	**IN PROGRESS:** We undertook a risk mapping exercise with subsidiary Boards as part of their Board planners. This identifies where each risk, and mitigating control, is considered over the course of the annual Board cycle. Further discussion of this Board's risks will be part of the Risk paper on the May Board meeting agenda.
6) Review how Board and committee succession is planned and managed, including:			
a) Limiting the number of Board / Committee posts to no more than three for any individual.	It is proposed that this recommendation is accepted in principle, but that how it is given practical effect is subject to review by RAAG. This review will clarify which posts would form part of the three, for example, some posts such as Non-Executive Director of the WFLs may not necessarily be given the same weighting as a subsidiary Board or Group Committee post. It is proposed that the Committee consider and recommend to the Board which posts should count towards the maximum of three.	June 2026	**NOT YET DUE:** Proposals for RAAG consideration will be presented to the Committee meeting in June 2026.
b) Clarifying the role, responsibilities and expectations of subsidiary Chairs within recruitment onto their Board.	We will refresh the Group Board recruitment and succession planning process to explicitly set out the role of subsidiary Chairs. As part of this, we will take into account feedback from subsidiary Chairs.	Feb 2026	**IN PROGRESS:** The refreshed process was considered by RAAG in February 2026, and subsidiary Boards are now asked to provide feedback on the proposed approach.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
c) Considering how Boards can further increase their own diversity, including when and how external recruitment or internal appointments should be considered.	It is not proposed that a blanket provision be developed. This is and will continue to be considered by the relevant Board/Committee at the point of initiating recruitment, and where appropriate, reports and decisions will document the rationale for whether external or internal was selected.	Ongoing	**COMPLETE:** This Committee has ongoing oversight of Board recruitment processes.
7) Board induction			
Strengthen and standardise induction across the Group, with greater emphasis on orientation to the broader governance model and ongoing development support.	We will undertake a comprehensive review of the Board induction process and feedback will be sought from every Board over the Feb-March Board cycle. RAAG will thereafter be asked to review the proposed standard approach.	April 2026	**COMPLETE:** Subsidiary Boards provided feedback during the February Board cycle and we asked Board members to complete a questionnaire on the CPD and induction processes. The revised approach, informed by this feedback, was approved by RAAG in April 2026.
8) Board learning and development			
Strengthen the approach to learning and development through linking the offer more explicitly to the appraisal process, creating a clearer pathway for individual development and performance improvement.	We will undertake a comprehensive review of the Board Continuous Professional Development approach and feedback will be sought from every Board over the Feb-March Board cycle. RAAG will thereafter be asked to review the proposed standard approach. We will strengthen the link in the annual appraisal process during the next cycle.	April 2026 (initial review) Nov 2026 (link to appraisal cycle)	**COMPLETE:** Subsidiary Boards provided feedback during the February Board cycle and we asked Board members to complete a questionnaire on the CPD and induction processes. The revised approach, informed by this feedback, was approved by RAAG in April 2026.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
9) Board discussions			
Consider, for each Board, the introduction of NED only sessions from time to time (perhaps six monthly) and other opportunities for information time together.	Given that the report explicitly identifies the high level of trust and transparency, this is interpreted as a desire for more unstructured discussion time. It is proposed that this is addressed via a combination of allowing greater time for such discussions at the annual strategy workshop and through the reintroduction Group-wide events. We will also reinforce each Board's ability to consider the agendas for Board meetings through reviewing and agreeing the Board planner.	Ongoing	**COMPLETE:** The reintroduction of Group-wide events has been incorporated into the refreshed approach to Board CPD (see previous action). Board planners were agreed by Boards across Wheatley in February.
10) Continue to strengthen reporting to Boards by reviewing the standard committee cover sheet and:			
a) Introducing an Executive Summary section b) Raising recommendations / action to be taken to the top of the report. c) Including explicit reference to the audit trail of a paper (where it has been considered and when).	We will review the Board report template and introduce these elements within the updated template. We will seek subsidiary feedback in advance of this Board approving the revised template.	April 2026	**IN PROGRESS:** The Group Board has approved a revised Board template for trial during the May Board meeting cycle. Board members are asked to provide feedback on the revised report format.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
11) Presentational approach and style			
Continue to improve the presentation of information to Boards by further streamlining of content, by considering use of visuals and dashboards in reporting and by challenging staff presenting at meetings to consider both the length and the value added of presentations.	As part of the Board template review we will consider how future standard reports (such as the performance report) can be further streamlined. All relevant staff will be provided with more explicit guidance on presenting to Boards and Committees, reinforcing principles such as taking papers as read and presentations which accompany reports must add to a paper, not recap it.	April 2026	**COMPLETE:** Guidance was provided to Board attendees ahead of the March Board cycle.

Wheatley Group

Making homes and lives better
wheatley-group.com

Group recruitment and succession planning procedure

1. Purpose

1.1 The procedure sets out the Group arrangements for recruitment and succession planning for Boards and Committees within the Wheatley Housing Group ("the Group"). It underpins the Group's commitment to ensuring orderly succession to maintain an appropriate balance of skills, experience and diversity and to ensure progressive refreshing of governing bodies.

2. Equal Opportunities Statement

2.1 We are committed to providing fair and equal treatment for all existing and potential Board and Committee members. We will not discriminate against anyone on the grounds of race, colour, ethnic or national origin, language, religion, belief, age, gender, sexual orientation, marital status, family circumstances, employment status, physical ability and mental health.

3. Legal and Regulatory Requirements

3.1 As a Group with a RSL as the parent, we are regulated by the Scottish Housing Regulator ("SHR"). The SHR's Regulatory Framework includes Regulatory Standards of Governance and Financial Management ("the Standards") which RSLs are required to comply with. There is a specific Regulatory Standard that requires that:

The RSL has a formal, rigorous and transparent process for the election, appointment and recruitment of governing body members. The RSL formally and actively plans to ensure orderly succession to governing body places to maintain an appropriate and effective composition of governing body members and to ensure sustainability of the governing body

The governing body annually assesses the skills, knowledge, diversity and objectivity it needs to provide capable leadership, control and constructive challenge to achieve the RSL's purpose, deliver good tenant outcomes, and manage its affairs. It assesses the contribution of continuing governing body members, and what gaps there are that need to be filled.

4. Commitment to succession planning

4.1 The effectiveness of governing bodies in all parts of the Group is important to the success of the Group and to delivering the best outcomes for tenants and service users.

4.2 A key element to achieving this effectiveness is having the appropriate blend of skills and experience, diversity and continuity, whilst ensuring that we refresh the membership of our governing bodies to bring fresh thinking and maintain independence.

4.3 The succession planning process is the primary means through which the Group ensures that each governing body has the appropriate mechanism in place to progressively refresh the Board.

5. Succession planning process

5.1 Each Board within the Group requires to have a formal succession plan. Succession plans will be for a rolling 3 year period and be subject to annual review by each Board.

5.2 The formal succession plan will include at a minimum:

a) Details of when all members of the Board are due to retire (either through a date specified by a member or through tenure limits);

b) Details of the core skills and experience each member contributes to the Board, taking into account the Board skills matrix revised by each Board at least annually;

c) The diversity of the Board relative to agreed diversity markers; and

d) Details of the projected recruitment requirements for each year of the plan.

5.3 The projected recruitment requirements should be based on the factors identified in a, b and c above. For example, the projected requirements may identify skills and experience a Board wishes to recruit and one or more diversity indicator it wishes to improve.

5.4 Succession plans shall be refreshed annually by each Board. Each Board's succession plan is subject to approval by the Group Recruitment, Appointments, Appraisals and Governance ("Group RAAG") Committee.

5.5 Succession plans for commercial subsidiaries and subsidiaries composed primarily of intra Group appointments will be developed and agreed in conjunction with the Group RAAG Committee.

6. Non-Executive Director recruitment

6.1 Recruitment requirements should ordinarily have been identified and agreed in advance by Boards as part of their three year succession plans. There are two distinct parts to the process – selection and appointment. The appointment process is set out by the constitutions of each individual Board's constitution and the appointment process will be in line with the requirements set out in the constitution.

Eligibility

6.2 Each individual Board's constitution shall set out eligibility criteria for becoming a Non-Executive Director. In addition to this, any applicant who is a governing body member and/or an officer of an organisation that is considered by the relevant Board and/or Group Remuneration, Appointment, Appraisal and Governance Committee in competition with the Group or any member of the Group shall not be eligible for appointment on the basis that they have a conflict of interest.

6.3 The Group Remuneration, Appointments, Appraisals and Governance Committee shall have the absolute discretion to class an organisation as in competition with the Group or any member of the Group.

External selection

6.4 The external selection process shall be undertaken as follows:

Initiation

6.5 Each individual Board will formally agree to the initiation of recruitment for a Board member. In doing so the Board will agree the skills and experience profile of the individual they are seeking to recruit, having due regard to their three year succession plan.

6.6 Where there is an urgent need, the Group Remuneration, Appointments, Appraisal and Governance ("RAAG") or relevant Board Chair may, having due regard to their three year succession plan, agree to initiate a recruitment process outwith the Board cycle.

Advertisement/Candidate search

6.7 For all vacancies for Registered Social Landlords ("RSLs") we shall advertise the vacancies on the relevant entity's website. We may also from time to time engage external search partners to support the process.

6.8 When advertising roles we shall have regard to ensuring that the approach is consistent with our commitment to diversity. We will ensure that the advertisement and branding highlight that applicants from diverse backgrounds are encouraged and are accessible to all prospective candidates. When we engage an external search partner we will ensure that their approach is reflective of our commitment to diversity.

6.9 All candidates shall be asked to complete an equalities and diversity monitoring form as part of the process.

Shortlisting and interviews

6.10 A Panel shall be appointed by the Board, or where there is a time sensitivity the Chair, to undertake shortlisting and interviews for any vacancy. The panel shall consist of at least two members from the recruiting Board, one of whom shall be the Chair. When forming Panels we shall have regard to the diversity of the panel.

6.11 The Panel shall be presented with a longlist of candidates and agree on which candidates it wishes to shortlist and progress to a formal interview stage. The panel shall agree in advance on a consistent set of questions and a scoring mechanism which will be used for all applicants.

6.12 The Panel shall recommend one person per vacancy to the Board for appointment, which will remain subject to the necessary Parent approval as set out in individual constitutions.

Internal selection

6.13 Where a candidate to fill a vacancy is an existing Board member from within Wheatley, no additional interview process shall be required. The Chair of the relevant Board and the RAAG Committee shall be required to approve the appointment on the basis that their skills and experience are a match to what is required.

6.14 This process will apply to Boards where the Board composition is formed in part or in full by appointments drawn from other Boards within Wheatley, such as Wheatley Solutions and Wheatley Developments Scotland.

7. Review of Procedure

7.1 This procedure will be reviewed every three years or sooner if required by changes in legislation, regulation, or organisational policy.

Wheatley Group

Making homes and lives better
wheatley-group.com

Board Member Induction and Continuous Professional Development Programme 2026-27

Board Learning Cycle

The Board skills matrix captures the expected capabilities that the Group has agreed Board members should collectively have.

On joining the Board, each new Board Member is asked to complete a self-assessment of their level of expertise against each of the capabilities.

The capabilities are then used to inform:

- Succession planning;
- The induction programme;
- Continuous professional development ("**CPD**") opportunities;
- Annual appraisals; and
- Future recruitment.

The next slide shows how the capabilities are mapped to induction and CPD programme outcomes

Induction Programme in first 12 months

Induction Session	During initial 6 weeks	Within 3 months	Within 6 months	Within 1 Year
Issue of induction pack with onboarding documentation	Issued by Governance team			
Introduction to Board colleagues	Meeting with Chair	First Board meeting		
Expectations - Code of Conduct	Meeting with Chair	Further reading available	Further reading available	Further reading available
Organisational legal structure, governance framework and working practices;	Meeting with Governance team	Further reading available	Self-paced learning available	Further reading available
Organisational history; Bigger picture: Scottish Government policy, sector issues; Key decisions in coming year	Meeting with Executive Director Lead for Board	Further reading available	Further reading available	Further reading available
Regulatory environment; Business Plan; Strategy	Meeting with Managing Director		Self-paced learning available online	Further reading available
Key information: KPIs, management accounts, policies, engagement plan, internal audit plan, development programme and investment priorities, cybersecurity briefing	Meetings with: - Executive Director Lead for Board - Managing Director	Meetings with: - Director of Financial Reporting - Development Team - Director of Assurance - IT & Digital Services team	Self-paced learning available online	Further reading available
Funding and finance arrangements		Meetings with: - Director of Financial Reporting - Director of Treasury	Further reading available	Finance and external audit training
Complete pre-Board paper review		Meeting with Managing Director		
Complete 'Role of the Non-Executive'			Attend IoD course	
Complete stock tour			Attend stock tour	
Check in with governance lead -ID any immediate issues or training needs		Meeting with Governance team	Meeting with Governance team	Meeting with Governance team
Complete Appraisal with Chair and ID further training needs				Meeting with Chair
Update and re-sign Code of Conduct & ROI				Issued by Governance team

CPD Annual Programme

CPD Offering & provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Role of the Non-Executive *Institute of Directors*												
Legal and regulatory landscape & charity trustee duties *Brodies solicitors*												
Building compliance *External*												
Housing sector update *Internal*												
Financial reporting and accounting *KPMG*												
FCA Regulation *Brodies*												
Risk Management *Internal*												
Stock tour *Internal*												
Cyber Security *NCCT*												
Group funding structure and covenant reporting *Internal*						Key:						

This programme is supplemented by online training provided by Wheatley and through supplier webinars, and reading materials held in the Reading Room on Admin Control. Examples are shown on the next slide.

Pre- or post-Board meeting | External training course | Wheatley event

Online training / Webinars

The structured training available through the CPD training can be supplemented by online training provided by Wheatley and/ or on-demand webinars provided by external organisations such as the Institute of Directors, SHARE, or through suppliers. Examples are shown below.

- Business Ethics
- Data Protection
- Social Media
- Cybersecurity toolkit National Cyber Security Centre
- Equity, Diversity and Inclusion (EDI)
- Strategic thinking / Strategic questioning
- Directors' duties & what people need to know
- JCT Design and Build
- Construction law update for housing associations
- Boardroom dynamics
- AI in governance

Loretto Housing

Report

To: Loretto Housing Board

By: James Ward, Managing Director

Approved by: Laura Pluck, Group Director of Communities

Subject: Loretto Strategic register and risk appetite statements

Date of meeting: 18 May 2026

Purpose:
This report asks the Board to consider and approve: 1) The Board's Risk Appetite Statements; and 2) Proposed changes to the Risk Register.

1. Executive Summary

1.1 This paper summarises the results of our review of the risk appetite statements in line with the Board's new five-year strategy, for consideration and approval by the Board.

1.2 This paper also provides the Board with the results of our biannual review of the Board risk register. This includes an update on risks above risk appetite and one proposed new risk for addition to the Board risk register.

1.3 In line with the Group approach, this Board receives an update on its risk register every six months and completes a review of the full risk register annually. This is the annual review; therefore, the full risk register has been provided for Board consideration and approval.

2. Authorising Context

2.1 In accordance with the Group Standing Orders, the Board is responsible for reviewing and approving its Risk Register. The Group Risk Management Policy also requires the Board to approve its Risk Appetite Statements annually, to confirm that these remain an accurate reflection of the Board's willingness to accept risk associated with the achievement of its Strategic Aims.

3. Discussion

Risk Appetite Statements

3.1 Risk appetite levels have been set for each strategic objective within the Board's 2025-31 strategy and are aligned to the Group's risk appetite definitions, as set out in Appendix 2.

3.2 As in prior years, the risk appetite levels have been set in relation to four key risk types: Financial or Value for Money; Reputation and Credibility; Operational Delivery; and Compliance: Legal/Regulatory, and the risk appetite levels range from Averse to Hungry.

3.3 The risk appetite statements include a high-level definition of what each risk appetite statement means in practice, and specific aspects that should be considered by management when assessing risk and making decisions in relation to each strategic objective.

3.4 The proposed Board risk appetite statement is summarised in the table below. The full risk appetite statement is available for review in Appendix 2.

Theme	Objective	Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Homes and neighbourhoods to be proud of	Maintain and enhance homes to meet the Wheatley standard	**OPEN**	**CAUTIOUS**	**HUNGRY**	**MINIMAL**
	Create thriving neighbourhoods, collaborating with customers and partners	**CAUTIOUS**	**CAUTIOUS**	**OPEN**	**MINIMAL**
	Lead the way in expanding the supply of affordable, quality homes	**OPEN**	**CAUTIOUS**	**OPEN**	**MINIMAL**
Personalised Services	Connect with customers through proactive, tailored communication	**OPEN**	**CAUTIOUS**	**OPEN**	**MINIMAL**
	Enhance and apply what we learn to drive customer focused services	**OPEN**	**CAUTIOUS**	**OPEN**	**MINIMAL**
	Deliver seamless services to meet customer needs	**OPEN**	**CAUTIOUS**	**OPEN**	**MINIMAL**
Better Lives	Make the largest landlord contribution to ending homelessness in Scotland	**OPEN**	**CAUTIOUS**	**OPEN**	**MINIMAL**
	Shape powerful partnerships to alleviate poverty and open doors to new opportunities	**CAUTIOUS**	**CAUTIOUS**	**HUNGRY**	**MINIMAL**
Delivering sustainable value	Nurture and invest in our people, recognising their contribution	**OPEN**	**CAUTIOUS**	**HUNGRY**	**MINIMAL**

	Drive effective solutions, harnessing digital capabilities and data assets	**OPEN**	**CAUTIOUS**	**OPEN**	**MINIMAL**
	Ensure financial efficiency today, prepared for tomorrow	**CAUTIOUS**	**CAUTIOUS**	**CAUTIOUS**	**MINIMAL**
	Grow our reputation as an ethical, trusted business	**CAUTIOUS**	**MINIMAL**	**CAUTIOUS**	**MINIMAL**

3.5 The Board is asked to approve these risk appetite statements for 2026/27.

Risk Register

3.6 The Group's risk management approach requires that the full Risk Register is reviewed annually. Accordingly, the full risk register is available for review at Appendix 1.

3.7 As set out in the Group Risk Management approach, this update focuses on risks we wish to bring to the attention of the Board. This includes any risks in the following categories:

A. Risks above risk appetite;

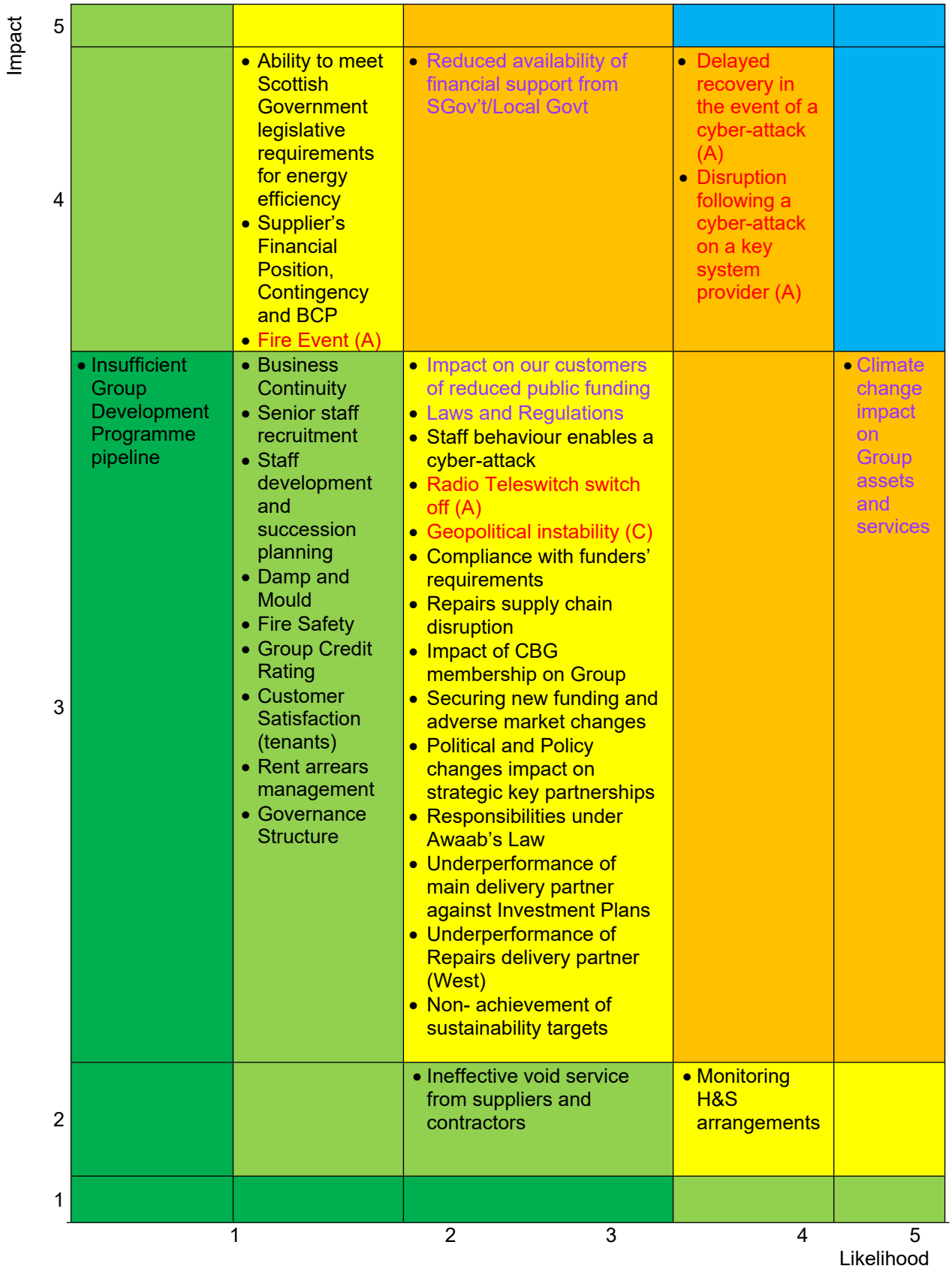
B. Risks with a residual risk score of 12 of more or an inherent risk score of 20 or more, for which the Board has not received an update on the operation of the controls in the last 6 months; and

C. Risks highlighted for consideration. This will include any new risks, risks to be removed from the Risk Register, or risks with a significant change in scoring. It also includes brief details of any significant changes to the external environment that may impact on the Board's risk profile ("horizon-scanning").

3.8 The chart on the following page shows all risks within the Risk Register. These are colour-coded as follows:

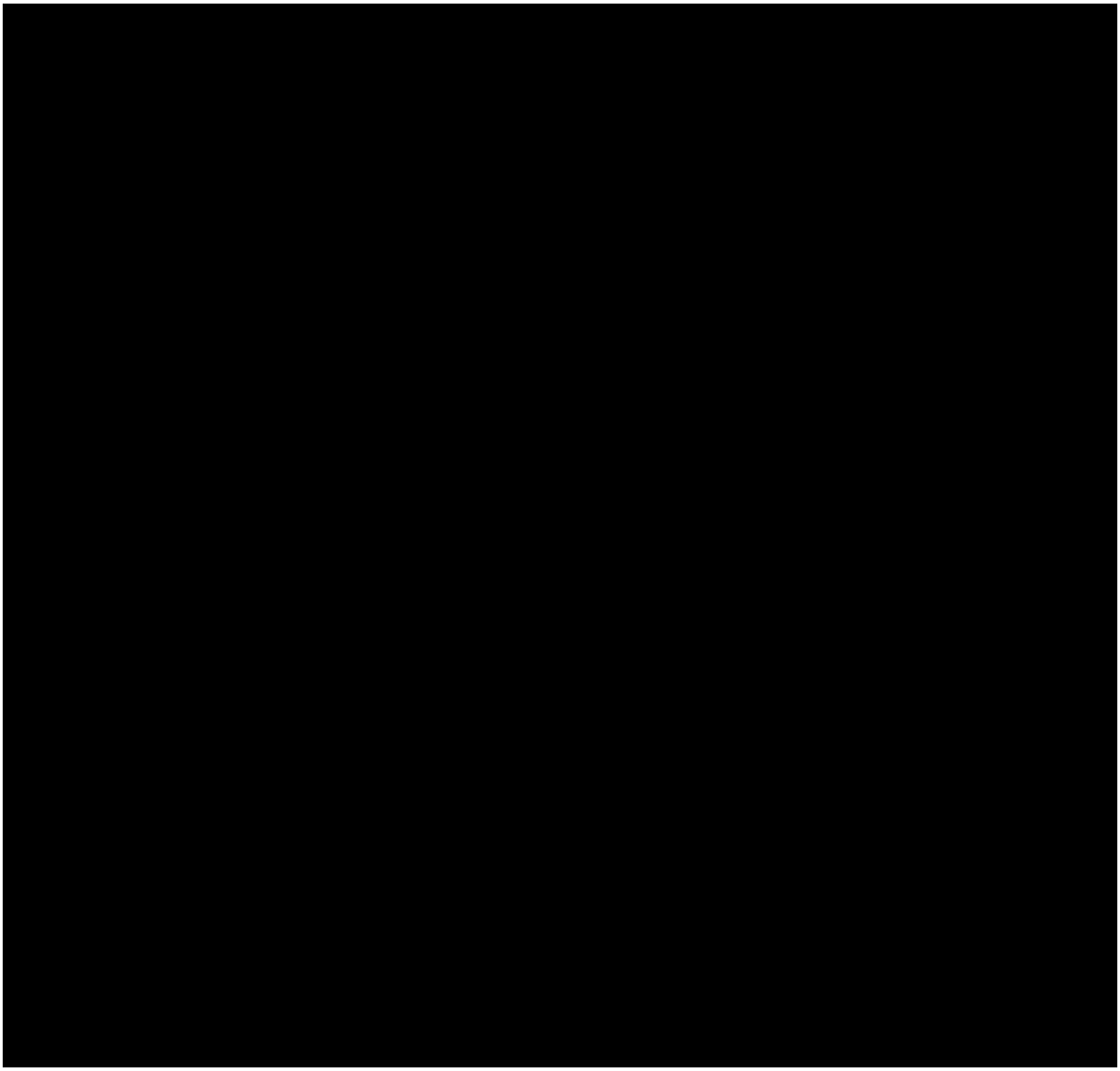
- Red font – risks highlighted for Member consideration (as set out in paragraph 3.7) and discussed further below;
- Purple font – risks with a high residual risk or inherent risk score where Boards have received an update on the operation of the controls in the last 6 months;
- Black font – lower scoring risks that have remained stable within the current period.

3.9 A full description of each of these risks, and associated controls, is set out in Appendix 1. The remainder of this section provides additional commentary on those risks highlighted in red font.

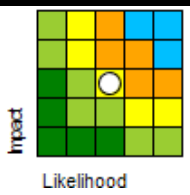

Impact
5
4
3
2
1
• Ability to meet Scottish Government legislative requirements for energy efficiency
• Supplier's Financial Position, Contingency and BCP
• Fire Event (A)
• Reduced availability of financial support from SGov't/Local Govt
• Delayed recovery in the event of a cyber-attack (A)
• Disruption following a cyber-attack on a key system provider (A)
• Insufficient Group Development Programme pipeline
• Business Continuity
• Senior staff recruitment
• Staff development and succession planning
• Damp and Mould
• Fire Safety
• Group Credit Rating
• Customer Satisfaction (tenants)
• Rent arrears management
• Governance Structure
• Impact on our customers of reduced public funding
• Laws and Regulations
• Staff behaviour enables a cyber-attack
• Radio Teleswitch switch off (A)
• Geopolitical instability (C)
• Compliance with funders' requirements
• Repairs supply chain disruption
• Impact of CBG membership on Group
• Securing new funding and adverse market changes
• Political and Policy changes impact on strategic key partnerships
• Responsibilities under Awaab's Law
• Underperformance of main delivery partner against Investment Plans
• Underperformance of Repairs delivery partner (West)
• Non- achievement of sustainability targets
• Climate change impact on Group assets and services
• Ineffective void service from suppliers and contractors
• Monitoring H&S arrangements
1
2
3
4
5
Likelihood

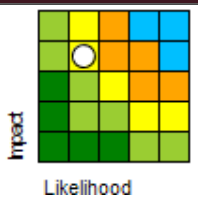
Section A – Risks above risk appetite

3.10 There are four risks with a residual risk score that is greater than the approved risk appetite. This is set out in the table below.



[redacted]

RISK020-Radio Teleswitch switch off		Minimal	The scoring of this risk reflects the continuing reduction in the number of the Group's customers affected which has reduced to c1500 and the staged approach to switching adopted by the energy companies. Overall, it remains outwith risk appetite as the Group is unable to directly resolve this issue on behalf of its customers. Engagement with third parties and awareness-raising communications to customers and staff continue. Board Review: Our Group and RSL Boards are monitoring progress and the risks of Radio Teleswitch off as a standing item at their meetings.

Risk	Residual Risk Score	Risk Appetite Level	Commentary
RISK 089 – Fire Event		Minimal	This is focused on the risk of a fire within a customer's property. It is outwith risk appetite due to the limited control the Group has over the actions of third parties to minimise fire risk. Despite best efforts, we cannot eliminate all risk of accidental dwelling fires. We have reduced these year-on-year, through proactive engagement with our customers and rigorous fire safety inspections of our assets on a rolling programme basis and mitigating measures, but we will continue to experience accidental dwelling fires. Board Review: Group Board, RSL and Lowther Boards monitor fire risk and progress against action identified by Fire Risk Assessments through regular Board performance reporting. An annual update is provided to these Boards, the next update is scheduled for the May/June cycle.

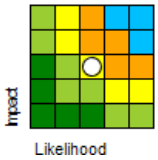
3.11 The implementation of any identified actions will be monitored by management and residual risk scores will be reviewed as part of the scheduled quarterly review of all risks.

Section B – High scoring risks with controls due for review.

3.12 There are no risks with a residual risk score that is greater than the 12, or an inherent risk score of 20 or more, for which the Board has not received an update on the operation of the controls in the last 6 months.

Section C- Horizon Scanning

3.13 One new risk is proposed for inclusion in the Board risk register as set out in the table on the following page. Full details are included in Appendix 1.

Risk	Residual Risk Score	Risk Appetite Level	Commentary
PROPOSED NEW RISK: RISK 064 - Geopolitical instability		Cautious	This new risk reflects the potential impact of Geopolitical instability on the Group in the context of ongoing conflict in the Middle East. This could have an impact on the supply chain, place cost pressure on new build developments, increase utility costs, increase interest rates and lead to a higher level of sustained inflation.

3.14 The Board is asked to consider whether any matters discussed elsewhere during the Board meeting result in additional risks to be captured in the Risk Register.

4. Customer Engagement

4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers. No customer engagement implications arise directly from this report.

5. Financial and Value for Money implications

5.1 No financial or value for money implications arise directly from this report.

6. Recommendations

6.1 The Board is asked to:

1) Approve the proposed Board risk appetite statements for 2026/27;
2) Approve the proposed changes to the Board risk register; and
3) Identify any further changes required to the Board risk register.

LIST OF APPENDICES:

Appendix 1 – Board risk register
Appendix 2 – Draft Board risk appetite statements

7. Legal Regulatory and Equalities Implications

Overall position:	
X	No material implications
	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
The Scottish Housing Regulator includes specific guidance about risk management within the Regulatory Standards of Governance and Financial Management for RSLs. Standard 4.4 states 'The governing body identifies risks that might prevent it from achieving the RSL's purpose and has effective strategies and systems for risk management and mitigation, internal control and audit.' Principle 3 of the Financial Conduct Authority's Principles for Businesses require a firm to "take reasonable care to organise and control its affairs responsibly and effectively, with adequate risk management".

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
We are compliant with the applicable legislation and regulations outlined above, therefore no additional action is required.

Legal Compliance Assurance:
Relevant legal duties have been reviewed, and no legal compliance risk has been identified in relation to the Board's risk management approach.

Legal advice received:			
	Yes	X	No

8. Risk Assessment

Risk Appetite:
There is no single risk appetite associated with this paper. Instead, the review of risks within the Risk Register, as outlined in this paper is designed to provide assurance on the controls in place to manage risks such that the residual risk score is within risk appetite and to identify additional actions planned to reduce residual risk further, where required.

Relevant strategic risk(s):
This paper includes the results of the biannual review of the Board risk register. A summary of the results of this exercise is provided at section 3.7 and the full Board risk register is provided at Appendix 1.

Relevant assessment and mitigation:
Section 3.10 identifies four risks which are currently above risk appetite, and the reasons for this. Full details of these risks are provided in Appendix 1.

Loretto Housing

Appendix 1: Board risk register

Loretto Housing

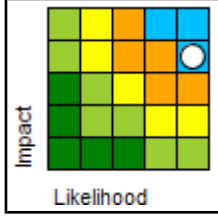
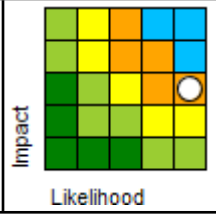
Appendix 1: Board risk register

Appendix 1: Board risk register

RISK 023 Climate change impact on Group customers, assets and services

Strategic Outcome	Setting the benchmark for sustainability and reducing carbon footprint	Risk type	Financial or VFM	Risk owner	Group Director of Housing

Description	*Controls*
There is a risk that the impact of climate change consequences on Group customers, assets and services are not anticipated resulting in damage to the value of our assets and our ability to deliver services to our customers.	Further development of, and emphasis on, business continuity plans (both at Group and local level) and testing to provide for operational responses to extreme weather events such as flooding, wildfires and severe winter snow (e.g "Beast from the East" type events). Group works in line with National Planning requirements, including the use of SEPA flood risk maps to assess New Build locations. Asset Management Strategy will ensure future investment maintains and improves condition of our asset including to mitigate any climate change related risks.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **OPEN** (Orange)	Group Boards - Asset investment plans in February each year. Wheatley Solutions Board updated on sustainability related matters at its meetings.

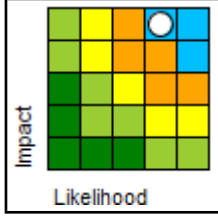
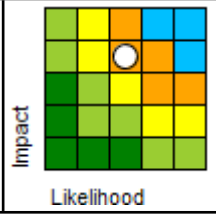
Loretto Housing

Appendix 1: Board risk register

RISK 021 Reduced availability of financial support from Scottish Government and / or local government

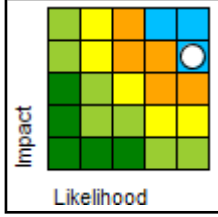
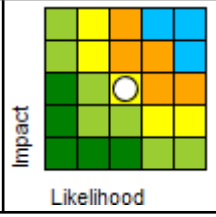
Strategic Outcome	Raising the funding to support our ambitions	Risk type	Financial or VFM	Risk owner	Group Director of Finance

Description	*Controls*
There is a risk that without sufficient Scottish Government financial support we may be unable to deliver Scottish Government targets in relation to the development of new homes and energy efficiency. Inflation will also impact on the Scottish Government and / or local authority financial support available for new build targets resulting in an inability to deliver strategic outcomes.	• Regular engagement with Scottish Government representatives to proactively present the case for housing investment directly and through our representative bodies. • Participate in the Scottish Government reviews of grant availability. • Pathway to Net Zero Group draws on independent expertise to support evolution of plans in this area. • Provision in the Business plan tested against the Asset Management Strategy to ensure sufficient provision within the Plan. • Financial planning sensitivities undertaken to understand the potential impact under a variety of grant scenarios. • Actively pursue external funding opportunities including those with the Scottish Government to support our investment in energy efficiency works.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **OPEN** (Orange)	Group Board (Group Business Plan Financial Projections) (Annually in February) Group Board (5-Year Development Plan) (Annually) Group Board (Asset Management Strategy) Group Board (5-Year Investment Plan)

Appendix 1: Board risk register

RISK 001 Impact on our customers of reduced public funding

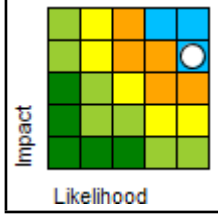
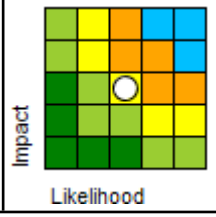
Strategic Outcome	Supporting economic resilience in our communities	Risk type	Operational	Risk owner	Group Director of Communities
Description		***Controls***			
There is a risk that the impact of reductions in Local Authority services leaves the Group unable to meet increased levels of demand for wrap-around and / or Wheatley Foundation services, and therefore unable to deliver its strategic outcome to support economic resilience for all customers in need.		• Monthly performance meetings, reviewing project activity/demand against available budget. • Monitoring of business information from across Group to identify emerging customer/community issues. • Regular liaison meetings with stakeholders and funders. • Monthly "External Funding Opportunities" meeting – Foundation staff. • Development of ALISS to signpost customer to additional support. • Performance/Budget updates provided quarterly to Foundation Board.			
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Group Board paper on 2026/27 rent setting (February 2026) Group Board paper on Group Business Plans Financial Projections (February 2026) Strategy session/ annual report to Foundation Board to review priorities and ensure responding to customer priorities (Annually) Performance/Budget updates provided quarterly to Foundation Board.		

Appendix 1: Board risk register

RISK 016 Laws and Regulations

Strategic Outcome	Progressing from Excellent to Outstanding	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Governance and Business Solutions

Description	*Controls*
There is a risk of non-compliance with statutory laws and regulations, including but not limited to: • Scottish Housing Regulator regulations, • Financial Conduct Authority (FCA) regulations, • Compliance with Health and Safety Building Regulations • Freedom of Information (Scotland) Act, and • General Data Protection Regulations, and • OSCR, the Scottish Charities Regulator, caused by a lack of awareness of the requirements, resulting in adverse feedback and loss in confidence from regulators, funders, customers and potential partners, as well as potential fines and penalties.	A Group-wide self-assessed assurance review is carried out against the SHR's regulatory framework and the Lowther regulatory framework each years. These help to ensure we meet the requirements of the SHR and other regulatory entities. The self-assessments are independently verified by internal audit or a third-party at least once every three years. The Group Standing Orders, which set out roles and responsibilities in relation to key legislative and regulatory requirements, are reviewed every three years. The Group has on-going relationship management with the Scottish Housing Regulator. Changes to existing legislation are identified and implemented by identified responsible officers across the Group. A Group- wide approach to how the Group manages information is overseen by a specialist Information Governance team, with Privacy Impact Statements implemented across the Group. Annual training on DPA and FOI requirements is mandatory for all staff. Legislative compliance maps are in place for all teams, documenting key legislative requirements and the detective controls that have been put in place to confirm ongoing compliance. These maps are reviewed and updated biannually. Compliance with FCA regulatory requirements is overseen through regular reporting to the Wheatley Solutions Board and specialist legal advice is available, as required.

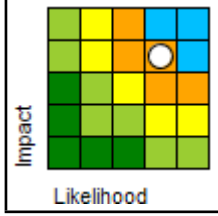
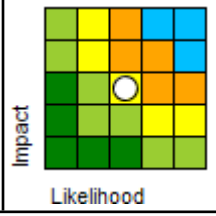
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	Annual reporting to RSLs, Care and Lowther (Aug-Oct) each year. Confirmation of Annual Assurance Statement (August 2026) Quarterly reporting on FCA compliance

Appendix 1: Board risk register

RISK 019.1 F Staff behaviour enables a cyber-attack

Strategic Outcome	Maintaining a strong credit rating and managing financial risk	Risk type	Operational Delivery	Risk owner	Group Director of Governance and Business Solutions

Description	*Controls*
There is a risk that the Group is subject to a cyber-attack such as ransomware or data theft caused by risky or malicious staff behaviour, resulting in an inability to deliver services, regulatory censure and financial loss.	Staff are required to complete mandatory, annual training provided by a specialist cyber training provider. Completion rates for the training are monitored by MyAcademy and reported to senior management. SIEM technical logging approaches include behavioural analysis metrics - alerts generated lead to actions including account suspension and remediation. Cyber behavioural metrics are reviewed to inform training and communications. Phishing campaigns inform additional behavioural insight to cyber risks and incidents - these are performed across Group 2-3 times per year. Phishing reporting available per-campaign. Staff/manager engagement across 'risky behaviours' identified across failed Phishing Campaigns, includes manager escalation and staff retaining options. Routine testing of the external environment is provided by the Group's security consultants. Group tenancy includes 'user risk scoring' to identify accounts with higher risk of compromise or low security behaviours – these alerts are monitored 24 hours per day via SIEM service provider and infrastructure team. Security Forum review of training/phishing/SIEM (account attack) activity. All staff accounts (including office/concierge staff) must use MFA for account access to services. Conditional Access controls have reduced the 'trusted account' duration to 5 days. Password controls now include 3 random words/longer password complexity. Additional optional training identified and is available on WeConnect. Removal of SMA MFA and Cisco applications **Planned controls:** Senior (LBM) Cyber Security CPD/engagement August 26 via NCC Windows Hello (Biometric login) pilot is due to commence May-Aug 26). SIEM Review (MDR/XDR) is underway to assess improving behavioural datasets and predictions across staff service usage profiles (due to complete Aug 26)

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	Audit Committee updates on Cyber Security/DR twice per year. Wheatley Solutions (quarterly) – standing item on progress with digital transformation programme and Cyber Security programme. Group Boards are updated annually – Group IT Cyber Assurance Update includes details of Group incidents, training completions and business engagement.

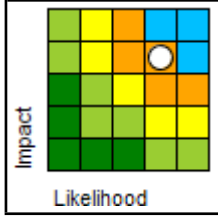
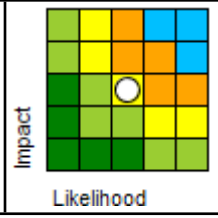
Loretto Housing

Appendix 1: Board risk register

RISK 020 Radio Teleswitch switch off (Above risk appetite)

Strategic Outcome	Progressing from Excellence to Outstanding	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing

Description	*Controls*
There is a risk that customers with Radio Teleswitch (RTS) electricity meters (c.1900 customers) do not engage with their energy suppliers to have these meters updated in advance of the RTS switch off, resulting in these customers' storage heaters being left permanently switched on or off, depending on the last signal received. Either outcome could have a negative impact on customer experience and satisfaction, particularly as the Group is unable to directly resolve this issue on the behalf of its customers.	UK Government has refined the approach to Switch Off. It will now be by meter code which means it will be more cautious, with fewer (tens) of customers impacted at each code switch. Codes covering vast majority of our stock now not expected to be switched off until Spring 2026 at earliest. Continuing to engage with SFHA, OFGEM, Scottish and UK Government and energy companies to raise awareness of the issue from an RSL perspective; Continuing to work with Scottish Power including through regular updates that allow progress to be tracked, data sharing to support proactive contact with affected RTS customers to encourage switching and meetings with senior staff to address issues identified; Communications campaign including: letters to customers, at various times, to encourage contact with their energy company to arrange to switch; posters in MSF blocks; outbound calling from CFC and engagement with impacted customers through housing staff. Staff awareness campaign; Internal project team formed to monitor progress with switching and coordinate the listed control activities. Business continuity arrangements to provide any impacted customer with temporary heating and support to switch.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **MINIMAL** (Light Green)	RSL Board updates at every meeting until not required.

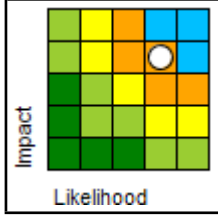
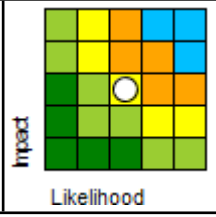
Loretto Housing

Appendix 1: Board risk register

RISK 064 Geopolitical instability (Proposed new risk)

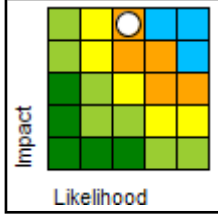
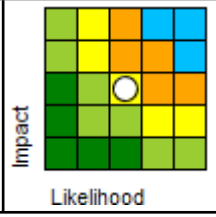
Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Financial or VFM	Risk owner	Group Director of Finance

Description	*Controls*
There is a risk of increased financial and operational pressure on the Group, caused by global geopolitical instability (including conflict in the Middle East involving Iran) driving sustained inflation, energy market volatility and supply-chain disruption, resulting in higher costs, reduced affordability for tenants, delays to development and maintenance programmes, and pressure on long-term financial viability.	Subsidiary and Group Business Plans are updated annually. Stress-testing of the business plan against adverse scenarios, including prolonged high inflation, increased borrowing costs and reduced income. Financial performance monitored monthly and covenant compliance reviewed quarterly by the Group Board. Golden Rules subject to annual board approval, with performance monitored quarterly and any anticipated breaches requiring board approval. Utilisation of Group and 3rd party frameworks to minimise price increase risk. New build contractor engagement framework including proactive monitoring of financial standing Procurement procedures include assessment of suppliers' financial health. Identified lead for Repairs monitors supply chain materials contract. In the event of supplier insolvency, procurement frameworks / approved supplier listings would be used to identify alternative suppliers.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	Business plan projections in Feb and Aug. Finance reports, including covenant compliance and Golden Rules, are a standing item for all Boards. (Ongoing) Quarterly forecast out-turn Treasury update reports are presented quarterly to Group and WFL1 Boards. (Quarterly)

Appendix 1: Board risk register

RISK 008 Compliance with funders' requirements

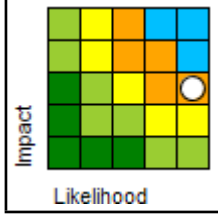
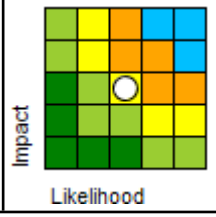
Strategic Outcome	Raising the funding to support our ambitions	Risk type	Financial or VFM	Risk owner	Group Director of Finance
Description		***Controls***			
There is a risk of defaulting on loan agreements as a result of failing to meet or maintain compliance with loan agreements. This would result in withdrawal of the funding, potential for cross-default on other facilities, difficulty in obtaining future funding from other funders, and would likely result in higher cost of funding.		Regular meetings with funders and investor representatives to update on financial status of the Group. Financial performance monitored monthly and covenant compliance reviewed quarterly by the Group Board, before being submitted externally to funders. Covenant compliance monitoring tool introduced by Finance. Funder legal agreements set out the key dates and requirements. Subsidiary and Group Business Plans are subject to annual updates and review by respective Boards. Additional protection via 'Golden Rules' to produce forward-looking monitoring with headroom against loan covenants. Golden Rules subject to annual board approval, with performance monitored quarterly and any anticipated breaches, requiring board approval.			
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Business plan projections in Feb and Aug. Finance reports, including covenant compliance and Golden Rules, are a standing item for all Boards. (Ongoing) Treasury update reports are presented quarterly to Group and WFL1 Boards. (Quarterly)		

Appendix 1: Board risk register

RISK 018 Repairs supply chain disruption

Strategic Outcome	Investing in existing homes and environments	Risk type	Operational Delivery	Risk owner	Group Director of Governance and Business Solutions

Description	*Controls*
There is a risk that the Group faces disruption to its Repairs supply chain (including delays to supply deliveries, increased costs of supplies, or supplier business failure) due to global events such as the war in Ukraine / Mid East, and manufacturing challenges such as shipping, the UK cost of living crisis and rising inflation, resulting in delays or an inability to deliver operational targets and potential financial loss or reputational damage.	Utilisation of Group and 3rd party frameworks to minimise price increase risk. Procurement procedures include assessment of suppliers' financial health. Active use of Contract Management System which contains system generated alerts to flag risk. Integrated Repairs Management software (Civica Servitor) in WHS /WHE to manage van stock levels including and where possible, advance purchase of components and materials. Engagement with key suppliers on stock levels. Specific contingency plans for key services e.g. lifts. Local staff directly employed by CBG, WHE or WHS PS. Identified lead for Repairs monitors supply chain materials contract. In the event of supplier insolvency, procurement frameworks / approved supplier listings would be used to identify alternative suppliers.

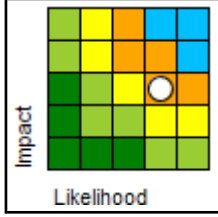
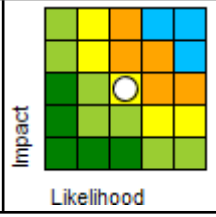
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **OPEN** (Orange)	Group DevCo - tenders/ programme performance/ Contractor financial exposure. These are standing items at each meeting. (Ongoing) Annual Procurement strategy and policy updates to be presented to Boards for approval (February 2026) All Boards receive procurement performance, finance and development updates (Ongoing standing items)

Appendix 1: Board risk register

RISK 002 Impact of CBG membership on Group

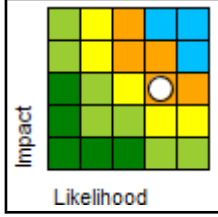
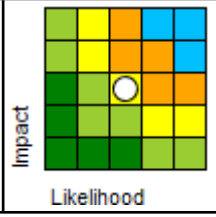
Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Operational Delivery	Risk owner	Group Director of Finance

Description	*Controls*
There is a risk that the closer relationship with CBG with it becoming a subsidiary results in adverse implications to the Group and reputational damage as we are seen as being more responsible for the organisation. There is also a risk of delays to the implementation of CBG change management programme affecting the ability to consolidate CBG within the Group accounts, resulting in potential delays to Group financial statements and reputational damage.	Progress monitored by a Senior Officers Group comprised of representatives from WHG/GCC and CBG including both WHG and GCC Chief Executives Regular meetings with CBG Senior Management Team. Oversight of CBG internal control framework through membership of CBG Board. CBG management attend Group joint management meetings.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	GCC internal audit provide quarterly updates to Group Audit Committee. Updates to Group Board from CBG Board attendees

Appendix 1: Board risk register

RISK 011 Securing new funding and adverse market changes

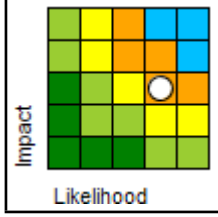
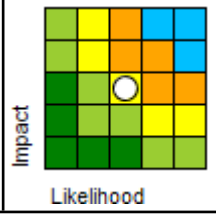
Strategic Outcome	Raising the funding to support our ambitions	Risk type	Financial or VFM	Risk owner	Group Director of Finance
Description		***Controls***			
There is a risk that the Group's ability to raise borrowing at cost-effective rates or raise the funds required to meet our liquidity Golden Rules is limited by wider economic or political conditions such as another banking crisis, rising interest rates, prolonged high inflation, default in the sector, increasing focus on ESG credentials or constitutional changes; resulting in an inability to hold enough cash to meet our commitments or achieve our business objectives.		Our strategy is to diversify financing sources and relationships, providing a range of options for future funding in the event of adverse market changes. Our liquidity Golden Rule is designed to ensure that we have sufficient cash available for two years + 25% contingency, and this rule is re-assessed annually by the Group Board. Compliance is reported to the Group and WFL Boards quarterly. We also review our approach to hedging in respect of interest rate risk on a quarterly basis. We do not borrow in currencies other than sterling to reduce exchange rate risks, including in the event of a potential future change in currency. Annual ESG reporting in place with reports issued alongside the statutory accounts and we maintain a Sustainability Financing Framework which is accredited by S&P. Group Board receive quarterly updates within the Treasury paper of any fundraising activity.		
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Treasury management update to WFL1/Board every quarter, which includes update on market conditions. (Ongoing) Business Plan Financial Projections reported to Group Board (Annually, February) Annual Sustainability Report (Annually, August) Funding Strategy/matters subject to Group Board consideration		

Appendix 1: Board risk register

RISK 014 Political and Policy changes impact on strategic key partnerships

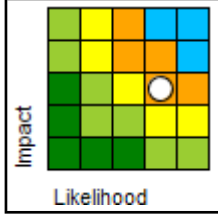
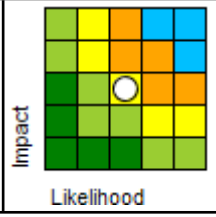
Strategic Outcome	Influencing locally and nationally to benefit our communities	Risk type	Reputation and Credibility	Risk owner	Group Director of Governance and Business Solutions; Group CEO

Description	*Controls*
The risk that political and policy changes (within Scotland and the UK) lead to less effective working relationships with key strategic partners, including elected members, and affect the ability of the Group to deliver its strategic objectives resulting in significant adverse reputational impact.	The Group has an established national approach to stakeholder management led by the Executive Team and Communications Team. We have ongoing engagement with senior officials and policy leads within the Scottish Government and key local Authority partners. We are also part of national policy working groups and actively look for opportunities to engage with key politicians. Annual MSP survey carried out to track progress, with plan put in place to address negative comments. Strategic Agreements in place with GCC and DGC. Partnership agreements in place with WLC (in respect of a shared understanding amongst WLC and other RSLs in relation to new build housing development) and work closely with CEC. We hold Board workshops on key policy areas, including annual strategy workshops and standalone Board/CPD events where required. The Group's policy of not building homes for sale also mitigates potential property market risk. At a community level, good stakeholder and partnership relations, including with elected members, are carried out by Executive Team, Managing Directors, Locality Housing Directors and the Director of Communications and Marketing. We actively look for opportunities to engage with key politicians to promote partnership working and projects highlighting the work of the Group and subsidiaries in 'Making Homes and Lives Better'.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **OPEN** (Orange)	Group CEO update to group Board as standing item includes update on political engagements. (Ongoing) Senior political presence at all WH-G Board meetings through GCC drawn appointments. (Ongoing)

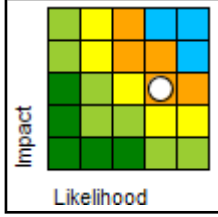
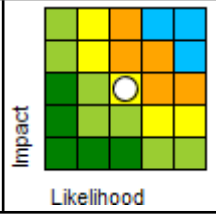
Appendix 1: Board risk register

RISK 052 Responsibilities under Awaab's Law

Strategic Outcome	Investing in existing homes and environments	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing
Description		***Controls***			
There is a risk that we face criticism or challenge about our response to and compliance with Awaab's Law, due to stakeholders' differing knowledge and understanding of the law's scope and the requirements it places on social landlords, resulting in customer dissatisfaction and reputational damage.		Satisfaction surveys are used to monitor and assess customer satisfaction with damp and mould repairs. Senior Leads are engaged in a Scottish Government stakeholder group to help inform and develop guidance related to the Repair (Scotland) Regulations 2026. Leaders from across Wheatley and CBG are attending webinars and info sessions to help better understand the law's scope and requirements to help inform our approach to damp and mould. **Planned controls** Engagement with 'critical friend' RSLs and relevant bodies to learn from how English bodies have responded to Awaab's law. Damp and Mould policy being revised to set out the tenant's right to an independent assessment if they are not happy with the Group's response to reports of suspected damp and mould in their home. It will also reflect changes to how we manage stage 2 complaints related to Damp and Mould. Develop a training matrix for all CBG trades, operations managers, planners, Wheatley Housing Officers, My Repairs Team & CFC involved in the delivery of Health Homes with the Academy and CBG Training College.		
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Damp and Mould update to Group Board February 2026		

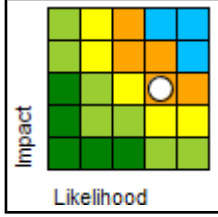
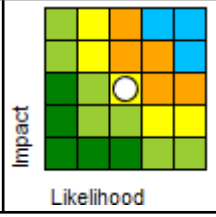
Appendix 1: Board risk register

RISK 100 Underperformance of main delivery partner against investment plans

Strategic Outcome	Investing in existing homes and environments	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing
Description		***Controls***			
There is a risk that Wheatley's main delivery partner in the West (CBG) is unable to deliver WH-G, Loretto and Lowther's annual investment plans through an ineffective operational and systems environment which could result in reputational damage through failing to deliver commitments made to customers.		CBG prepare a 5-year business plan each year. This is informed by workload information provided by both Members and for WHG linked directly through to the WHG financial projections and informs CBG resource and labour planning. The investment plans are routinely monitored in respect of delivery and reports are considered monthly at DMT on the delivery status of the annual programme. The CBG Board reviewed and agreed a 3 year IT Strategy at their meeting in September 2025 and have a delivery plan for improvements to their systems environment.			
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Regular updates on the performance of CBG and the delivery of the investment programme are provided to relevant RSL Boards, Lowther and the Group Board primarily through regular performance and financial reporting.		

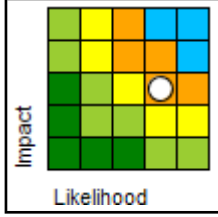
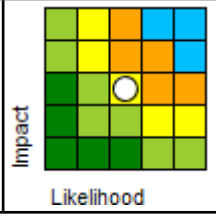
Appendix 1: Board risk register

RISK 137 Non-achievement of sustainability targets

Strategic Outcome	Setting the benchmark for sustainability and reducing carbon footprint	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing
Description		***Controls***			
There is a risk that the Group is not able to demonstrate how it is contributing to climate-change mitigation activities, due to non-achievement of targets within its Sustainability Framework, resulting in reputational damage with key stakeholders, including investors, government and customers.		We have detailed asset information and baseline data, and our asset strategy includes an assessment of the likely requirements of the new Social Housing Net Zero Standard which is currently being consulted on by Scottish Government. We have secured some funding from the Scottish Government to invest in properties through bids to the SHNZ (Social Housing Net Zero Fund). Targets to reduce emissions from our homes are monitored and reported each year to Wheatley Solutions. Progress towards our aim of being carbon neutral is assessed independently and reported each year. The Group's ethos is that demolition is not a preferred option, although we will explore this if following assessment this is found to be the best option including in terms of sustainability impact. We produce an annual ESG report for investors setting out our progress on the environmental agenda and have produced a sustainability framework for investors to support the raising of sustainability-linked finance. In addition to ESG reporting, increased public messaging around our work in relation to climate change is ongoing and we have developed and are implementing a group sustainability strategy.		
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	All Boards – business plan including detailed 5 year capital investment plan Wheatley Solutions/Group Board projected Co2 reduction (Annually in February) Sustainability update report to all Boards (Annually Group others in September) Sustainability as a key driver in our asset strategy		

Appendix 1: Board risk register

RISK 182 Underperformance of Repairs delivery partner (West)

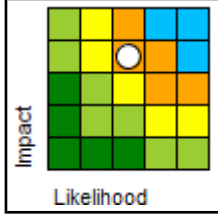
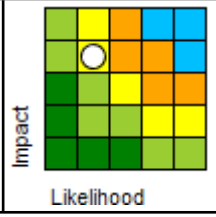
Strategic Outcome	Developing a customer led Repairs Service	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing
Description		***Controls***			
There is a risk that the Group's main repairs delivery partner in the West (CBG) does not meet agreed delivery standards due to factors such as missed/late appointments, poor quality repair work, ineffective systems and/or poor service delivery, resulting in increased complaints and customer dissatisfaction.		Performance in the delivery of the repairs service is routinely monitored between operational delivery and management teams with KPIs reported to DMT weekly and ET at the end of each reporting period. WHG and CBG staff are co-located and ensure Operational challenges are discussed at daily/ weekly operational POD meetings. Service levels and efficiency are measured against agreed targets and where issues are identified as part of this monitoring, improvement actions are then agreed and their effect monitored. Management reports cover areas including repairs timescales for emergency and non-emergency work, no access rates, cancellation rates & reasons, My Voice customer feedback, complaints monitoring, lessons learned, and training/ toolbox talks. The CBG Board reviewed and agreed a 3 year IT Strategy at their meeting in September 2025 and have a delivery plan for improvements to their systems environment.		
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Regular updates on the performance of CBG and the delivery of the repairs service are provided to relevant RSL Boards, Lowther and the Group Board primarily through regular performance and financial reporting.		

Appendix 1: Board risk register

RISK 004 Ability to meet Scottish Government legislative requirements for energy efficiency

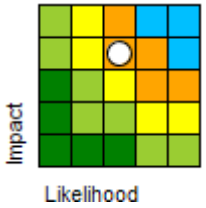
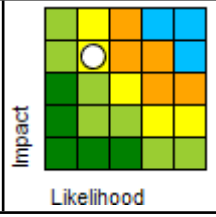
Strategic Outcome	Investing in existing homes and environments	Risk type	Financial/VFM	Risk owner	Group Director of Housing

Description	*Controls*
There is a risk that the combined cost impact of several years of high inflation and increasing regulatory / statutory compliance requirements results in assets which require significant investment in order to meet required standards and expectations.	Five-year business plan is reviewed annually 6 months in advance. Plan is developed through consultation with Locality Housing Directors and after consideration of external regulations and environment. Group Asset strategy has been developed and subsidiary strategic asset investment plans have been developed to clearly articulate investment need and priorities and ensure that our available investment is focused where it has greatest impact. Funding considerations are also re-assessed annually and inform the rent proposals. The Finance team has reviewed financial plans against a variety of assumptions and undertaken stress testing of these assumptions. Financial projections are regularly reviewed and updated as additional information becomes available. Group Board approves the financial projections including key assumptions including those around funding and investment in existing homes and environments. **Planned Control** Development of Wheatley Standard

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	Group Board asset strategy approved (June 2024). RSL Boards strategic asset investment plans (Autumn 2024). These will be reviewed and refreshed as needed each year. 5 year investment plans refreshed each year and considered by Boards annually in February. All Boards receive an update on financial performance at each meeting.

Appendix 1: Board risk register

RISK 039 Supplier's Financial Position, Contingency and Business Continuity Planning

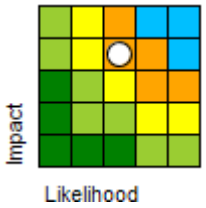
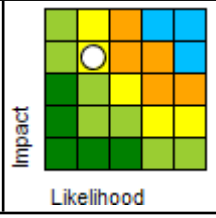
Strategic Outcome	Maintaining a strong credit rating and managing financial risks		Risk type	Operational Delivery	Risk owner	Group Director of Governance and Business Solutions
Description			*Controls*			
Supplier ceases trading mid contract or supply chain is disrupted due to political or legislative change, supplier failure or a force majeure, resulting in significant disruption to service delivery and/or delays to projects which incur additional costs and reputational damage.			Review the supplier's financial position before appointment and escalate concerns (Equifax credit ratings agencies etc.); Business and Continuity planning/alternative required; Due Diligence checks completed; References on suppliers before appointment; Relationship with suppliers during contract to discuss any financial issues /difficulties; Obtain supplier references; Review any irregularities with invoicing; Request upfront information on sub-contractors before appointment; Collaborate with other bodies on political updates; Work with external legal partners on legislative changes; CMS portal requires suppliers to submit annual insurance documents. Active use of Contract Management System which contains system-generated alerts to flag risk. Standing items at the quarterly Leadership Business Meeting – to cover Risk Management and contract management Bi-annual PCIP external audit undertaken to ensure high performance is achieved. Regular Internal and External audits undertaken.		
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**			
		Risk Appetite is **CAUTIOUS** (Yellow)	Procurement performance monitored by ET and Wheatley Solutions Board Annual procurement updates to all RSLs and Solutions Board February 2026 Annual Procurement Scottish Gov. returns submitted March 2026 External Audit (PCIP) – Autumn 2027 (bi-annual assessment)			

Appendix 1: Board risk register

RISK 089 Fire Event (Above risk appetite)

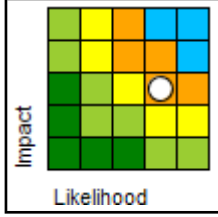
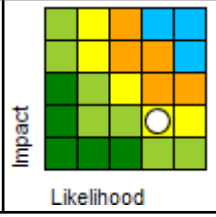
Strategic Outcome	Developing peaceful and connected neighbourhoods	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Communities

Description	*Controls*
There is a risk that actions and behaviours of customers or third parties which are outwith the Group's control lead to a fire within our buildings, resulting in the injury or fatality of individuals, damage to Group property, and reputational damage.	• Fire Prevention and Mitigation Framework, including our approach to high rise block inspections and Livingwell. • Fire Risk Assessments are completed on a rolling cycle and include assessment of Wilful Fire Raising. • Person Centred Risk Assessments (Home Fire Safety Visits) undertaken by Fire Safety Officers where vulnerable customers identified. • Daily, weekly, monthly and 6 monthly inspections of high rise domestic premises maintained by Environmental Teams in between Fire Risk Assessments being completed. • Statutory maintenance of Domestic Properties undertaken to include Gas Safety Installations, Electrical Installations and the provision of Heat and Smoke Detection. • New Build properties are built with Water Suppression Systems as per new Building Standards requirements. Flats are designed to prevent the spread of fire through compartmentalisation. • Extensive compliance and investment regime to achieve compliance with building safety regulations (as required) and best practice guidance. • Fire Working Group attended by Snr Mgt Teams every 2 months that feeds into a Group Fire Strategy Meeting chaired by Executive Lead and attended every 3 months by Leadership Directors to review performance, emerging issues and escalate matters as required. • Weekly report of FRA & PCRA Outstanding Actions issued to Managing Directors, Locality Housing Directors, Heads of Housing and NETs ESDLs for Action.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **MINIMAL** (Light Green)	Annual report to RSL Boards on Fire Prevention and Mitigation Framework. Group, RSL and Lowther Boards - Fire safety performance related KPIs (ADFs and FRAs) as part of standing performance updates. (Ongoing) Board updates (Annually - May)

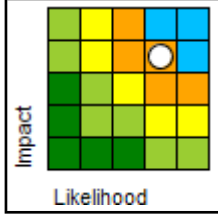
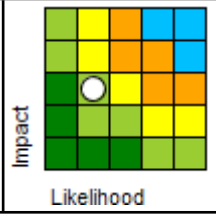
Appendix 1: Board risk register

RISK 090 Monitoring H&S arrangements

Strategic Outcome	W.E. Work – Strengthening the skills and agility of our staff	Risk type	Compliance: Legal/ Regulatory	Risk owner	Group Director of Communities
Description		***Controls***			
There is a risk that the H&S monitoring function does not work effectively to detect non-compliance with H&S policy and procedures or drive improvement across the Group due to poor team coordination, insufficient support, or lack of awareness of relevant issues by that function. Undetected non-compliance with Group H&S policy and procedures could lead to an event which results in statutory action by the Health and Safety Executive or civil action, with potential HSE improvement actions, prosecution, financial penalties and reputational damage.		A programme of H&S audits and inspections by the Wheatley Group H&S Team, covering all work locations. Audit/ inspection reports and actions are issued to responsible managers, and completion of these actions within allocated timescales is monitored by H&S. Progress and outcomes arising from this programme are reported to operational and strategic H&S meetings, as well as being reported to the Executive Team.			
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **CAUTIOUS** (Yellow)	Annual reporting on H&S (May)		

Appendix 1: Board risk register

RISK 012 Business Continuity

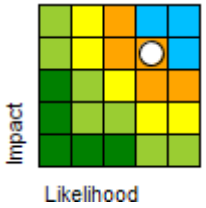
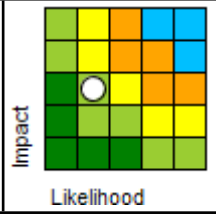
Strategic Outcome	Progressing from Excellent to Outstanding	Risk type	Operational Delivery	Risk owner	Group Director of Communities
Description		***Controls***			
The Wheatley Housing Group does not have adequate or tested Business Continuity / Disaster Recovery Plans in place for key business activities and may rely on the provision of technology provided by third parties(for example: repairs service, staff cover, customer payment systems/technology, CFC telephony), resulting in significant disruption to service and avoidable reputational damage.		Business Continuity Plans are in place across all business subsidiaries and functional areas and reviewed annually. The Business Continuity Implementation Working Group meets quarterly and overseas all aspects of business continuity contained within the annual actions plans. The business continuity framework and Business Continuity Policy are now embedded across the Group and in all business areas, in line with the Group's business operating model. Regular testing and exercising of the Business Continuity Plans will continue to be implemented across all business areas. Additional Business Continuity Crisis Management documents have been developed to provide managers with guidance in respect of the development of Business Continuity Plans.		
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **OPEN** (Orange)	Update on progress provided to Solutions Board annually. Annual update due for Group Board May.		

Appendix 1: Board risk register

RISK 031 Senior staff recruitment

Strategic Outcome	W.E. Work – strengthening the skills and agility of our staff	Risk type	Operational Delivery	Risk owner	Group Director of Finance; Group Director of Governance and Business Solutions

Description	*Controls*
The Group cannot attract candidates for senior roles with the desired qualities, skills or experience due to competing demand for staff in the sector, resulting in reduced levels of service provision.	HR policies on recruitment and selection. Leadership Development Programme to bring in new talent across Group RSLs and Wheatley Solutions. Use of specialist recruitment agencies for senior posts. Targeted advertising via CIH/ Inside Housing/ similar publications used to attract professionally trained staff. Benchmarking of starting salaries/benefits offered to ensure these remain sector leading/competitive.

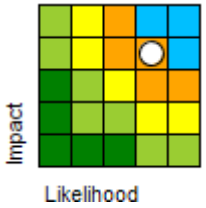
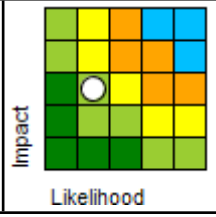
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **HUNGRY** (Blue)	RAAG is kept informed of senior recruitment activity.

Appendix 1: Board risk register

RISK 032 Staff development and succession planning

Strategic Outcome	W.E. Work – strengthening the skills and agility of our staff	Risk type	Operational Delivery	Risk owner	Group Director of Finance; Group Director of Governance and Business Solutions

Description	*Controls*
Failure to succession plan and develop staff leads to there being a lack of internal talent available with the relevant skills, knowledge and experience to fill business critical roles as required, resulting in a loss of expertise, disruption to operating activity while posts are vacant and additional costs for temporary or new staff joining the Group.	Career Pathways provide opportunities to develop and expand on knowledge and experience The Workforce Plan My Appraisal has been reviewed and new annual is called “Right Conversation at the Right Time Annual review process for all staff and integrated with MyAcademy. Training records for all staff and training courses at the Academy and Leadership Development Programme, succession planning and talent management programme. Aspiring Leaders/Leading with Impact to support the succession of Executive and senior leadership roles IGNITE graduate training programme Bursary Programme Create opportunities for staff to apply for internal roles and external secondments which allow them to grow and develop. **Planned Controls** Review and update Leadership programmes to ensure they align with the new strategy.

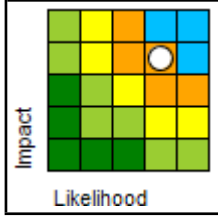
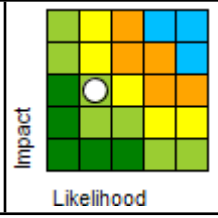
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **HUNGRY** (Blue)	People Services Annual report to RAAG (April each year)

Appendix 1: Board risk register

RISK 053 Damp and Mould

Strategic Outcome	Investing in existing homes and environments	Risk type	Compliance - Legal / Regulatory	Risk owner	Group Director of Housing

Description	*Controls*
There is a risk that we do not address all damp and mould hazards that present a significant risk of harm to tenants within legislative timeframes because either we do not identify the hazards, or we do not take appropriate action to triage, investigate and complete relevant safety work to make the property safe, resulting in harm to tenants' health, property damage and reputational damage.	The Group has a Damp and Mould Policy, which is supported by detailed procedures. Information about reporting signs of mould and damp, factsheets and guidance videos are available to tenants on Group websites. All frontline staff who work with tenants or have reason to visit customer homes (including housing, wraparound services, CFC and care staff, and CBG trade operatives) are trained to recognise signs of damp and mould and raise repair jobs to address any issues identified. CFC staff have specific script for probing when someone raises concern about damp or mould to help clarify the extent of the issue. Trades staff are trained to identify condensation and its causes, and in the application of products to manage it. Annual Tenant visit process in place for RSLs and annual visits to properties as part of technical compliance programme, with those in attendance required to report any issues noted while in a property, including damp and mould. Specialist teams are in place for mould repairs with arrangements in place to provide specialist external support to this team as and when required. There are specific work order descriptions for mould and damp, with agreed timescales for completion of the works. All damp and mould jobs include a full inspection within target of 2 working days. Where mould or damp is found, jobs are categorised as mild, moderate or severe. No Access Policy enables us to force access where repeated issues of damp and mould are raised but access is refused. A process is in place to contact tenants with completed mould and damp jobs to determine whether the reported issue has been resolved. <u>Planned control</u> Introduce a right for tenants to request a report by an independent expert to verify that the damp and mould has been effectively treated.

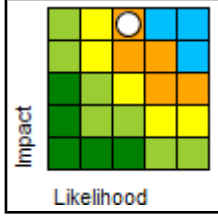
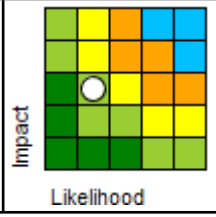
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk appetite is **<u>MINIMAL</u>** (Light Green)	Damp and Mould measures included in regular performance reporting to RSL and Group Boards. From 2025/26, ARC measures on damp and mould will be reported to RSL and Group Boards as part of established ARC reporting before submission to SHR. Damp and Mould update to Group Board February 2026

Appendix 1: Board risk register

RISK 003 Fire Safety

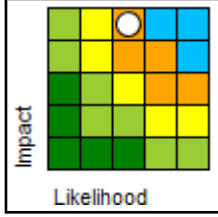
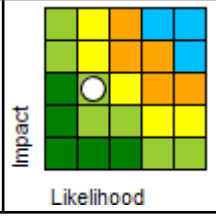
Strategic Outcome	Investing in existing homes and environments	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Communities

Description	*Controls*
There is a risk that a failure to comply with relevant fire safety standards for our buildings results in harm to the health or safety of our customers and/or staff, leading to injuries or fatalities, enforcement action and reputational damage	Group H&S and Fire Safety Team focuses on identification of fire preventions actions for implementation by responsible manager, through the implementation of the Fire Risk Assessment Programme. Fire Working Group attended by Snr Mgt teams every 2 months feeds into a Group Executive Fire Strategy meeting chaired by Executive Lead and attended by Directors to review performance, emerging issues and escalate matters as required. Bi-annual reporting of implementation of actions to Group Audit Committee. Outwith relevant premises, Fire Prevention and Mitigation Framework, including our approach to high rise block inspections and Livingwell, and Fire Risk Assessments are completed on a rolling cycle. Daily, weekly, monthly and 6 monthly inspections of high-rise domestic premises maintained by Environmental Teams in between Fire Risk Assessments being completed. Extensive compliance and investment regime to achieve compliance with building safety regulations (as required) and best practice guidance.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **MINIMAL** (Light Green)	Annual Report to RSL and Lowther Boards on Fire Prevention and Mitigation Framework Group, RSL and Lowther Boards - Fire safety performance related KPIs (ADFs and FRAs) as part of standing performance updates. (Ongoing)

Appendix 1: Board risk register

RISK 010 Group Credit Rating

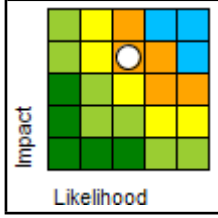
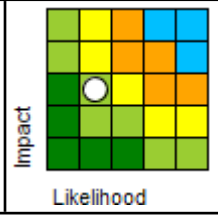
Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Financial or VFM	Risk owner	Group Director of Finance
Description		***Controls***			
There is a risk that external factors such as a downgrade of the UK's credit rating or a default by another organisation within the social housing sector results in a downgrading of the Group's credit rating to BBB+ or below, resulting in a potential requirement to repay our European Investment Bank loans, a reduction in the availability of future borrowing, and/ or an increase in the cost of current debt.		The Group's business plan is designed to maintain a strong standalone credit rating, for example excluding build for sale. Our financial Golden Rules include maintaining strong levels of liquidity to mitigate refinance risks. We have reduced the specific risk related to the EIB rating requirement with mitigation language in the funding documentation; the legal clauses specifically exclude a downgrade to BBB+ as an Event of Default (thereby avoiding cross-default). Additionally, the legal clauses provide for a period to negotiate with EIB on mitigating measures, such as revisions to covenants or posting of increased security/collateral. We maintain strong relationships with other investors/lender relationships in case of unanticipated funding need. Our strong relationship with S&P Global is managed proactively with quarterly meetings and an annual review each April, enabling pre-emptive actions to be taken where required.			
Inherent risk	**Residual risk**	**Risk Appetite level:**	**Previous / Next detailed Board update on operation of controls listed above:**		
		Risk Appetite is **MINIMAL** (Light Green)	Business plan projections for all Boards set out how we will maintain financial position (Annually, each February) The Group and WFL1 Boards receive quarterly treasury reports on the current credit market conditions and any credit rating updates. (Quarterly)		

Appendix 1: Board risk register

RISK 006 Customer Satisfaction (tenants)

Strategic Outcome	Enabling customers to lead	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing

Description	*Controls*
Group service failures or Local Authority service cuts cause our customers to feel that our homes and services do not meet their needs and/or the standards they expect, leading to declining customer satisfaction.	Customer service excellence is a key element of 2021-26 strategy. We use a variety of methods to continuously monitor customer feedback and satisfaction including: • My Voice • Book it track it rate it • Customer Voice panels • Group Scrutiny panel • Customer focus groups • Annual Customer satisfaction survey • Postal surveys • Learning from complaints • Annual tenancy visits, strategic targets in place for 25/26. • Complaints performance monitored as an indicator of satisfaction This information helps us understand customer views and informs our delivery and investment plans every year. This will be augmented by a range of new approaches to improve satisfaction among particular target groups such as young families. The new performance management framework will also include a stronger focus on measuring drivers of customer value in our key services. Housing officer patch sizes of 1:250 (1:200 in WH-S) allow housing staff to deliver personalised services. 1-2-1 meetings with Housing Officers to identify and address any operational issues or staff performance issues. DMTs and Leadership Business Meetings allow MDs to discuss engagement with customers and support required from other business areas. Senior Leadership Forums keep oversight of operational management and weekly VMBs. Communications plans used to keep customers informed of key service information and manage expectations.

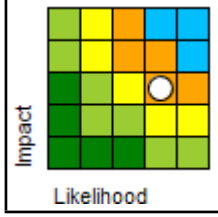
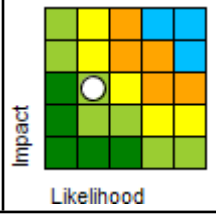
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **OPEN** (Orange)	Quarterly performance reports include details on complaints received from tenants. (Ongoing) Bi-annual customer insight report to RSL Boards.

Appendix 1: Board risk register

RISK 007 Rent Arrears management

Strategic Outcome	Enabling Customers to Lead	Risk type	Financial or VFM	Risk owner	Group Director of Housing

Description	*Controls*
There is a risk that the Group does not collect expected levels of income, caused by arrears management processes not being implemented effectively, resulting in financial loss for the Group and negative impacts for customers, with increasing financial hardship. This includes processes put in place to support tenants during the continued migration to universal credit.	Our small housing patch sizes provide a key mitigation, allowing staff to work proactively with customers before their debts become unmanageable. Joint working with Wheatley Foundation colleagues to deliver our full range of wrap around services to help customers sustain their tenancy and address issues of debt and financial exclusion. Helping Hand fund is also available to support customers who are struggling and this has been extended into 2025/2026. Performance against key indicators is monitored closely at Local, SLT, DMT and ET performance meetings including close scrutiny of overall performance in relation to gross debit and top quartile benchmarks. The Rents Matters Toolkit is regularly updated, with training delivered for all staff. The toolkit is available for staff on WeConnect and supported by Business Improvement Teams. Our annual rent campaign mitigates against Christmas spike in arrears. Universal Credit managed migration approach has been developed, including a comprehensive staff and customer communication plan and staff training. Comprehensive UC action plan in place and implemented with RSL presence on UC Subgroup of Rents COE. Group Rents COE monitors performance and action plan includes delivery of Group Rent and Income Framework. The Group business plan also contains a significant buffer within its assumptions for risk in relation to bad debts and rent arrears. In addition, arrears performance is reviewed by Boards.

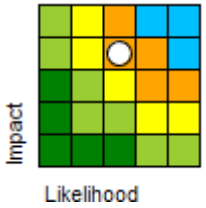
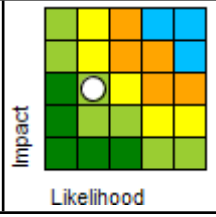
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **OPEN** (Orange)	The Group, RSL and Lowther Boards consider this on a quarterly basis through performance report. (Ongoing) RSL/Lowther Five year financial projections and management accounts. (Ongoing)

Appendix 1: Board risk register

RISK 009 Governance Structure

Strategic Outcome	W.E. Work- strengthening the skills and agility of our staff	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Governance and Business Solutions; Group CEO

Description	*Controls*
There is a risk of service or financial failures within the Group caused by governance arrangements that are not clearly defined, or overly complex; and/ or a lack appropriate skills at Board and Committee levels to govern the Group effectively, resulting in regulatory censure, potential fines and loss of reputation.	We carry out an annual assurance review and complete an Annual Assurance Statement each year. This is reviewed by the Assurance Team and by external consultants every three-years. Formal succession planning for Board members is in place. The Group Standing Orders include Terms of Reference for each Board and Committee, outlining the respective responsibilities of each body. These are reviewed every three years to confirm they remain up-to-date Governance arrangements are regularly reviewed by the Scottish Housing Regulator, external consultants, internal and external audit functions. The most recent external review was completed November 2025. A Board induction and CPD programme helps us to ensure that Board members are equipped with the skills to govern our business. There is horizon-scanning of changes to corporate governance aspects of the Group's regulatory world and the potential impact on the Group's structure.

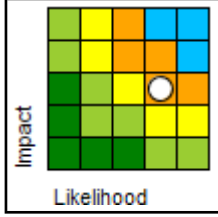
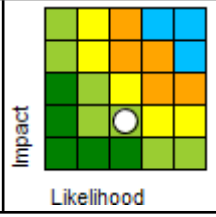
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	Our Boards receive regular reports that cover succession planning, skills and Board appraisal. RAAG receives regular updates on succession planning. (Ongoing) Completion of the actions arising from the Campbell Tickell Governance review will be reported to each meeting of the RAAG Committee until they are all complete. Quarterly from February 2026)

Appendix 1: Board risk register

RISK 085 Ineffective void service from suppliers and contractors

Strategic Outcome	Progressing from Excellent to Outstanding	Risk type	Financial or VFM	Risk owner	Group Director of Housing

Description	*Controls*
There is a risk of higher than target unlet properties, caused by an ineffective service from suppliers and contractors, including days lost to metering delays, resulting in loss of income and reputational damage.	Weekly meetings with CBG; Void tracker (including for metering) ET monitoring of voids on a weekly basis Shared Void control sheet on SharePoint with CBG Contractor meetings with Utilita Meeting with Ofgem and SFHA and other RSLs

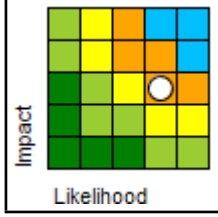
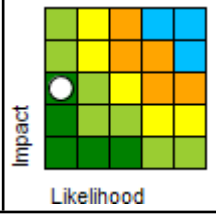
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **CAUTIOUS** (Yellow)	Performance reporting to Board (quarterly)

Appendix 1: Board risk register

RISK 172 Insufficient Group Development Programme pipeline

Strategic Outcome	Increasing the supply of new homes	Risk type	Reputation and Credibility	Risk owner	Group Director of Assets and Development

Description	*Controls*
Appropriate development sites fail to be identified and acquired resulting in non-delivery of commitment made in Business Plan to build new homes and results in reduced income flow and loss of reputation, with potential consequences as follows: - Inability to attract new customers - Loss of confidence by stakeholders - Reduced income stream	Stakeholder management, including consultation with Scottish Government, Local Authorities and TMDF. Expanding number delivery partners, including development of close relationships with private sector partners, securing section 75 opportunities. Subsidiary strategies and Location Plans consider the impact of new build, and adjust services accordingly. For WH-S: Development of WH-S new build strategy which considers different routes to delivery. Analysis of demand by Indigo House to inform programme. Increasing Contractor base in Dumfries and Galloway. Strategic Agreement with GCC approved in April 2023 to identify future regeneration areas. Quarterly meetings with GCC and DGC regarding Strategic Agreements.

Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:
		Risk Appetite is **MINIMAL** (Light Green)	Business Plan approved annually (Jan/Feb) Mid-year review to each RSL Board.

Loretto Housing

Appendix 2: Loretto Board Risk Appetite 2026/27

DRAFT

18 March 2026

Introduction

This document sets out the level of risk the Board is willing to accept in delivering the 2026-31 strategy. It provides clear boundaries to support decision making and ensure consistency across the Group. This work reflects actions arising from the Campbell Tickell report, with a particular focus on simplifying and strengthening how risk appetite is applied consistently across the Group.

How it is structured:	Risk appetite levels have been set for each strategic objective within the Board's 2025-31 strategy and are aligned to the Group's risk appetite definitions (*Appendix 1*).
	Appetite levels cover four risk types as shown in the example layout below.
	Management will apply the appetite by identifying which strategic objective and risk type their risk/decision relates to.

Example risk appetite format:

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Objective from the Strategy	Overarching summary of the Board's approach to risk in this area.	**RISK APPETITE LEVEL** ***High level statement of what this means*** Specific aspects which must be considered by management when assessing risk in this area and making decisions.	**RISK APPETITE LEVEL** ***High level statement of what this means*** Specific aspects which must be considered by management when assessing risk in this area and making decisions.	**RISK APPETITE LEVEL** ***High level statement of what this means*** Specific aspects which must be considered by management when assessing risk in this area and making decisions.	**RISK APPETITE LEVEL** ***High level statement of what this means*** Specific aspects which must be considered by management when assessing risk in this area and making decisions.

Summary risk appetite

This table provides a one-page summary of the Board's risk appetite. The remainder of this document provides more detail of what these appetite levels mean in the context of the 2026-31 strategy, and specific aspects which must be considered by management when assessing their risks and making decisions.

Theme	Objective	Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Homes and neighbourhoods to be proud of	Maintain and enhance homes to meet the Wheatley standard	OPEN	CAUTIOUS	HUNGRY	MINIMAL
	Create thriving neighbourhoods, collaborating with customers and partners	CAUTIOUS	CAUTIOUS	OPEN	MINIMAL
	Lead the way in expanding the supply of affordable, quality homes	OPEN	CAUTIOUS	OPEN	MINIMAL
Personalised Services	Connect with customers through proactive, tailored communication	OPEN	CAUTIOUS	OPEN	MINIMAL
	Enhance and apply what we learn to drive customer focused services	OPEN	CAUTIOUS	OPEN	MINIMAL
	Deliver seamless services to meet customer needs	OPEN	CAUTIOUS	OPEN	MINIMAL
Better Lives	Make the largest landlord contribution to ending homelessness in Scotland	OPEN	CAUTIOUS	OPEN	MINIMAL
	Shape powerful partnerships to alleviate poverty and open doors to new opportunities	CAUTIOUS	CAUTIOUS	HUNGRY	MINIMAL
Delivering sustainable value	Nurture and invest in our people, recognising their contribution	OPEN	CAUTIOUS	HUNGRY	MINIMAL
	Drive effective solutions, harnessing digital capabilities and data assets	OPEN	CAUTIOUS	OPEN	MINIMAL
	Ensure financial efficiency today, prepared for tomorrow	CAUTIOUS	CAUTIOUS	CAUTIOUS	MINIMAL
	Grow our reputation as an ethical, trusted business	CAUTIOUS	MINIMAL	CAUTIOUS	MINIMAL

Theme 1: Homes and Neighbourhoods to be proud of

Loretto Housing

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Maintain and enhance homes to meet the Wheatley standard	Delivering and sustaining the Wheatley Standard is essential for customer wellbeing, compliance and our reputation. It will require ongoing investment, accurate asset data, and changes in systems and processes. We will take measured risks where this improves outcomes, but only when the risks are well understood, well managed, and aligned with long-term value and compliance.	**OPEN** ***Prepared to invest for long-term asset quality and customer outcomes*** Decisions should prioritise value and benefits over lowest cost, with strong expectations around affordability, financial control and value for money.	**CAUTIOUS** ***Low tolerance for failing to meet customer expectations*** Commitments to customers must be realistic, deliverable and consistently met.	**HUNGRY** ***Transformation and innovation is required to deliver the standard*** A level of operational risk is accepted where it enables transformation, but strong governance, accountability and management controls must be in place.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance must be embedded in asset standards, investment planning and operational delivery.
Create thriving neighbourhoods, collaborating with customers and partners	We invest in neighbourhoods because they shape how safe, secure and proud customers feel. Working with partners adds uncertainty, but we will take well-managed risks that improve communities, while keeping a firm focus on value for money, reputation and compliance.	**CAUTIOUS** ***Limited appetite for financial risk; benefits must be clear and affordable*** Investment decisions must demonstrate affordability, value for money and appropriate partner contribution, with no appetite for open-ended or poorly defined financial commitments.	**CAUTIOUS** ***Low tolerance for visible failure in neighbourhood quality or partnerships*** Commitments to customers and partners must be realistic, deliverable and clearly owned, with risks to credibility actively managed.	**OPEN** ***Collaboration and innovation required to deliver thriving neighbourhoods*** We will accept a level of operational risk arising from increased complexity and reliance on third parties, provided that governance, accountability and performance management arrangements are robust and effective.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance must be embedded within neighbourhood activities and partnership agreements.

Theme 1: Homes and Neighbourhoods to be proud of

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Lead the way in expanding the supply of affordable, quality homes	We are prepared to take measured risks to increase the number of affordable, high-quality homes, including significant investment, new delivery approaches and partnership working. However, we will not compromise on compliance, customer safety or our credibility.	**OPEN** ***Prepared to invest for long-term social and economic value*** We recognise that lowest-cost options may not deliver sustainable outcomes. Investment decisions must demonstrate affordability, long-term value for money and alignment with strategic objectives, supported by strong financial controls.	**CAUTIOUS** ***Low tolerance for visible failure or undelivered promises*** Expansion plans and public commitments must be realistic, phased and backed by credible evidence. We will accept only limited reputational risk, and only where the chance of significant harm is low and strong mitigations are in place.	**OPEN** ***Prepared to pilot higher-risk approaches where the benefits are clear and governance is strong*** We will accept some operational delivery risk to enable innovation, growth and regeneration, but only where robust governance, clear accountability and effective programme management is in place.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance must be embedded throughout the development and regeneration lifecycle.

Theme 2: Personalised Services

Loretto Housing

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Connect with customers through proactive, tailored communication	We are prepared to invest and innovate to deliver personalised, responsive services that customers value. We will do so while protecting customer trust, ensuring inclusion, and maintaining strict compliance with legal and regulatory requirements.	**OPEN** ***Willing to invest in solutions that improve customer outcomes and deliver long-term value, supported by strong affordability checks and financial controls.*** Personalisation, digital tools and AI will require ongoing investment. Benefits should come from better outcomes, efficiency and satisfaction rather than lowest cost.	**CAUTIOUS** ***Low tolerance for reputational damage; innovations must be reliable, inclusive and clearly improve the customer experience.*** Personalised services and AI are highly visible to customers, so poor delivery could quickly damage trust. We must ensure changes are delivered well and protect the organisation's credibility.	**OPEN** ***Support innovation, data-driven delivery and empowered local teams, provided governance, controls and accountability are clear.*** Delivering personalised, proactive services will require change and some disruption and learning risk is both unavoidable and acceptable as part of improvement.	**MINIMAL** ***Non-compliance is unacceptable*** Use of data, digital channels and AI increases exposure to data protection, equality, consumer and regulatory requirements. Compliance must be designed into service models from the outset.
Enhance and apply what we learn to drive customer focused services	We are prepared to invest in insight and learning to improve services and ensure customers see action taken. We will do so in a controlled way that protects trust, ensures compliance and delivers clear value for money.	**OPEN** ***Prepared to invest in data, feedback systems, analytics and continuous-improvement capability where this delivers clear benefits.*** Will accept a controlled level of financial risk to secure long-term value and better outcomes, but only where proposals show clear affordability and value for money	**CAUTIOUS** ***Low tolerance for reputational damage caused by failing to act on customer feedback or making commitments that are not delivered.*** Insight-led improvements and "you said, we did" communications must be realistic, evidence-based and deliverable.	**OPEN** ***Support test-and-learn approaches, local empowerment and system changes, provided strong controls are in place.*** Continuous improvement requires innovation. We will accept operational delivery risk due to change provided there is strong governance, clear accountability and effective oversight.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance must be embedded in how customer data and feedback are collected, analysed and used; we will not knowingly accept risks that could lead to regulatory breach or legal challenge.

Theme 2: Personalised Services

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Deliver seamless services to meet customer needs	We recognise that seamless, first-time-right service is central to trust and satisfaction. Achieving this requires investment, process and systems change, empowered colleagues, and effective contractor management. We are willing to accept measured, well-managed risk to remove friction and deliver faster, better outcomes—while not compromising on safety, consumer standards, or data protection.	**OPEN** ***Invest to enable first-time-right and seamless journeys; prioritise value and benefits, with tight controls.*** We will invest where it improves first-time-fix, reduces hand-offs and enhances customer outcomes. We accept controlled financial risk in pursuit of long-term value, with clear affordability, benefits and VFM tests.	**CAUTIOUS** ***Low tolerance for visible service failure; only make promises we can keep.*** Low tolerance for reputational damage arising from missed appointments, repeat visits or poor communication. Public commitments (e.g., service standards) must be realistic, inclusive and deliverable.	**OPEN** ***Support empowerment and innovation with strong governance and clear accountability.*** We support empowerment, process redesign and technology enablement to deliver seamless journeys. We accept operational risk from test-and-learn and devolved decisions where governance, controls and accountability are robust.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance must be embedded in processes and partner contracts; we will not trade compliance for speed.

Theme 3: Better Lives

Loretto Housing

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Make the largest landlord contribution to ending homelessness in Scotland	We are prepared to invest, innovate and work in partnership to make the largest landlord contribution to ending homelessness in Scotland. This includes supporting prevention, rapid access to housing, tenancy sustainment and wraparound support. We will deliver this while protecting the safety of vulnerable customers, maintaining public trust and ensuring full legal and regulatory compliance.	**OPEN** ***Prepared to invest and take controlled financial risk to achieve sustained homelessness outcomes.*** Decisions will prioritise long-term value and social impact over lowest cost, with strong expectations for affordability, financial control and value for money	**CAUTIOUS** ***Low tolerance for reputational damage arising from failure to support homeless households effectively or from undelivered commitments.*** Public targets and partnership commitments must be realistic, evidence-based and supported by credible delivery plans.	**OPEN** ***Innovation and partnership are essential to success*** We support innovative, partnership-based and locally delivered approaches to ending homelessness. We accept some operational risk where governance, accountability and safeguarding are strong.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance must be embedded in all homelessness-related activity, and the Board will not knowingly accept risks that could lead to serious harm or regulatory action.
Shape powerful partnerships to alleviate poverty and open doors to new opportunities	We are prepared to lead and collaborate with partners to alleviate poverty and create new opportunities for our customers and communities. We will do so responsibly, with strong governance, clear outcomes and a commitment to building trust.	**CAUTIOUS** ***Willing to fund initiatives that alleviate poverty and create opportunities, but only where there is a clear social purpose and shared value.*** Because benefits are long-term and indirect, we have a limited appetite for financial risk. Strong governance, partner contribution, affordability and measurable outcomes are	**CAUTIOUS** ***Low tolerance for reputational risk in this high-visibility, high-trust area.*** Partnerships must be effective, aligned with community needs and able to demonstrate real impact. All commitments must be realistic, transparent and backed by evidence of positive outcomes and continuous improvement	**HUNGRY** ***Support innovative, partnership-based and community-led ways of tackling poverty and creating opportunities.*** We accept some operational complexity and delivery risk where governance, accountability and performance management are strong.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance and ethical standards must be embedded in all partnership activity.

Theme 4: Delivering sustainable value

Loretto Housing

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Nurture and invest in our people, recognising their contribution	We are prepared to invest in and empower our people, recognising their contribution to customers, communities and our success. We will do so in a way that supports innovation and accountability, protects trust, and ensures full legal and regulatory compliance.	**OPEN** ***Prepared to invest in workforce skills, leadership development, learning and wellbeing to support delivery of the strategy.*** We accept a controlled level of financial risk in pursuit of long-term organisational capability and performance, provided affordability and value for money are demonstrated.	**CAUTIOUS** ***Low tolerance for reputational damage arising from failure to support, develop or treat staff fairly and consistently.*** As a Platinum Investors in People organisation, Wheatley's commitments to its people must be credible, inclusive and evidenced in practice.	**HUNGRY** ***Empowerment and cultural change require flexibility and innovation*** We support empowerment and innovation in how work is organised and delivered. A level of operational risk is accepted as culture and behaviours evolve, provided expectations, accountability and support are clear.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance and ethical responsibilities to staff must be embedded in all people-related policies and practices.
Drive effective solutions, harnessing digital capabilities and data assets	We are prepared to invest and innovate to harness digital capabilities and data assets to deliver smarter, more efficient services. We will do so in a way that protects trust, maintains a human touch, and ensures full legal and regulatory compliance.	**OPEN** ***Prepared to invest in digital platforms, data capability, analytics and AI where these deliver clear benefits.*** We accept a controlled level of financial risk in pursuit of long-term efficiency and value, provided affordability, benefits realisation and value for money are clearly demonstrated.	**CAUTIOUS** ***Low tolerance for reputational damage arising from digital or data failures, inappropriate use of AI, or loss of confidence in services.*** Digital solutions must be reliable, transparent and designed to enhance—not replace—the human experience.	**OPEN** ***Supports innovation, automation and data-driven transformation, recognising that this requires changes to systems, processes and skills.*** A level of operational risk is accepted where governance, resilience, capability and change management arrangements are robust.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance and security must be embedded by design in all digital and data initiatives.

Theme 4: Delivering sustainable value

Objective and approach to risk		Financial or VFM	Reputation and Credibility	Operational Delivery	Compliance: Legal / Regulatory
Ensure financial efficiency today, prepared for tomorrow	We are committed to strong financial efficiency to protect affordability today and enable investment for tomorrow. We will manage financial risk prudently to maintain resilience, trust and long-term sustainability.	**CAUTIOUS** ***Financial resilience and affordability must be protected*** We prioritise strong value for money, cost control and affordability. Limited financial risk will be accepted where it supports long-term sustainability and strategic objectives, supported by robust financial planning and assurance.	**CAUTIOUS** ***Low tolerance for reputational damage arising from poor financial management or loss of confidence from lenders, partners or regulators*** Financial decisions must reinforce Wheatley's reputation as a stable, reliable and well-governed organisation.	**CAUTIOUS** ***Financial efficiency to be delivered through controlled, consistent and well-managed operations.*** Operational changes to improve efficiency are supported where risks are clearly understood and governance and financial controls remain strong.	**MINIMAL** ***Non-compliance is unacceptable*** Covenant and regulatory compliance is non-negotiable and must be embedded within financial planning, monitoring and decision-making.
Grow our reputation as an ethical, trusted business	We are committed to growing Wheatley's reputation as an ethical, trusted business. We will act responsibly and transparently, protect trust, and ensure our values are reflected in everything we do.	**CAUTIOUS** ***Spending must be evidence-based, controlled and purposeful*** We will invest where proposals show clear long-term value, demonstrable impact and affordability, but we will not support open-ended or poorly evidenced spending.	**MINIMAL** ***Protecting trust with customers, staff, partners and stakeholders is a priority.*** Very limited tolerance for reputational risk arising from unethical behaviour, lack of transparency, or inconsistency between Wheatley's values and actions.	**CAUTIOUS** ***Cultural change must be well managed and consistent*** We support controlled and well-managed operational change to embed ethical behaviour, EDI and responsible business practices. Change must be clearly led, consistently applied and supported by strong governance and leadership accountability.	**MINIMAL** ***Non-compliance is unacceptable*** Compliance with ethical, equality and governance standards must be embedded across all activities and decision-making.

Appendix 1: Risk Appetite Definitions

Loretto Housing

	Financial or VFM	Reputation / Credibility	Operational Delivery	Compliance: Legal / Regulatory
Averse - Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of financial loss is a key objective. Only willing to accept the low cost option. Resources withdrawn from non-essential activities.	Minimal tolerance for any decisions that could lead to external scrutiny.	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision-making authority. General avoidance of systems / technology developments.	Avoid anything which could be challenged, even unsuccessfully. Play safe.
Minimal - Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.	Only prepared to accept the possibility of very limited financial loss if essential. VFM is primary concern.	Tolerance for risk taking limited to those events where there is no chance of significant repercussion.	Innovations always avoided unless essential. Decision making authority held by senior management. Only essential systems /technology developments to protect current operations.	Want to be very sure we would win any challenge.
Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Prepared to accept the possibility of some limited financial loss. VFM still the primary concern but willing to also consider the benefits. Resources generally restricted to core operational targets.	Tolerance for risk taking limited those events where there is little chance of any significant repercussion should there be a failure.	Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Limited tolerance for "sticking our neck out". Want to be reasonably sure we would win any challenge.
Open - Willing to choose the one that is most likely to result in successful delivery while also providing an acceptable level of risk / reward (and VFM etc.).	Prepared to invest for reward and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on potential opportunities.	Appetite to take decisions with potential to expose us to additional scrutiny but only when appropriate steps have been taken to minimise any exposure.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments considered to enable operational delivery. Responsibility for non-critical decisions may be devolved.	Challenge will be problematic but we are likely to win it and the gain will outweigh the adverse consequences.
Hungry - Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	Prepared to invest for the best possible reward and accept the possibility of financial loss (although controls may be in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Appetite to take decisions that are likely to bring external scrutiny but where potential benefits outweigh the risks.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational activity.	Chances or losing are high and consequences serious. But a win would be seen as a great coup.

Wheatley Group

Loretto Housing

Loretto Housing

Report

To: Loretto Housing Board

By: Neil Addie, Director of Group Health and Fire Safety

Approved by: Laura Pluck, Group Director of Communities

Subject: Fire Prevention and Mitigation Annual Report 2025/26 and Policy

Date of meeting: 18 May 2026

Purpose:

The purpose of this report is to provide the Board with:

- An update on fire prevention and mitigation activity during 2025/26; and
- An update with respect to the content and purpose of the proposed new Group Fire Prevention and Mitigation Policy, intended to replace the existing Fire Prevention and Mitigation Framework ('**FPMF**') document.

The Board is asked to:

1) Note the update on fire prevention and mitigation activity during 2025/26; and
2) Provide comment on the proposed policy.

1. Executive Summary

1.1 Throughout the past year, we have sustained our fire prevention and mitigation activities. We have continued to carry out Fire Risk Assessments (**'FRAs'**) in both Relevant and Non-Relevant premises and promote Person-Centred Fire Risk Assessment (**'PCFRAs'**) referral by our customer facing staff.

1.2 Additionally, we have taken steps to enhance our fire prevention and mitigation work through the development of an in-house team to carry out routine fire door inspections, enhanced fire safety training for our Neighbourhood Environmental Teams, revised our staff engagement forums for fire safety, and created a programme to progress Single Building Assessments (**'SBAs'**) in those buildings that meet the criteria.

1.3 During this period, we have also reviewed our Fire Prevention and Mitigation Framework and propose replacing this with an expanded Group Fire Prevention and Mitigation Policy which sets out in more detail our responsibilities individually and collectively, our approach to preventing and mitigating fire risk and how we will monitor adherence with and the impact of the policy.

2. Authorising Context

2.1 The Group Standing Orders set out what matters are reserved to the Boards and what is delegated to the Group Chief Executive. The Group Fire Prevention and Mitigation Framework was previously approved by the Wheatley Group Board and implementation and performance monitored by this Board annually.

2.2 This report provides an update on the arrangements currently in place to ensure that our fire safety performance demonstrates best practice and meets our legal requirements as well as seeking comment on the new proposed Fire Prevention and Mitigation Policy prior to seeking approval from the Wheatley Group Board.

3. Discussion

Background

3.1 Fire safety and keeping our customers and communities as safe as possible will always be of paramount importance to us. Our FPMF document was created in 2021 with implementation intended to cover April 2021 through to March 2026. It set out our ambition, priorities and key performance indicators to support us meeting and exceeding legal requirements and best practice in respect of fire prevention.

3.2 The proposed Fire Prevention and Mitigation Policy is intended to replace and build on the 2021 Framework setting out more explicitly the arrangements we have in place to prevent and mitigate against the risk of fire.

3.3 Performance throughout the year has remained strong with a focus on continuous improvement and enhancement to further strengthen our position.

Fire Risk Assessments

3.4 We have continued with our programme of FRAs throughout the year. All relevant premises have a valid FRA to satisfy the requirements and legal obligations set out in the Fire Scotland Act 2005 and Fire Safety Scotland Regulations 2006. 'Relevant premises' to which this legislation applies includes our office locations and HMOs. Throughout 2025/26 we carried out 22 FRAs in relevant premises. 100% of our relevant premises have a current FRA.

3.5 FRAs are also completed in our 'non-relevant premises' i.e. those not subject to the full fire safety duties imposed by the Fire Scotland Act 2005, comprising of Livingwell locations. Although not a legal requirement, this is considered best practice in guidance issued by the Scottish Government. In the last year, 1 FRA was carried out in non-relevant premises. 100% of our non-relevant premises have a current FRA.

3.6 In the year, through the 23 FRAs, we identified 127 mandatory actions and 63 non-mandatory actions equating to, on average 5.5 mandatory actions being identified per FRA and 2.7 non-mandatory actions per FRA. Central to our approach is an aim of reducing the number of actions that are being identified through our formal FRAs through proactive inspection and checking of our environments taking place on a daily, weekly and monthly basis.

3.7 Actions identified are categorised as physical, management or maintenance. At the end of April 2026, of the 127 mandatory actions raised 0 were overdue.

Person-Centred Fire Risk Assessments

3.8 PCFRAs are carried out by the fire safety team following referral, usually from a member of staff, because of concerns they have about a customer. This is usually the result of tenant behaviour, living conditions or other risk factors such as a health condition. Referrals can be made by any staff member, partner or agency working with our customers who have concerns.

3.9 In the last year, 64 PCFRAs were completed for our customers, as a result of which the following outcomes were noted:

- 6 fire detection systems upgraded;
- 6 stove guards installed; and
- Provided 37 customers with fire safety products.

3.10 There were 18 mandatory actions and 146 non-mandatory actions arising from the PCFRAs carried out. At the end of April there were 2 mandatory actions overdue which are planned for completion.

3.11 Overdue mandatory actions for PCFRAs are monitored by the fire safety team and case managed by housing officers and taken through no access processes where required. However, in 2026/27 we will strengthen our processes to ensure there is a consistent approach and shared understanding of the maximum time we will allow mandatory actions arising from PCFRA to go overdue while we progress to forced access if required.

3.12 As well as strengthening our processes for closure of mandatory PCFRA actions, we will also enhance visibility of FRA mandatory actions to repairs teams by differentiating between regular and fire safety related repairs. Repairs carried out for purposes of fire safety will also be accompanied by photographs so that the quality of work can be evidenced and assured where required.

3.13 Throughout 26/27 we will further analyse where PCFRA referrals are routed from and the reasons for referral. This will support us to develop a more proactive approach to PCFRAs. Currently PCFRAs are solely referral based but we will explore whether interventions can be more closely linked to specific characteristics or information we hold about our customers to move from a reactive to proactive approach

Accidental Dwelling Fires

3.14 In the last year there were 3 ADFs in customer homes compared to 5 during the previous year.

3.15 Of the 3 ADFs that took place, all were minor fires, 2 taking place in living rooms and 1 in a kitchen.

3.16 ADF rates benchmarked by subsidiary during this period are shown below.

Subsidiary	ADF Numbers	Stock Numbers	ADF Rate
WHG	75	42,278	0.18%
WHS	13	10,197	0.13%
WHE	24	7,142	0.34%
Loretto	3	2,896	0.10%
Lowther	0	2,981	0%
Group	**115**	**65,494**	**0.18%**

3.17 In 2026/27 we will work with all staff to reiterate the importance of PCFRA referrals where concerns are identified. We will continue to identify opportunities for improvement through our post-fire investigation visits in respect of serious fires where it is considered that the reasons for a fire occurring are not fully transparent, and that further investigation would assist with this.

Fire Door Inspection

3.18 The current Scottish Government Guidance on Fire Safety in High Rise Buildings and Specialised Housing recommends a six-monthly inspection of dwelling fire doors to ensure they remain fit for purpose.

3.19 In 2025/2026 we identified properties within our Livingwell/ Care complexes that could meet the criteria for proactive fire door inspections, and these have been included in the programme from 2026/27 onwards. These will be inspected by our internal fire door team.

Single Building Assessment

3.20 The Housing (Cladding Remediation) (Scotland) Act 2024 came into force on the 6 January 2025. In the last year the Government have commenced and concluded their 'single open call' for landlords and building owners to identify and submit detail of buildings that meet the criteria for SBAs. We have identified 154 properties across Wheatley Group that meet the criteria for SBA, of which 2 are Loretto properties (1967 and 1969 Dumbarton Road).

3.21 SBAs for our two properties will be completed during this financial year during phase 1 of the Group programme.

3.22 A priority for 2026/27 is developing our end-to-end management protocols for SBA completion including ensuring we meet Scottish Government requirements at all stages from assessment through to any required remediation and investment.

Fire Safety Monitoring

3.23 The Group Executive team monitor the implementation of all FRA and PCFRA mandatory fire safety actions on a weekly basis with additional performance monitoring being carried out by the Executive Lead for all fire safety related matters.

3.24 A new Fire Safety Strategic Forum, facilitated by the Executive Lead for Fire Safety has been established to offer further opportunity for scrutiny of fire prevention and mitigation activity, identification of strategically significant fire safety issues and ensure our approach remains prudent, robust and effective.

3.25 As well as this forum fire safety matters will continue to be monitored via the Fire Safety Working Group which meets every 2 months. The group will monitor and progress actions outlined in the annual Fire Safety Action Plan.

Grenfell Phase 2 Report Recommendations

3.26 As previously reported, Scottish Government has responded to the Grenfell Phase 2 report recommendations. The Government have accepted the recommendations with a specific focus in Scotland on enhancing fire safety at point of construction, reviewing building regulations, introducing SBA approach, reviewing the requirements for formal evacuation plans and mandating accreditation for fire risk assessors to strengthen competency.

3.27 The Ministerial working group on building and fire safety is responsible for coordinating the response to the recommendations with multiple workstreams currently active. The Scottish Government anticipate that reforms will take multiple years, likely through to 2030.

3.28 We have recently responded to consultation on a review of the fire safety requirement in the Technical Handbook and we are part of a wider working group looking at building standards. We have engaged with government officials who are responsible for reviewing fire safety guidance which is planned for later in 2026.

Existing Fire Prevention and Mitigation Framework ("**FPMF**") 2021-2026

3.29 The current FPMF document was prepared in 2021, informed by concerns identified in the initial Grenfell Report released in 2019, as well as the stipulations of the Scottish Government's Practical Fire Safety Guidance For Existing High-Rise Domestic Buildings, which was first published in 2021.

3.30 The Framework outlined several ongoing and planned initiatives for enhancing fire safety as well as associated targets, including:

- Continuing fire risk assessment programmes for both our relevant and non-relevant properties;
- Ongoing fire safety training for staff tailored to their specific roles;
- Launching a new Person-Centred Fire Risk Assessment programme for vulnerable tenants across all tenancies;
- Reducing accidental dwelling fires by 10% over five years; and
- Committing to innovative methods of fire prevention.

3.31 Measurable outcomes arising from our FPMF in Loretto properties have included:

- An 83% reduction in the number of Accidental Dwelling Fires from our baseline year of 2020/21;
- 100% completion of FRAs for relevant and non-relevant premises;
- Between 30 and 90 PCFRAs per year; and
- A total of 694 fire safety improvement actions carried out in the homes of our vulnerable tenants over the last five years.

Group Fire Prevention and Mitigation Policy

3.32 Since the introduction of our original FPMF, the legal and policy landscape for fire safety has continued to evolve, notably with the Grenfell Phase 2 Recommendations and the enactment of the Housing (Cladding Remediation) (Scotland) Act 2024, effective from January 2025. The introduction of a policy builds on our 2021 Framework through setting out in more detail our responsibilities individually and collectively, our approach to preventing and mitigating fire risk and how we will monitor adherence with and the impact of the policy.

3.33 The new policy reflects our approach in its entirety to ensure transparency and clarity on the measures we take to prevent and mitigate fire risk to our staff, customers and properties.

3.34 A full summary of areas covered by the old and new documents is shown in the table below, with newly included areas now being implemented across group.

Fire Safety Topic	Existing FPMF	New Fire Safety Policy
Roles/ responsibilities	Not Included	Included
Fire Risk Assessment	Included	Included
PCFRA	Included	Included
MSF Fire door Inspection	Not Included	Included
Post Fire Inspection	Included	Included
Tenant Engagement	Partially included	Included
Fire Safety Audit	Not Included	Included
SFRS Joint Working	Included	Included
Fire Prevention and Protection Measures	Partially included	Included
Training	Included	Included
Factoring Role	Not Included	Included
Fire Working/Strategy Groups	Not included	Included
Fire Action Monitoring	Not Included	Included
Assurance Arrangements	Not Included	Included

Priorities for 2026/ 2027

3.35 While we have a robust approach to fire prevention and mitigation there are a number of areas where we have identified opportunity for refinement and strengthening. Our priorities for 2026/27 reflect these and are outlined below.

- Launch and implement the Fire Prevention and Mitigation Policy following approval;
- Review our end-to-end processes for FRA and PCFRA ensuring the most effective and efficient approach, building in automation where possible;
- Commence a programme of FRAs for tenants in non-standard lets;
- Conclude FRAs for properties which meet the criteria for an SBA but do not currently require an FRA;
- Explore the opportunity for real time and self-serve FRA/PCFRA action monitoring;
- Carry out staff safety campaigns highlighting the importance of our fire safety approach, reiterate the role they have in fire safety and promoting the use of PCFRAs as a preventative measure;
- Review how we can move from a reactive to proactive approach to PCFRAs;
- Agree our position and approach to managing emerging risks such as lithium batteries and the use of electric bikes/scooters;
- Develop and test our end-to-end protocols for SBAs; and
- Build on our partnership working with SFRS to test new and innovative ways of working.

4. Customer Engagement

4.1 The PCFRA programme outlined within this report supports customers who may be particularly vulnerable to fire, due to physical, cognitive, mental impairments, substance misuse issues or the condition in which they are maintaining their home. Where identified as necessary, assistance is provided to these individuals to reduce risk of fire in their home. Customers identified for PCFRA are advised of the referral for PCFRA, the purpose of this and what they can expect. Customers are engaged through to conclusion of any remedial actions identified following the PCFRA.

4.2 We plan to evaluate and continue to improve how we communicate with customers about fire door inspections, making sure our messages are clear, direct and help boost engagement before we invoke forced access processes.

4.3 Over the past year, we facilitated 1 fire safety event in our communities and launched a campaign focused on kitchen fires.

4.4 Customers will be engaged as part of the process to undertake SBAs on their blocks. This will be an important element of our processes. This will involve providing information regarding the nature of the work being performed and offering reassurance that it forms part of our broader commitment to building safety, rather than reacting to any specific risk. In most cases, the required work for an SBA can be completed without needing access to customer homes; however, some inconvenience—such as parking restrictions—may occur due to access requirements for external wall systems. We will ensure customers are kept informed at appropriate intervals.

5. Financial and Value for Money implications

5.1 The implementation and completion of PCFRA, FRA and more recently, fire door inspection programmes have increased the amount of fire safety related repairs and actions.

5.2 We have created an internal team to implement fire door inspections which costs significantly less than the previous outsourcing arrangement.

5.3 We continue to review opportunity for efficiency while adopting and maintaining a zero-tolerance approach to fire safety.

6. Recommendations

6.1 The Board is asked to:

1) Note the update on fire prevention and mitigation activity in 2025/26; and
2) Provide comment on the draft Group Fire Prevention and Mitigation Policy.

LIST OF APPENDICES:

Appendix 1: Draft Group Fire Prevention and Mitigation Policy.

7. Legal Regulatory and Equalities Implications

Overall position:	
	No material implications
X	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:

- The Fire (Scotland) Act 2005
- The Fire Safety (Scotland) Regulations 2006
- The Housing (Scotland) Act 2006 and 2025
- The Housing (Cladding Remediation) (Scotland) Act 2024

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

- The Fire Scotland Act 2005 and Fire Safety Scotland Regulations 2006 place legal obligations on duty holders to conduct Fire Risk Assessments in Relevant Premises (Non-Domestic Premises). Relevant Premises are those premises that are covered by fire safety legislation and enforced under current legislation by SFRS. Premises such as HMOs, Offices, Workshops and Depots are legally required to have a current FRA in place.
- Multi Storey Flats (Practical Fire Safety Guide for Existing High Rise Domestic Premises) and Livingwell/Retirement and Sheltered Premises (Practical Fire Safety Guide for Specialised Housing) are recognised as domestic premises and the recommendation to conduct FRAs is one of best practice and not a legal requirement.
- Fire door inspections are carried out in MSFs and properties with 6 or more storeys and Livingwell complexes. The guidance, which is not a legal requirement, sets out fire doors should be inspected every 6 months to ensure they remain fit for purpose. Six monthly inspections commenced in December 2024. We propose that the inspections are enhanced through ensuring that we gain access into every relevant property to inspect the door more thoroughly annually as a minimum including where we need to force access to do this.
- Completing SBAs for in-scope buildings is not a legal requirement at this point, however, the terms of The Housing (Cladding Remediation) (Scotland) Act 2024 have granted Scottish Ministers statutory powers to compel building owners to do this should they decide that this is required. Through its Open Call process, the Scottish Government is currently actively encouraging landlords to undertake SBAs. We have identified 2 buildings which meet the criteria and have developed a programme to carry out SBAs.

Legal Compliance Assurance:
The relevant legal duties within the legislation and guidance specified above have been reviewed and no compliance risk has been identified, provided the current measures in place are maintained.

Legal advice received:			
X	Yes		No
Advice was sought and provided by Brodies Solicitors on 29/01/26 confirming that the requirement to carry out SBAs is not legally required at this point.			

8. Risk Assessment

Risk Appetite:
The Group risk appetite relating to issues of technical compliance is averse, defined as "*avoidance of risk and uncertainty is a key organisational objective*."

Relevant strategic risk(s):
Relevant Strategic Risks from risk register are as below: **Risk 003 (Fire Safety)** There is a risk that a failure to comply with relevant fire safety standards for our buildings results in harm to the health or safety of our customers and/or staff, leading to injuries or fatalities, enforcement action and reputational damage **Risk 089 (Fire Event)** There is a risk that actions and behaviours of customers or third parties which are out with the Groups' control lead to a fire within our buildings, resulting in the injury or fatality of individuals, damage to Group property, and reputational damage.

Relevant assessment and mitigation:
Ongoing and proposed activities in this report will maintain the residual risk score.

Wheatley Group

Making homes and live better
wheatley-group.com

Group Fire Prevention and Mitigation Policy

May 2026

Contents

Section 1 Introduction

The safety of our staff and customers is of paramount importance. This policy is part of a wider set of policies designed to protect the safety of our staff, customers and assets.

Fire prevention and mitigation are shared responsibilities. This policy outlines our fire prevention and mitigation arrangements including roles and responsibilities across the organisation. Our arrangements have been established to ensure that we are always compliant with our legal and regulatory requirements, follow relevant guidance and best practice and that we mitigate the risks associated with fire as much as reasonably practicable. Through our arrangements we seek to:

- prevent fires from starting across our housing stock and workplaces;
- reduce the likelihood of fire spread in the event of a fire incident; and
- protect life.

This Fire Prevention and Mitigation Policy is applicable to all Wheatley-owned homes, specialised housing, and workplaces where Wheatley holds fire safety responsibilities.

The policy is intended for all Wheatley employees to ensure compliance with relevant fire safety legislation, guidelines, and internal procedures. Observing this policy is both an individual and collective obligation. Employees are expected to consult and adhere to this policy in the execution of their duties at Wheatley.

Section 2 Policy Aims and Objectives

Our Aims

This Fire Prevention and Mitigation Policy has been designed to set out clearly our role, responsibilities and the approaches we adopt in respect of maintaining fire safety in our corporate assets and in the homes of customers or where we have a responsibility as the property factor.

The policy aims to:

- ensure the safety of our staff, customers and assets;
- support staff and customers to understand our approach to fire safety and their specific role and responsibilities; and
- support staff to effectively respond to any fire safety concerns.

Our Objectives

In order for effective fire prevention and mitigation arrangements to be embedded, our objectives are to:

- ensure that we are compliant with relevant fire safety legislation by conducting Fire Risk Assessments (FRAs) in relevant and appropriate non-relevant premises;
- identify customers considered at higher risk and conduct Person-Centred Fire Risk Assessments (PCFRAs) where necessary;
- carry out regular and recorded pro-active inspection of fire safety measures in all of our workplaces;
- follow Scottish Government fire safety guidance linked to fire door checks in our residential properties through proactive inspections;
- carry out post-fire incident investigations where lessons can be learned or any defects in prevention measures are apparent;
- implement a programme of Single Building Assessments (SBAs) for all applicable residential buildings of more than 11m;
- ensure that fire prevention and protection measures in place in our properties are subject to adequate programmes of maintenance according to applicable guidelines, and that records of this are held;
- work with our partners including Health, Social Services and the Scottish Fire and Rescue Service to ensure there are clear pathways to the most appropriate support where required;
- ensure staff have the skills, knowledge and awareness of how to keep themselves and their communities safe through provision of appropriate information, instruction and training;
- ensure our factoring services meet the requirements of Code of Conduct for Property Factors 2011 with respect to facilitating fire safety support for tenants when requested; and
- pro-actively monitor our fire prevention and mitigation arrangements and fire safety incidents across the organisation to determine lessons learned, themes arising and ensure a culture of continuous improvement.

Section 3 Legislative and Regulatory Framework

This policy is based on several key fire safety legislative, guidance and standards, including:

- The Fire (Scotland) Act 2005
- The Fire Safety (Scotland) Regulations 2006
- The Health and Safety at Work etc Act 1974
- The Housing (Scotland) Act 2006
- The Housing (Scotland) Act 2025
- The Scottish Housing Quality Standard (SHQS)
- Scottish Government Practical Fire Safety Guidance for High-Rise Domestic Buildings 2022
- Scottish Government Practical Fire Safety Guidance for Existing Specialised Housing 2022
- The Housing (Cladding Remediation) (Scotland) Act 2024
- Code of Conduct for Property Factors 2011

Under The Fire (Scotland) Act 2005, which is further expanded within The Fire Safety (Scotland) Regulations 2006, we have a legal responsibility to carry out a fire risk assessment for relevant premises, which specifically covers our workplaces such as offices and depots.

The Fire Safety (Scotland) Regulations 2006 additionally require us to put in place adequate fire safety arrangements in relevant premises (workplaces) with respect to maintenance of fire systems, provision of means of escape, fire safety training, means of firefighting and provision of fire detection and alarms. These regulations also apply to the common areas of our non-relevant premises.

The Health and Safety at Work etc Act 1974 (HSWA), places a duty of care upon us, for all people who enter premises which we control. The most effective way for us to ensure that our duties relating to HSWA are fulfilled is to follow guidelines set out within approved codes of practice and guidance.

Our legal responsibilities as social landlords are set out in the Housing (Scotland) Act 2006 and the current Housing (Scotland) legislative framework. These duties extend beyond keeping properties in a good state of repair and include ensuring that homes meet the applicable minimum housing standards, including satisfactory provision for detecting fire. For our social housing stock, these duties are further supported by the standards and expectations set out in the Scottish Housing Quality Standard.

The Scottish Government's Practical Fire Safety Guidance for High-Rise Domestic Buildings, and Practical Fire Safety Guidance for Existing Specialised Housing, provide additional non-mandatory guidance to property owners with respect to various aspects of fire safety, such as provision and maintenance of fire prevention and protection measures, fire safety training, tenant and SFRS engagement and completion of fire risk assessments.

Under this guidance we carry out fire risk assessments and fire door inspections in our non-relevant properties such as high-rise flats and Livingwell complexes.

The Housing (Cladding Remediation) (Scotland) Act 2024 gives the Scottish Government powers to compel, at their discretion, residential property owners of buildings of over 11m to carry out Single Building Assessments (SBAs). In practice the Government has encouraged adoption of these assessments by landlords by provision of grant funding, developing a pathfinder and convening a working group for sharing lessons learned from the implementation of SBAs across Scotland. The Scottish Government's 2024 Single Building Assessment Specification Document outlines the standards and methodology by which property owners of residential buildings over 11m should complete and submit an SBA to them for inclusion in their Cladding Assurance Register.

The Code of Conduct for Property Factors 2011 sets out minimum standards for registered property factors. In fire safety terms, a factor's role is limited to the common parts of a building and the responsibilities set out in the written statement of service and factoring agreements. This can include arranging inspection, repair and maintenance of fire safety measures within the factor's remit. We are committed to meeting these standards through our factoring services.

Section 4 Roles and Responsibilities

Fire safety responsibilities are assigned in the following sections to roles and positions across the organisation to enable us to meet the objectives set out in this policy.

Wheatley Group Board

The Board is responsible for approving this policy and fire prevention and mitigation arrangements ensuring that these assist in meeting our requirements and that fire safety is treated seriously and responded to while gaining assurance that issues are addressed.

Chief Executive Officer - Fire Safety Duty Holder

The Chief Executive Officer is the Fire Safety Duty Holder for Wheatley Group and has overall accountability for the implementation of this policy. The Fire Safety Duty Holder must ensure that appropriate fire safety arrangements are established and in place, including compliance with legislation, effective management of fire risk, and delivery of fire prevention and mitigation measures. Responsibility is shared across Group Directors, Managing Directors, Directors, Managers and staff, with specific roles as set out below.

Group Directors

Each Group Director is accountable to the CEO for ensuring that fire safety arrangements are implemented effectively within their distinct business areas. They must also ensure that their Directors and Managers have the resources and support needed to put these measures into action effectively.

Director of Group Health and Fire Safety

The Director of Group Health and Fire Safety is the senior professional lead for fire safety and the policy and is responsible for the Group Health and Safety Team and Fire Safety Team, including the following duties:

- identifying key elements for fire safety by thoroughly understanding regulations and best practices;
- establishing and maintaining this policy, fire prevention and mitigation arrangements and supporting protocols;
- establishing fire safety training that supports employees to discharge their responsibilities;
- providing leadership to promote a positive fire safety culture across the organisation;
- overseeing the activities of the Health and Safety and Fire Safety teams;
- developing positive partnerships with SFRS and other stakeholders that support our approach to managing fire safety;
- escalating concerns relating to fire safety immediately to the Executive Lead; and
- reporting to the Executive Team and Boards regularly on the implementation of the fire prevention and mitigation arrangements.

Managing Directors/ Subsidiary Directors

Managing Directors and department Directors are responsible for the implementation of this policy, and in particular for:

- ensuring that responsible managers are formally assigned fire safety duties and that progress against fire safety action plans is reviewed and recorded;
- ensuring that managers and staff complete mandatory fire safety training within required timescales and that training compliance is reviewed at least quarterly;
- ensuring that fire safety is discussed through agreed staff and trade union forums and that relevant changes and information is communicated to relevant staff in a timely way;
- including fire safety as a standing item at relevant management meetings where there are open actions, significant risks or incident trends to review; and
- ensuring that significant fire safety incidents, enforcement action, or high-risk compliance failures are reported to the Director of Health and Fire Safety and their team without delay.

Health and Safety and Fire Safety Managers

Health and Safety and Fire Safety Managers are responsible for communicating this policy, and providing assistance across the organisation including the following:

- monitoring the implementation of this policy, by audit activities, FRAs, site visits and liaison with Managers;
- providing fire safety compliance information associated with FRAs and PCFRAs to relevant Managers, Directors and Group Directors and ensuring that action is taken to address issues raised within acceptable timeframes;
- supporting Managers, Directors and Group Directors with responsibilities for fire safety to discharge their responsibilities;
- providing advice and guidance to all staff and especially those staff with specific fire safety responsibilities;
- working with Organisational Development to provide a programme for staff fire safety training;
- be a point of contact for any staff requiring support on all matters relating to fire safety across the organisation;
- liaising with enforcement bodies on all statutory fire safety matters; and
- ensuring arrangements are in place to provide assistance, in the case of investigation of fires where necessary.

Managers

Managers with responsibility for leading teams or maintaining our assets (e.g. Locality Housing Directors, Facilities, Environmental Managers, Asset and Investment Managers) will be responsible for ensuring that fire prevention and mitigation measures are implemented within their functions. Management responsibilities will include the following:

- provision, circulation and monitoring of the use of Operational Safety Manuals by staff under their direction in relation to fire safety matters contained within these;
- ensuring that staff complete mandatory fire safety training within required timescales and that training compliance is reviewed monthly;
- taking immediate and appropriate steps to investigate and rectify any risks to fire safety arising from their work activities or within their work environment;
- bringing to the attention of their line managers any fire safety issue that requires their attention; and
- ensuring that all fire incidents are properly recorded and reported.

Health and Safety and Fire Safety Teams

The role and function of the Health and Safety and Fire Safety Teams is to maintain and promote an effective fire safety ethos and compliance with fire safety procedures throughout the organisation. The teams will support all staff to implement fire prevention and mitigation measures. Responsibilities of the teams include:

- provision of advice and support to staff to support them to meet their fire safety responsibilities;
- completing a programme of FRAs and PCFRAs and producing action plans of remedial works as required;
- inspecting/auditing/carrying out due diligence of operational functions and providing written reports to operational management on findings and necessary action;
- developing and delivering fire safety training and educational programs to develop fire safety awareness at all levels within the organisation;
- reviewing and investigating where necessary fire incidents (including near misses) arising within the organisation and subsequent provision of advice to management in remedial or preventative measures; and
- liaising with external organisations and agencies as directed.

Staff

It is the responsibility of all staff to take all reasonable care for the safety of themselves in respect of fire, and any other persons who may be affected by their acts or omissions at work. They must also co-operate with managers, trade unions, staff representatives and other staff to fulfil organisational fire safety objectives. Their responsibilities include:

- attending and completing all necessary fire safety training as required;
- complying with the arrangements for emergencies as they have been instructed through the Operating Safety Manual; and
- reporting any concerns they have relating to fire safety to their supervisor/line manager.

Trade Union Safety Representatives

Recognised trade unions and their safety representatives have an important consultative and collaborative role in promoting fire safety. Their responsibilities include:

- participating in discussions regarding fire prevention arrangements;
- assisting in identifying fire hazards and assessing associated risks;
- supporting the dissemination of fire safety information provided to them; and
- reporting any fire safety concerns, hazards, or deficiencies identified by members to management without delay.

Tenants and Residents

We want tenants and residents to help us keep homes, shared areas and neighbours safe from fire by following simple fire safety advice, reporting concerns and supporting the measures we put in place.

Section 5 Fire Prevention and Mitigation Arrangements

A variety of actions and activities are performed regularly as part of our fire prevention and mitigation approach. These activities are designed to ensure compliance with legal requirements and relevant guidance and ultimately prevent fire incidents occurring in our workplaces and customer homes. Where fire incidents do occur, we ensure that our post incident actions provide opportunity to understand the root cause and where appropriate refine our actions to reduce future risk. Our arrangements are outlined below.

Fire Risk Assessments (FRAs)

Fire Risk Assessments are a critical component of our fire safety arrangements. We carry out Fire Risk Assessments in relevant premises and non-relevant premises as set out.

Premises Type	Example	Frequency
Relevant Premises	Workplaces including offices, workshops and depots	Every 3 years minimum
Relevant Premises	Houses of Multiple Occupancy	Every 3 years minimum
Non-Relevant Premises	Multi Storey Flats above 18 metres	Every 3 years minimum
Non-Relevant Premises	Livingwell/sheltered/retirement complexes	Every 3 years minimum

FRAs are carried out as a minimum every 3 years but may be more frequent if it is assessed as required by the fire safety team. The annual FRA programme is established according to risk assessment following completion of FRAs.

FRAs will be carried out by our qualified fire safety team using the methodology specified in BS 9792:2025 Fire Risk Assessment - Housing Code of Practice.

Remedial actions arising from these assessments will be notified to the person responsible via an FRA close out meeting and a written report with clear timescales for completion.

Person-Centred Fire Risk Assessments (PCFRAs)

PCFRAs whilst not required by law, are an important activity for the reduction of Accidental Dwelling Fires (ADFs) in our customer homes and protect the safety of customers considered most at risk.

We carry out a programme of PCFRAs to identify potential fire hazards and risks and identify actions which reduce the risks for individual customers.

The PCFRA programme is informed through referrals from staff across the organisation and is often instigated as a result of:

- high levels of clutter / hoarding;
- evidence of behaviours that create fire risk including signs of burns/scorch marks on furniture or clothing;
- sensory impairment – hearing impairment / visual impairment / blindness;
- use of medical oxygen, paraffin-based emollients or medical airflow mattress;
- concerns about a person's ability to evacuate the property in an emergency;
- mental health issues including dementia / cognitive impairment;
- alcohol or drug issues; and
- where anyone in the household has shown an interest in starting fires.

PCFRAs may be conducted for individuals whenever staff members have concerns regarding fire safety, they are prioritised based on assessment of risk by the fire safety team. Remedial actions arising from these assessments will be notified to the relevant housing officer/referrer and their line manager and a written report issued. Actions required are allocated timescales for completion based on the assessment of risk.

Operational Assurance Visits (OAVs) – Scottish Fire and Rescue Service

SFRS have a commitment to visit every multi-storey flat above 18 metres at least once every quarter. The purpose of the visit is to:

- ensure familiarity with the building layout
- verify that firefighting equipment is functional and;
- check that emergency routes are clear.

Following each visit any actions identified are highlighted and timescales for completion are outlined. The fire safety team have responsibility for monitoring that these actions are completed in line with expectations.

In addition to quarterly visits to each multi-storey flat above 18 metres, SFRS can visit and audit any workplace as they see fit. Often a visit will be instigated where there is regular or increased unwanted fire alarm signals.

Operating Safety Manual Checks

To ensure that fire safety protections are in place on an ongoing basis, it is essential that frequent and regular checks are carried out by our staff, in addition to planned preventative maintenance of our fire prevention and protection systems.

All our relevant workplaces (offices, depots, HMOs) and non-relevant premises (multi-storey flats, Livingwell/sheltered/retirement housing) will be subject to programmes of daily, weekly and monthly checks, relevant to the type of building and use of the building, as key preventative measures and which is set out in our Fire Precautions Logbook as part of our Operating Safety Manuals.

These checks are include but are not limited to:

- ensuring exit routes and common corridors are clear;
- ensure safe storage of any equipment such as mobility scooters; and
- monitor housekeeping arrangements such as waste management.

Fire Precautions Logbooks will be held on site for all our premises and be available for inspection by managers, fire risk assessors, SFRS and other agencies as required.

Fire Door Inspections

Residential property front doors are an important element in protecting the integrity of common escape routes in multi-storey buildings. Fire resisting doors are essential to maintain compartmentation protection that enables the current SFRS 'Stay Put' policy in the event of a fire incident.

The Scottish Government's Practical Fire Safety Guidance for Existing High Rise Domestic Buildings, and Practical Fire Safety Guidance for Existing Specialised Housing state that fire-resisting door sets should be inspected every six months to check for disrepair or issues. In recognition of this guidance, we carry out a 6-monthly fire door inspection programme of individual property front doors in:

- multi-storey properties over 18m;
- multi-storey properties over 6 storeys; and
- relevant Livingwell /retirement/sheltered complexes.

Appropriately trained staff will inspect door sets following Scottish Government guidance.

Fire Prevention and Protection Systems

Our properties feature fire prevention and protection systems which are relevant and appropriate to the property type and property use including:

- heat and smoke detectors, to provide early warning of fire or smoke and support prompt action;
- fire alarms, to alert occupants to a fire incident and support evacuation or emergency response;
- emergency lighting, to illuminate escape routes where normal lighting fails;
- signage and wayfinding, to support individuals to identify escape routes, exits, fire action information and key safety measures in an emergency;
- sprinklers, to suppress or control fire and limit fire spread;
- automatic door releases, to ensure fire doors operate correctly when the alarm activates and help contain smoke and fire; and
- connections to an automatic alarm receiving centre (ARC), to ensure alarm signals are passed on quickly for monitoring and emergency response where applicable.

Appropriate and robustly monitored maintenance arrangements for fire prevention and protection systems compliance will be carried out according to frequencies determined by applicable legislation and guidance. We will ensure that all records associated with maintenance of our systems are kept up to date and are readily accessible.

Fire Safety Training

Fire safety training for staff is essential for fire prevention measures to be effectively implemented and managed.

We will provide a range of training in addition to awareness sessions and campaigns for our staff to ensure they are equipped with the necessary skills and knowledge to maintain high standards of fire safety, including but not limited to the training outlined below.

Training	Frequency	Purpose	Target Audience
Fire Safety Awareness eLearning	Triennially	General fire safety awareness for all employees	All employees
Fire Marshal training	Biennially	Ensure Fire Marshals understand their role and can support evacuation in event of fire incident	Nominated Fire Marshals
Home Fire Safety eLearning	Triennially	Provides an awareness of fire safety, home safety and health issues that can be applied to all domestic situations.	Housing and Repairs staff
Fire door Inspections	Triennially	Ensures individuals with responsibility for inspecting fire doors understand standards required	Neighbourhood Compliance - Fire Door Team
Fire safety monitoring	Triennially	Ensures staff onsite in MSFs can spot fire safety issues when carrying out daily/weekly/monthly checks	Concierge staff

As a minimum, all Fire Risk Assessors are qualified to a minimum standard of NEBOSH Certification.

Post-Fire Investigation

In the event of fire incidents, we are committed to conducting thorough reviews to identify opportunities for enhanced fire safety protection across individual properties and throughout our estate. Notifications regarding fires within our properties are received daily through our partnership with the SFRS.

When we are notified of a fire incident the fire safety team will undertake post-incident investigations in the following circumstances:

- when valuable insights can be gained regarding the spread of fire from its point of origin, enabling preventative measures for future incidents; and
- when any fire prevention or protection system, or mitigation measure, appears to have failed or operated below expectations.

Following completion of a post-fire incident inspection, required improvements or actions will be communicated to relevant managers and monitored to conclusion by the fire safety team.

Single Building Assessments

Cladding, sometimes referred to as an "external wall system", is a key element of fire safety in our high-rise buildings. SBAs evaluate external wall systems, cladding materials, and associated fire risks and outline what, if any, work is required to eliminate or mitigate any risk to human life that is (directly or indirectly) created or exacerbated by the building's external wall cladding system. Two key elements come together in the SBA:

- an External Wall System Assessment ("**EWSA**"); and
- an Internal Fire Risk Assessment ("**FRA**")

The Housing (Cladding Remediation) (Scotland) Act 2024 gives Scottish Ministers the powers to ensure SBAs and any identified remediation are carried out. SBAs apply to all buildings meeting all the following criteria:

- built or renovated between 1 June 1992 and 1 June 2022;
- include at least one residential apartment;
- exceed a height of 11 metres; and
- feature an external cladding system.

SBAs will be carried out using external fire engineers who are registered with the Scottish Government. The SBA will be concluded using the specification as set out by the Scottish Government, following which it will be included in the Scottish Government Cladding Assurance Register.

Property Factor

Wheatley Group, through Lowther, provides factoring services for a range of residential properties including those with mixed ownership.

There is a different responsibility placed upon Lowther as a property factor. In properties where we act as property factor, our fire safety responsibilities are limited to the common parts of the building and to any duties set out in the written statement of service and factoring agreements or other legal arrangements.

This may include arranging for competent Fire Risk Assessors to undertake Fire Risk Assessments on behalf of homeowners where required or requested, as well as arranging inspection, repair and maintenance of fire safety measures within our remit, such as common fire doors, emergency lighting, smoke ventilation, fire alarm systems, signage and the condition of escape routes.

We will also communicate relevant fire safety information to owners and residents where appropriate, monitor actions arising from inspections or assessments that fall within our remit, and ensure that any identified common-parts fire safety issues are progressed in line with agreed responsibilities and governance arrangements.

Partnership Working

We strongly believe that excellence in fire safety can only be achieved by creating and building upon existing partnership working arrangements with relevant bodies, and in particular with the Scottish Fire and Rescue Service, with whom we have a longstanding relationship. We will look to build on and enhance relationships with all relevant partners, for the purposes of maximising our impact, creating innovation opportunities, and influencing the broader fire safety landscape.

Section 6. Tenant and Resident engagement

Tenant and resident engagement is a key component of preventing and mitigating the risk of fire. Effective engagement helps to build a positive fire safety culture, supports tenants and residents to understand how they can keep themselves and others safe, and encourages early reporting of concerns.

We recognise that fire safety arrangements are most effective where tenants and residents understand the measures in place, know what is expected of them, and are able to raise questions or concerns and receive clear information and support in response.

We will promote fire safety through regular, accessible and targeted engagement with tenants and residents. This will include fire safety advice through our programme of PCFRAs. We are also committed to delivering and supporting fire safety campaigns, awareness activity and seasonal messaging that reinforces safe behaviours in the home and in common areas.

We will continue to work closely with the SFRS on joint initiatives where this will improve outcomes for our customers, including promoting referral pathways and access to SFRS Home Fire Safety Visits for people who may be at greater risk.

Engagement may be delivered through a range of channels, including direct contact with tenants or residents, site-based activity, tenancy and support visits, signage, leaflets, digital communications, community events and partnership campaigns, to ensure fire safety information is timely, practical and easy to understand.

Engagement	Target audience	Frequency	Channel
Annual Tenant Visits - Fire Safety review	All tenants	Annually	In person
Fire safety campaign	All tenants	Annually	Online/mail/SMS
Community safety events	Identified tenants, residents and communities	Ad hoc as required	In person
SFRS joint fire safety initiatives	Identified tenants, residents or sites	Ad hoc as required	In person/online
Personalised fire safety advice	Tenants referred for PCFRA	As requested	In person

Section 7 Fire Prevention and Mitigation Monitoring

Performance monitoring

We monitor compliance with our fire prevention and mitigation arrangements through a variety of mechanisms including through monitoring:

- The number of FRAs carried out each year
- The number of PCFRAs carried out each year
- Number of mandatory actions arising from FRA
- Number of mandatory actions arising from PCFRA
- Number of Operational Assurance Visits (OAVs) from SFRS each quarter
- Number of actions arising from OAVs
- No outstanding mandatory actions weekly/monthly/annually
- Compliance with mandatory 'Fire Safety Awareness' training

Progress and updates with respect to fire safety compliance will be regularly provided to relevant managers and other responsible individuals, in order that they are able to ensure compliance actions are being carried out.

Fire Safety Audit Activities

The Health and Safety and Fire Safety Teams will also conduct additional fire safety audit activities as required to ensure that fire safety measures are effective and compliant with legal requirements, including circumstances such as:

- To verify the quality of fire safety checks being carried out by our own staff;
- To verify the quality of fire safety measures and procedures being followed by our contractors and sub-contractors; and

- To verify the quality of fire safety maintenance checks being carried out by any internal or external groups.

Further auditing of fire safety compliance may be conducted by the Assurance Team as required.

Fire Safety Strategy Forum

We will establish and maintain a Fire Safety Strategy Forum. The forum will meet as a minimum twice per year for the purpose of monitoring progress with implementation of strategic fire safety improvement actions across the organisation.

The Fire Safety Strategy Forum will be chaired by the Executive Lead with responsibility for fire safety. The forum will be attended by senior leaders and managers from across the organisation who have responsibility for or contribute to fire safety. The details of attendees will be set out in the Terms of Reference for the forum. The forum will have responsibility for:

- considering the external regulatory landscape for fire safety;
- developing approaches to fire prevention and mitigation which meet and exceed regulatory requirements;
- keeping abreast of best practice in the sector; and
- explore and develop innovations that support and enhance our approaches.

Fire Safety Working Group

In addition to the Fire Safety Strategy Forum, we will establish and maintain a Fire Safety Working Group, which will meet as a minimum four times per year for the purposes of monitoring implementation of fire prevention and mitigation approaches set out in this policy.

The Fire Safety Working Group will be chaired by the Director of Health and Fire Safety. The working group will be attended by nominated responsible persons for each department/ subsidiary, fire safety officers and trade union representatives. The details of attendees will be set out in the Terms of Reference for the group.

The working group will have responsibility for:

- implementing requirements of this Fire Prevention and Mitigation Policy and other fire safety guidance documents;
- monitoring performance and progress of associated FRA and PCFRA programmes and actions arising from these;
- reviewing fire incidents, identifying and implementing areas for improvement;
- exploring themes arising from SFRS Home Fire Safety Visits and any other activities by SFRS; and
- review investment priorities linked to fire safety.

Section 8. Measuring our Impact

We will measure the impact of this policy and associated fire prevention and mitigation arrangements by:

- monitoring the number of accidental dwelling fires in our homes and corporate offices;
- monitoring the number of mandatory fire safety actions arising from our programmes of inspection;
- monitoring the number of and reasons for referrals for PCFRAs;
- reviewing referrals regularly to understand emergent themes or concerns to inform our fire safety approaches; and
- monitoring the number of fire safety actions arising from SFRS operational assurance visits.

Measuring and understanding the impact of the policy will guide our future actions, support us to allocate resources effectively and identify training and support needs and areas for improvement.

Section 9. Policy Review

This policy will be reviewed every two years, with additional reviews as needed to address new legislative guidance.

This policy will be posted on our staff intranet, W.E. Connect, and on our websites. Printed copies can be requested. Customers may also ask for the policy in alternative formats or community languages.

Section 10. Glossary

This glossary explains key terms and abbreviations used throughout this policy.

Term	Definition
ADF	Accidental Dwelling Fire.
ARC	Alarm Receiving Centre, which monitors alarm signals and helps ensure an appropriate response where connected.
Common parts	Areas of a building shared by more than one occupier, such as entrances, stairs, landings, corridors and other shared spaces.
EWSA	External Wall System Assessment.
Fire Marshal	A person with designated responsibilities in relation to fire procedures, including supporting evacuation and local fire safety arrangements in the workplace.
Fire Safety Duty Holder	The senior role with overarching responsibility for fire safety arrangements and compliance across the organisation.
FRA	Fire Risk Assessment.
Non-relevant premises	Domestic residential premises that are not classed as relevant premises under fire safety legislation, although duties may still apply in common parts and under housing or other legal frameworks.
OAV	Operational Assurance Visit carried out by the Scottish Fire and Rescue Service.
PCFRA	Person-Centred Fire Risk Assessment, which considers the specific circumstances, vulnerabilities and support needs of an individual.
Relevant premises	Premises to which duties under fire safety legislation apply, including workplaces and certain other premises as defined by law.
SBA	Single Building Assessment.
SFRS	Scottish Fire and Rescue Service.

APPENDIX 1 RACI Matrix

The purposes of this appendix, R = Responsible, A = Accountable, C = Consulted and I = Informed.

Activity	Chief Executive Officer / Fire Safety Duty Holder	Group Directors	Director of Group Health and Fire Safety	Managing Directors / Directors	Managers
Approve fire safety policy and strategic direction	A	C	R	C	I
Ensure overall fire safety governance is in place	A	C	R	C	I
Develop and maintain fire safety policy, standards and framework	I	C	A/R	C	I
Provide specialist fire safety advice and guidance	I	C	A/R	C	C
Ensure fire safety arrangements are implemented in business areas	I	A	C	R	R
Ensure adequate resources within directorates and business areas	I	A	C	R	I
Monitor compliance and provide assurance reporting	A	C	R	R	R
Escalate significant fire safety risks and issues	A	R	R	R	R
Report to Executive Team and Board on fire safety performance	A	I	R	C	I
Promote continuous improvement and fire safety culture	A	R	R	R	R

Loretto Housing

Report

To: Loretto Housing Board

By: Neil Addie, Director of Group Health and Fire Safety

Approved by: Laura Pluck, Group Director of Communities

Subject: Health and Safety Annual Report 2025/26

Date of Meeting: 18 May 2026

Purpose:
The purpose of this report is to provide the Board with an update on health and safety activity and performance during 2025/26. The Board is asked to: 1) Note and comment on this update.

1. Executive Summary

1.1 Our Health and Safety Management System currently in place is recognised as a best practice approach by the Health and Safety Executive for continuous improvement. The current best practice approach is set out in their HS(G)65 model - 'Managing for health and safety' which focuses on a Plan, Do, Check, Act approach.

1.2 Over the last year we have continued to monitor our H&S performance as well as further strengthening our Health and Safety Management System, in particular through;

- Review and refinement of the Operating Safety Manuals (**OSMs**) and the associated 'Safe Systems of Working';
- Developing H&S training matrices for all work activities;
- The introduction of a new H&S audit programme for all of our workplaces;
- Embedding further our H&S monitoring arrangements through specific business area/theme based operational monitoring groups; and

1.3 H&S performance remains relatively strong but continued effort is required across the organisation to ensure we reach and maintain compliance at all times and continue to mitigate risk to the organisation through robust H&S policy, practice and monitoring.

2. Authorising context

2.1 The Group Standing Orders set out what matters are reserved to the Boards and what is delegated to the Group Chief Executive. The H&S Policy approval is reserved to the Wheatley Housing Group Board. This report relates to H&S policy and management arrangements, and implementation and performance is monitored by this Board.

2.2 This report provides an update on the arrangements currently in place to ensure that our H&S performance demonstrates best practice and meets our legal requirements.

3. Discussion

Background

3.1 Our H&S Policy provides the foundations for our approach to H&S and our embedding of a strong health and safety culture. Our policy is reviewed at least every three years, with the last review taking place in June 2025 following which it was approved by the Group Board.

3.2 Our H&S Policy is part of our overall health and safety approach, along with our Health and Safety Management Arrangements (**'HSMAs**') and OSMs. This model is based on the Health and Safety Executive's recommended approach to safety management, HS(G)65.

3.3 Our H&S policy sets out the legal framework we operate within, the HSMAs set out in more detail the systems and procedures we use while OSMs hold detailed risk assessments, processes and the templates that we use for supporting H&S activity.

Health and Safety Management Arrangements

3.4 Health and Safety Management Arrangements (HSMAs) are in place for all relevant areas across the organisation following completion of 28 additional documents during 2024/25, bringing our HSMA total to 44 in operation at present. These will continue to be reviewed on a 3 yearly basis, with 10 existing HSMAs due to be reviewed in Q1.

Operating Safety Manuals

3.5 OSMs are in place and reviewed on a 2-year rolling cycle. Throughout the last year we concluded a full review of our OSMs. Following consultation with Unions, roll out of the new OSM content will be completed using a new toolbox talk format during Q1 of 2026/27.

3.6 At the end of April 2025/26 100% of our staff have completed their existing OSM sign off within schedule.

Health and Safety Training

3.7 At the end of April 2026 98% of mandatory e-Learning has been completed by our staff, with time allocated as a priority for those still to complete this.

3.8 A key focus of our work this year has been reviewing all H&S training requirements for each key business area across the organisation, including Housing. A new H&S training matrix has been created for all RSL employees, and training associated with this will be implemented from Q1 onwards.

Reporting and monitoring arrangements

3.9 Functional and theme-based H&S monitoring groups continued to operate and meet quarterly. Attendees include local managers and leaders, support functions and union representatives. Monitoring groups include:

- Housing H&S Group;
- Violence at Work Group;
- Drivers Safety Group; and
- H&S Strategy Group (attended by Managing Directors/ Directors or appropriate delegates from all Group subsidiaries).

3.10 Each meeting offers the opportunity to consider H&S concerns and trends in specific operational areas, and the attendees have responsibility for identifying and monitoring actions for improvement. Each group is facilitated by a dedicated H&S Manager, Fleet Manager (for Drivers Safety) or the Director of Health and Fire Safety.

Homeworking

3.11 Homeworking arrangements are well established across the organisation for a number of business areas. All staff who work from home are required to complete an annual self-assessment to confirm their home working arrangements have remained fit for purpose. 85% (11) of our staff have completed their self-assessment in the last 12 months, with the 2 remaining staff who still require doing this allocated time for completion.

Accident and Incident Reporting

3.12 We have a legal requirement to investigate and report accidents involving staff, contractors, and customers in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations ("RIDDOR").

3.13 In 2025/26 we reported 0 RIDDOR incidents to the Health and Safety Executive, and 0 days were lost associated with accidents at work.

Employers Liability ("**EL**") Claims

3.14 There are currently 0 open EL Claims relating to Loretto staff.

Health and Safety Audits

3.15 During 2025/26 a new programme of H&S Audits took place for 23 of our workplaces with a very high standard of H&S compliance being noted. A total of 106 audit actions were raised during these audits, comprising of:

- 59 Physical actions (relating to repair issues);
- 12 Maintenance actions (relating to systems maintenance); and
- 35 Management actions (relating to procedural compliance).

3.16 Reports highlighting issues for action by local management were issued as part of this programme and are being monitored monthly by the H&S Team. As of the end of April 2026 there are no overdue mandatory audit actions.

3.17 Following the introduction of H&S audits we will now move to a rolling programme of workplace audits with every workplace audited as a minimum triennially. The programme will be established based on risk profile with depot audits being carried out more frequently.

3.18 We have a strong H&S Management System in place that continues to be reviewed and refined as required. Throughout the year we have strengthened our approaches through the review of all key business area OSMs and safe systems of working, identified enhanced training and education programmes for our teams and completed 23 workplace audits.

4. Customer Engagement

4.1 There is no direct customer engagement related to this report. Should any H&S matter arise that impacts customers we engage as relevant and appropriate.

5. Financial and value for money implications

5.1 The development of training matrices for H&S requirements for all business areas has resulted in an enhanced programme of training and education which will be rolled out in the coming year. The implementation plan is being drafted of which part is reviewing the resources required to deliver the programme and any financial impact.

6. Recommendations

6.1 The Board is asked to note and comment on the report.

LIST OF APPENDICES:

None

7. Legal, Regulatory and Equalities Implications

Overall position:	
	No material implications
X	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations

What relevant duties apply:

- The Health and Safety at Work etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Additional subsidiary H&S Regulations across a range of topics as outlined in HSMAs

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

Outline the key duties triggered and how these have shaped the proposal:

- The Health and Safety at Work etc Act 1974 requires that employers must ensure, so far as is reasonably practicable, the health, safety and welfare of their employees and of non-employees who may be affected by their activities, put in place safe systems of work, and provide suitable information, instruction and training to their employees
- The Management of Health and Safety at Work Regulations 1999 additionally requires, in particular, that employers must carry out an assessment of the risks to health and safety of their employees and non-employees arising from their activities (risk assessment)
- Further subsidiary H&S Regulations made by the UK government cover a range of topics; those of which that are relevant to us, and the measures required to comply with them are listed in our 44 H&S Management Arrangement documents available on We Connect.
- Our H&S Management System is designed, implemented and monitored to meet our requirements as set out above.

Legal Compliance Assurance

The relevant legal duties within the legislation specified above have been reviewed and no significant compliance risk has been identified, provided the current measures in place are maintained, or put in place where proposed.

H&S training completion and HWSA rates remain below our 100% target. These are not legal requirement, but an internal requirement as set by ourselves.

Additional H&S training has been identified for employees in our RSLs and a programme developed for implementation.

Legal advice received:			
	Yes	X	No

8. Risk assessment

Risk Appetite:
The Group risk appetite relating to issues of technical compliance is averse, defined as avoidance of risk and uncertainty is a key organisational objective.

Relevant strategic risk(s):
Relevant Strategic Risk from risk register as below: **RISK 0090 Monitoring H&S Arrangements:** There is a risk that the H&S monitoring function does not work effectively to detect non-compliance with H&S policy and procedures or drive improvement across the Group due to poor team coordination, insufficient support, or lack of awareness of relevant issues by that function. Undetected non-compliance with Group H&S policy and procedures could lead to an event which results in statutory action by the Health and Safety Executive or civil action, with potential HSE improvement actions, prosecution, financial penalties and reputational damage.

Relevant assessment and mitigation:
▪ Risk associated with content of the report are within risk appetite ▪ Ongoing and proposed activities in this report will maintain residual risk score

Loretto Housing

Report

To: Loretto Housing Board

By: Lynne Mitchell, Director of Foundation

Approved by: Laura Pluck, Group Director of Communities

Subject: Group Reasonable Adjustments Policy

Date of meeting: 18 May 2026

Purpose:
The purpose of this report is to: 1) Seek Board review and comment on the proposed Group Reasonable Adjustments Policy prior to progressing for approval to the Group Board. 2) The policy sets out how Wheatley Group meets its statutory duty under the Equality Act 2010 to consider and make reasonable adjustments in order to remove or reduce substantial disadvantage for disabled people accessing homes and services.

1. Executive Summary

1.1 This is the first Wheatley policy to formally and explicitly set out our approach to reasonable adjustments. It establishes a clear policy position to support the consistent and proportionate application of some of our duties under the Equality Act 2010.

1.2 The introduction of this policy:

- demonstrates our commitment to supporting customers to access services fairly and consistently, by removing barriers where reasonable;
- reiterates a consistent and shared understanding of what reasonable adjustments are, how they are considered and how they are applied; and
- strengthens decision-making, recording and transparency, supporting staff to respond confidently to customer needs.

1.3 The policy forms part of a wider programme of activity to continue strengthening the delivery of person centred and effective services across Group.

2. Authorising Context

2.1 Under the Group Standing Orders, approval of certain policies is reserved to the Group Board, this is a new policy but as it is a Group wide policy is suggested this is included as reserved.

2.2 Under the Intra Group Agreements, the Group Board reserves the right to designate policies applying Group-wide and applicable to all Group partners.

2.3 The Board is asked to consider the policy and provide any comments before we seek formal approval to introduce and implement the new policy.

3. Discussion

3.1 The introduction of a Reasonable Adjustments Policy reflects the need for greater clarity, consistency and assurance in how we meet our statutory duties under the Equality Act 2010. While reasonable adjustments are already delivered in practice, the absence of a clear policy creates a risk of inconsistency in how requests are identified, considered, recorded and reviewed.

3.2 The policy is underpinned by the Equality Act 2010 and provides a clear framework for the consistent delivery of reasonable adjustments. In particular, it sets out:

- what reasonable adjustments are;
- how they may be requested;
- how decisions should be made and reviewed; and
- what customers and staff can expect.

3.3 The policy adopts a proportionate, person-centred approach focused on removing barriers to access, rather than relying on formal diagnoses or unnecessary evidence, while allowing proportionate information to be considered where appropriate.

3.4 Overall, the policy strengthens organisational assurance by improving consistency, transparency and defensibility in decision-making, providing confidence that legal obligations are met in a proportionate and lawful way.

3.5 The policy aligns with our commitments set out in *Making Homes and Lives Better 2026–31*, supporting truly personal services and promoting accessibility, fairness and dignity in service delivery. Its development forms part of a wider programme of activity to strengthen our understanding of customers, including vulnerability and support needs, and to develop a single view of the customer to enhance consistency and continuity of experience across services.

3.6 Implementation will be supported through a structured programme of staff awareness, training and ongoing support. This will include targeted learning for customer-facing roles and managers, focusing on recognising barriers, engaging in informed conversations and making proportionate, defensible decisions. Staff will also have access to practical guidance and specialist advice to support consistent day-to-day application.

3.7 The policy has been informed through engagement with staff across housing, Customer First Centr, repairs and safeguarding services, ensuring it reflects operational experience and supports practical delivery. Input from internal legal services has been incorporated to provide assurance that the policy aligns with statutory requirements under the Equality Act 2010.

3.8 Work is also underway to adjust and strengthen systems and processes to improve the recording, visibility and review of reasonable adjustments, supporting a single view of the customer. This will reduce the need for customers to repeat information and enable more informed, joined-up decision-making, as well as improved monitoring and insight.

3.9 While there is no statutory requirement to maintain a standalone reasonable adjustments policy, a clear and accessible statement of approach is recognised as sector best practice. The policy aligns with the expectations of the Scottish Housing Regulator and the Scottish Social Housing Charter, which require social landlords to treat customers fairly and ensure services are accessible and responsive.

3.10 Our approach to reasonable adjustments has been informed by equality data, customer interactions, feedback and complaints, highlighting barriers some customers experience when accessing services.

4. Customer Engagement

4.1 We undertook an equality data survey of our RSL customer in 2022. This identified that 45% of respondents considered that they have a disability, compared to 24% reported in the most recent Scottish Census. The disabilities noted were wide-ranging.

4.2 Our approach to reasonable adjustments has also been informed by learning from customer interactions, feedback and complaints, highlighting barriers some customers can experience when accessing our services.

4.3 Ongoing engagement will be supported through publication of the policy in accessible formats and through proactive conversations with customers to identify potential barriers to access. This will support the early identification and introduction of reasonable adjustments where required.

4.4 Insights gathered through implementation, customer feedback and complaints will continue to inform future review and development of the policy.

5. Financial and Value for Money implications

5.1 Enhancements to support the recording, visibility and review of reasonable adjustments are being delivered through changes to existing IT systems. This work has been scoped and is being progressed within existing operational budgets.

6. Recommendations

6.1 The Board is asked to:

1) Review and provide comment on the proposed Reasonable Adjustments Policy.

LIST OF APPENDICES:

Appendix 1: Group Reasonable Adjustment Policy

7. Legal Regulatory and Equalities Implications

Overall position:	
	No material implications
X	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
Under the Equality Act 2010, Wheatley Group has a statutory duty to consider and make reasonable adjustments where a provision, criterion or practice, a physical feature, or the absence of an auxiliary aid places a disabled person at a substantial disadvantage compared to a non-disabled person. This duty is anticipatory and ongoing. There is no statutory requirement to maintain a standalone reasonable adjustments policy. However, having a clear and accessible policy is recognised as sector best practice and provides assurance that legal duties are applied consistently, proportionately and transparently in practice.

Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
Wheatley Group is already providing reasonable adjustments in practice to support disabled customers in accessing homes and services. This reflects established ways of working across services and a clear organisational commitment to fairness, accessibility and proportionality. The introduction of the Group Reasonable Adjustment Policy strengthens existing practice by providing a clear, consistent and transparent framework for how reasonable adjustments are identified, considered, recorded and reviewed. This supports greater assurance that statutory duties under the Equality Act 2010 are being applied consistently and proportionately across the Group. Overall, the policy builds on current practice, reduces the risk of inconsistency or misunderstanding, and provides a stronger basis for governance, oversight and continuous improvement.

Legal Compliance Assurance:
This policy reflects current legal and regulatory requirements under the Equality Act 2010 and aligns with the expectations of the Scottish Housing Regulator and the Scottish Social Housing Charter. The approach has been informed by internal legal advice and sector best practice.

Legal advice received:			
X	Yes		No
Brodies provided additional comments on 5 May 2026. Brodies' review provides assurance that the policy is broadly sound and aligned with legal requirements, with recommendations focused on strengthening clarity and precision rather than making substantive changes. Their feedback emphasises the need to clearly reference how related policies can be accessed, ensure definitions and examples do not unintentionally limit the scope of reasonable adjustments, and accurately reflect the full extent of duties under the Equality Act 2010 (particularly the anticipatory duty). They also suggest minor enhancements to strengthen transparency around decision-making, recording, and review processes. Overall, the comments help refine the policy to ensure it is clear, legally robust, and consistently applied in practice.			

8. Risk Assessment

Risk Appetite:

The risk appetite is **low** in relation to legal and regulatory compliance and customer outcomes.

The policy supports this position by strengthening controls, improving consistency in decision-making and reducing the likelihood of non-compliance with statutory duties.

Relevant strategic risk(s):

- Failure to meet legal and regulatory obligations (Equality Act 2010).
- Reputational risk arising from poor customer experience or failure to respond to vulnerability.
- Operational risk due to inconsistent decision-making or lack of clear guidance for staff.

Relevant assessment and mitigation:

The introduction of the policy mitigates these risks by:

- Establishing a clear and consistent policy approach for identifying and applying reasonable adjustments;
- Improving recording and visibility of adjustments to support continuity of service;
- Supporting staff to make proportionate, defensible decisions through structured guidance;
- Reducing reliance on formal evidence, minimising barriers for customers while maintaining appropriate safeguards; and
- Srengthening governance and oversight, enabling better monitoring of practice and outcomes.

Implementation will be supported through staff guidance, training and system improvements, which will further reduce risk and support sustained compliance.

Wheatley Group

Making homes and lives better
wheatley-group.com

Reasonable Adjustments Policy

We will provide this policy on request at no cost, translated, in large print, in Braille, on tape or in another non-written format.

We can produce information on request at no cost in large print, in Braille, on tape or in another non-written format. We can also translate this into other languages. If you need information in any of these formats please call us on 0800 479 7979 or email info@wheatley-group.com

Możemy, na życzenie, bezpłatnie przygotować informacje dużą czcionką, w alfabecie Braille'a, na taśmie lub w innym niepisanym formacie. Możemy je również przetłumaczyć na inne języki. Jeśli potrzebujesz informacji w którymkolwiek z tych formatów, zadzwoń do nas pod numer 0800 479 7979 lub wyślij e-mail na adres info@wheatley-group.com

Podemos produzir informações mediante solicitação e sem custos, em impressão grande, Braille, cassete ou noutro formato não descrito. Também podemos traduzi-las em outros idiomas. Se precisar de informações em qualquer um destes formatos, contacte-nos através do número 0800 479 7979 ou envie um e-mail para: info@wheatley-group.com

يمكننا إنتاج معلومات عند الطلب مجانا مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضا ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شمارهٔ 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

ہم درخواست پر معلومات کو بڑے حروف، بریل، ٹیپ پر یا کسی اور غیر تحریری صورت میں بغیر کسی لاگت کے مہیا کر سکتے ہیں۔ ہم اس کا دوسری زبانوں میں ترجمہ بھی کروا سکتے ہیں۔ اگر آپ کو ان میں سے کسی صورت میں یہ معلومات درکار ہوں تو برائے کرم ہمیں 0800 479 7979 پر کال کریں یا info@wheatley-group.com پر ای میل کریں۔

Approval body	*Wheatley Group Board*
Date of approval	*TBC*
Review Year	*2029*
Customer engagement required	*Yes*
Trade union engagement required	*For information only*
Equality Impact Assessment	*Yes*

Contents

1. Introduction and Scope

We are committed to ensuring that disabled customers can access our homes, services and information fairly, safely and without substantial disadvantage.

This policy sets out how we meet our statutory duty under the Equality Act 2010 to consider and make reasonable adjustments where a disabled person would otherwise experience a substantial disadvantage.

The Equality Act does not require us to agree to every adjustment requested. Our duty is to consider requests carefully and to make adjustments that are reasonable in the circumstances**,** balancing effectiveness, proportionality, safety and service delivery.

This policy refers to 'customers'. This includes tenants, household members, carers, advocates or representatives where they are engaging with our services and people applying for housing or services.

This policy applies across all our services including housing and tenancy management, neighbourhood management, repairs and investment and applies in all of our interactions with customers where a reasonable adjustment is or may be required.

This policy also applies to children and young people, either as customers in their own right or as members of a household and recognises their rights under the Equality Act 2010 and the UN Convention on the Rights of the Child.

It applies to staff whose roles involve delivering services or interacting with customers and should be read in conjunction with the following policies, which are available on WE Connect or RSL websites:

- Adult Protection Safeguarding Policy;
- Child Protection Safeguarding Policy;
- Multi Agency Public Protection Assessment (MAPPA) Policy;
- Domestic Abuse Policy;
- Suicide Risk Policy
- Homelessness Policy;
- EDI and Human Rights Policy;
- Complaints Policy;
- Privacy Notices; and
- Group Data Protection Policy.

This policy supports the direction set out in our strategy *Making Homes and Lives Better 2026–31*, reinforcing accessibility, fairness and dignity in service delivery while providing a clear statutory baseline for reasonable adjustments.

2. Policy Aims & Objectives

Our Aims

This policy has been designed to support customers and staff in understanding our approach to reasonable adjustments. The policy aims to: -

- provide clarity and consistency in how reasonable adjustment requests are identified, considered, recorded and reviewed across the Group;
- support compliance with the Equality Act 2010 and relevant regulatory expectations;
- support customers to access services with dignity, fairness and transparency; and
- support staff to make confident, proportionate and defensible decisions.

In achieving these aims, we seek to reduce avoidable barriers, prevent service failure and improve customer experience.

Our Objectives

To embed an effective approach to reasonable adjustments, our objectives are to: -

- ensure our policy and supporting processes are clear, practical and easily accessible;
- ensure relevant staff are aware of and understand their roles and responsibilities;
- provide training and guidance to relevant staff so they can confidently identify opportunities for reasonable adjustments or respond to requests; and
- monitor reasonable adjustment activity across the organisation to identify themes and support continuous improvement.

3. What is a Reasonable Adjustment

A reasonable adjustment is a change we make to how we deliver services that removes or reduces a substantial disadvantage experienced by a disabled person.

For the purposes of this policy, “disability” and “disabled person” have the same meaning as in section 6 of the Equality Act 2010. A person is disabled if they have an impairment which has a substantial and adverse effect on their ability to carry out normal day-to-day activities.

Disabilities may be visible or non-visible, permanent, fluctuating or progressive, and reasonable adjustments may need to change over time.

To support lawful and consistent decision-making, we distinguish between:

a) Reasonable Adjustments
Formally considered changes required to remove or reduce a substantial disadvantage linked to disability, arising from a legal duty under the Equality Act 2010. These must be considered, agreed where reasonable, recorded and reviewed.

b) Access preferences
Everyday preferences for how a individual engages with services such as preferred communication methods. These may apply to anyone and are not limited to disability.

c) Temporary circumstances
Time-limited responses to short-term or situational barriers, such as bereavement. These may apply to anyone and are not limited to disability.

Reasonable Adjustments are:

- individual and case specific;
- proportionate to the circumstances; and
- relate to service delivery, the physical environment, or the provision of auxiliary aids or support.

There is no fixed or exhaustive list of reasonable adjustments.

Under the Equality Act 2010, we have a legal duty to consider and make reasonable adjustments where a disabled person may be placed at a substantial disadvantage compared to a non-disabled person. This may relate to:

a) Provision, criterion or practice (PCP)
Formal or informal rules, policies, processes or requirements that affect how services are delivered.

b) Physical features
Features of buildings or environments that make access more difficult. This may be addressed by altering the feature, avoiding it, or delivering the service in a different way. Legal permissions will always be secured where required.

c) Auxiliary aids or services
Additional equipment, support or communication methods that enable equitable access to services.

Examples of the types of reasonable adjustments that may be considered are set out in **Appendix 1**.

This duty:

- **requires anticipatory planning** – services should be designed and reviewed with accessibility in mind, and, on an individual basis, we will endeavour to act where we understand that a person is disabled and placed at a disadvantage, rather than waiting for an individual request; and

- **is ongoing** – adjustments may need to change as circumstances change.

Reasonable adjustments should be considered alongside safeguarding concerns where they support safer access, engagement or communication with customers. Where safeguarding or public protection considerations mean an adjustment cannot be agreed or must be limited, we will explain the reasons clearly and consider alternative steps to support safer access to services.

4. Our Approach

We apply a person-centred and proportionate approach to reasonable adjustments.

We aim to identify barriers early, rather than waiting for customers to experience service failure or raise concerns. Staff should be alert to potential indicators of disadvantage and proactively consider whether reasonable adjustments may be required as part of normal service delivery.

In applying this policy, we will:

- focus on barriers to access, rather than diagnoses or labels;
- listen to what would make services easier to access;
- avoid making assumptions about individual needs; and
- explain decisions clearly and in plain language.

Reasonable adjustments are intended to support fair and equitable access to our services and processes. They do not alter the underlying tenancy obligations, legal requirements, health and safety duties, or our statutory responsibilities.

Where a request relates to a wider housing decision, this will continue to be made in line with the relevant policy framework. We will, however, consider reasonable adjustments to ensure the customer can fully access and engage with the process in a way that meets their needs.

Failure to comply with the duty to consider reasonable adjustments may constitute unlawful discrimination.

This policy is supported by staff guidance, procedures and training to promote consistent and confident application across services.

5. Requesting a Reasonable Adjustment

Reasonable adjustments may be identified through proactive conversations with customers or requested directly by the customer (or someone acting on their behalf). Staff should take reasonable steps to help customers identify and describe the barrier they experience and what would help, where this is not immediately clear.

A customer can request a reasonable adjustment:

- verbally or in writing; or
- directly or via a representative (e.g. a support worker, advocate or family member).

We will not normally require formal evidence to consider a request, such as medical or diagnostic evidence. In most cases, a conversation about the barrier and what would help is sufficient. We may request additional information where this is necessary to assess the request e.g. where an adjustment involves significant physical changes, higher cost, health and safety, safeguarding or legal considerations. Any request for additional information will be proportionate, clearly explained, and limited to what is necessary. Where we already hold relevant information about an individual's needs, we will not ask them to provide it again unless necessary.

A short guide for customers is available at **Appendix 2.**

6. Considering and deciding what is reasonable

Requesting a reasonable adjustment **does not mean** the adjustment will automatically be agreed.

When deciding whether an adjustment is reasonable, we will consider all relevant circumstances, including but not limited to:

- the nature of the barrier the individual experiences;
- how effective the proposed adjustment would be in removing or reducing that barrier;
- whether the adjustment is practical and proportionate (including cost);
- health, safety and safeguarding considerations;
- legal and regulatory responsibilities;
- the impact on other customers or service delivery; and
- whether alternative adjustments could achieve a similar outcome.

Where an adjustment cannot be agreed, we will explain, communicate and record the reasons clearly and consider alternative options where appropriate. Customers may ask for decisions to be reviewed and may raise concerns through the Complaints Procedure.

Where the refusal of a reasonable adjustment influences a wider housing decision (e.g. allocations or enforcement action), that decision will continue to be made in line with the relevant policy framework and may carry its own formal review or appeal rights. The Housing Appeals guidance should then be followed where applicable.

7. Recording and Review

Agreed reasonable adjustments will be recorded on the indiviudal's account where this is necessary to support consistent and accessible service delivery and avoid customers having to repeat information. Decisions regarding reasonable adjustments will be communicated in an accessible manner appropriate to the individual's needs, including alternative formats where required.

Records will include:

- the agreed adjustment;
- the barrier it addresses;
- the date of agreement; and
- an appropriate review point.

This may include recording the adjustment itself (e.g., preferred communication methods or visit arrangements) so staff know how best to support the individual.

Where recording or sharing information involves health details or other sensitive personal information, we will explain what information is being recorded, why it is needed, and seek consent where required.

Information will always be handled in line with our data protection obligations.

Adjustments will be reviewed periodically, at a minimum annually, or sooner where circumstances change, such as where a review is requested or we become aware that they may no longer be effective.

8. Roles and Responsibilities

All customer facing staff

- recognise potential barriers to access;
- respond with empathy and consistency; and
- apply recorded adjustments in practice.

Managers

- support staff decision-making;
- provide oversight in complex or high-risk cases; and
- promote consistency and learning.

9. Measuring our Impact

We will measure our impact in providing reasonable adjustments by monitoring requests received and the outcome of those requests.

Insights from reasonable adjustments will be used to support service improvement. This includes learning from:

- customer feedback and complaints;
- themes relating to access and communication;
- assurance activity on the recording and consistent application of adjustments; and
- staff confidence and training needs.

This insight will also inform policy review, staff training, and the ongoing design and improvement of our services, processes and systems.

10. Data protection and confidentiality

Information relating to reasonable adjustments will be handled lawfully, proportionately and with respect for privacy.

We will:

- explain what information is recorded and why;
- seek consent where required; and
- share information only on a need-to-know basis.

Further information about how we handle personal data is available in our Privacy Notices and Group Data Protection Policy.

11. Complaints

Requesting a reasonable adjustment is not a complaint.

If a customer is dissatisfied with how a request has been considered or applied, they may raise this through the Complaints Procedure.

A summary of our Complaints Policy and Procedure is available on the Wheatley Group and subsidiary websites.

12. Policy review

This policy will be reviewed every three years, or sooner if required due to legislative change, regulatory guidance or learning from complaints or assurance activity.

Appendix 1 – Examples of reasonable adjustments

The examples below illustrate the types of reasonable adjustments that may be agreed where a disabled person experiences a substantial disadvantage when accessing Wheatley Group services.

Category	Examples of reasonable adjustments
Communication and understanding	Information provided in alternative formats (e.g. large print, Easy Read, audio, Braille) Plain-language explanations or written summaries Additional time to understand or respond
Policies, procedures or processes (PCPs)	Flexibility in how information is provided or received Adjusted response times where standard deadlines cause disadvantage Allowing representation or advocacy
Visits, appointments and engagement	No unannounced visits except in emergencies Advance notice of visits and what to expect Longer or more predictable appointment arrangements – same named staff
Physical features and auxiliary aids	Temporary or minor physical adjustments where reasonable Use of aids or alert systems to support access Alternative service delivery where physical changes are not practicable, such as fewer staff in attendance
Digital and non-digital access	Non-digital alternatives to online services Support to complete forms or applications Accessible digital formats compatible with assistive technology

Important note

These examples are **illustrative only**. Reasonable adjustments are agreed on a case-by-case basis, taking account of effectiveness, proportionality, safety and legal considerations.

Appendix 2 - Reasonable Adjustments: a short guide for customers

How we can support you

At Wheatley, we want everyone to be able to access our homes, services and information as easily and fairly as possible.

Sometimes the way services are usually delivered can make things harder for people with disabilities. Where this happens, the law says we must consider reasonable adjustments to remove or reduce those barriers.

You do not need to understand the law or use particular terms to ask for help.

What is a reasonable adjustment?

A reasonable adjustment is a change to how we provide our services to help remove barriers that make it harder for someone with a disability to access them.

The aim is to make services fairer and easier to access, not to give anyone an unfair advantage.

Who can ask for a reasonable adjustment?

You, or someone authorised on your behalf, can ask for a reasonable adjustment if:

- you have a physical or mental health condition, learning disability or neurodivergent condition, and
- the way we normally deliver services makes things harder for you.

You do **not** need to:

- describe yourself as disabled, or
- provide medical evidence in most cases. Evidence may be requested depending on the cost or risk of the requested adjustment .

If you are unsure whether something counts as a reasonable adjustment, you can still talk to us.

What kind of adjustments can be made?

Adjustments will be different for everyone. Examples may include:

- receiving information in a different format;
- communicating in a way that works better for you;
- having more time to understand or respond to information;
- adjusting appointments or visits where possible; or
- agreeing a consistent way for you to contact us.

These are examples only. We will talk with you about what would help most.

How do I ask for a reasonable adjustment?

You can ask:

- by speaking to any Wheatley staff member;
- by phone, email or in person; or
- through a carer, advocate or representative if you prefer

You can tell us:

- what makes it difficult to access our services; and
- what you think would help remove or reduce that difficulty.

You can ask at any point — not just when something has gone wrong.

What happens next?

We will:

- listen carefully to what you tell us;
- discuss what changes might help;
- consider whether the request is reasonable in the circumstances; and
- explain clearly what we can do, and why.

Not every request will always be agreed but if a change cannot be made we will explain the reasons and look at whether there are other ways we can help.

If an adjustment is agreed, we will record it (with your consent) so staff know how best to support you in future.

Will my information be kept private?

Yes. Any personal information you share will be:

- handled carefully;
- used only to support you; and
- shared only with staff who need to know.

We will explain how your information is used.

What if I am unhappy with a decision?

Asking for a reasonable adjustment is not the same as making a complaint.

If you are unhappy with how your request has been handled, you can:

- ask for the decision to be looked at again; or
- use our Complaints Procedure.

Our commitment to you

We are committed to:

- treating you fairly and with respect;
- listening and responding with empathy;
- working with you to reduce barriers; and
- helping you access our services safely and with confidence

Making homes and lives better means making our services work for everyone.

Loretto Housing

Report

To: Loretto Housing Board

By: Pauline Turnock, Group Director of Finance

Approved by: Steven Henderson, Group Chief Executive

Subject: Finance Report

Date of meeting: 18 May 2026

Purpose:
The purpose of this paper is to provide the Board with: 1) An overview of the Finance Report for the year ended 31 March 2026; 2) Seek the Board's approval to submit the Five Year Financial Projection and Loan Portfolio returns to the Scottish Housing Regulator; and 3) Note the update on the external economic environment.

1. Executive Summary

1.1 Year end results show Loretto delivering a statutory surplus of £3,074k, which is £3,074k unfavourable to budget and largely timing-related. It reflects the early recognition of £2,994k new build grant income in 2024/25 for East Lane, Paisley following completion of the project ahead of schedule. The statutory position is presented after discretionary one-off items in March 2026, including £332k of advance donations to the Foundation and £962k of advanced SHAPS deficit contributions, which improve capacity in 2026/27 and 2027/28.

1.2 On an underlying basis (before the one-off payments), a surplus of £374k, which is £1,073k favourable to budget is reported, driven by strong housing management performance with higher rental income from early completions (East Lane and South Crosshill), improved void performance, and lower operating expenditure and lower interest costs.

1.3 The Five-Year Financial Projections are built from the draft 2025/26 outturn plus five-year projections approved in February and include non-cash year-end adjustments (including estimated valuation movements). Finally, the report summarises the Loan Portfolio Annual Return, confirming at 31 March 2026 Loretto had £91m total borrowings (fixed at 4.45%), with 2,484 units secured and 479 units unencumbered and available to support further debt.

1.4 Since the approval of the financial projections in February 2026, hostilities have escalated in the Middle East. This ongoing conflict presents a risk of sustained higher energy costs, inflation and interest rates through 2026/27 beyond the provisions made within the budget.

1.5 Through the use of prudent budget assumptions we can absorb higher fuel and utility costs within the parameters of the 2026/27 budget. Across the RSLs, we retain a high level of financial resilience with approximately £9m of headroom against the Trading Cash Golden Rule, over £67m of headroom against the interest cover covenant and £260m of headroom against the debt per unit covenant supported by £510m of undrawn debt facilities.

1.6 The duration and severity of the current situation remains unclear, however we will continue to monitor the impact on the business closely with expectations for the full-year financial out-turn refreshed and reported at the end of Q1.

2. Authorising Context

2.1 Under the terms of the Intra-Group Agreement between Loretto and the Wheatley Group and this Board's Terms of Reference, the Loretto Board is responsible for the on-going monitoring of performance against agreed targets, including the performance of its finances.

3. Discussion

Year to 31 March 2026

3.1 The year-end results show a statutory surplus of £3,074k, £3,074k unfavourable to budget for the year to 31 March 2026. The variance is mainly due to the early recognition of £2,994k of new build grant income in 2024/25, primarily relating to East Lane, Paisley, following completion ahead of schedule.

3.2 The statutory surplus is also reported after additional donations of £332k were made in March 2026 to the Foundation and advanced SHAPS deficit contributions of £962k were paid. As this spend is discretionary, it is reported after operating surplus. These advanced payments increase financial capacity in the RSLs in 2026/27 and 2027/28.

3.3 Loretto reports an underlying surplus of £374k, prior to the one off payment of donations and SHAPS deficit contributions, £1,073k favourable to budget.

The variance to budget is driven by strong letting performance, generating higher rental income from early completions at East Lane and South Crosshill, improved void performance, and lower operating expenditure and interest charges.

3.4 Key points to note:

- Total income is £2,766k unfavourable with the strong letting and void performance being offset by new build grant income for East Lane, Paisley recognised in 2024/25 rather than 2025/26.
- Overall operating expenditure is £845k favourable to budget:
  - Total running costs are £252k favourable to budget with several departments across Wheatley Solutions reporting lower spend, and cost savings recognised through efficiencies in property related costs.
  - Revenue repairs and maintenance is £456k lower than budget, with responsive repairs £59k favourable to budget driven by lower average costs per repair in Q4 following controls implemented by the joint working group with CBG and the My Repairs team.
  - Cyclical and compliance repairs are favourable to budget by £281k following a re-profiling of the property cyclical programme and lower than budgeted communal utility costs, water management and M&E planned works.
  - Bad debts are £133k favourable to budget reflecting prudent budget assumptions.

3.5 Net capital expenditure is £743k lower than budget. Investment in our existing homes is £48k higher than budget mainly linked to kitchen and bathroom replacements to meet our tenant commitments, and additional spend on the window and doors projects.

3.6 New build development spend is £6,909k higher than budget due to accelerated spend at Bank St and Forfar Ave and an earlier start date at Dargavel North and Dargavel 3A, with a compensating £7,799k increase of new build grant funding.

Five Year Financial Projections

3.7 The Five Year Financial Projections (FYFP) return is designed by the Scottish Housing Regulator to collect the financial projections and related information of all RSLs in Scotland in a standard format. The information provided is used to calculate several of financial ratios and is used by the SHR as part of its annual review of the financial viability of RSLs and in making decisions on the level of engagement. It is also used to allow developing trends, patterns, and emerging issues to be identified and considered across the sector.

3.8 The return incorporates the draft results for 2025/26, based on the management accounts, and the financial projections for the next five years. It includes Statements of Comprehensive Income, Financial Position and Cashflow together with other key assumptions such as movements in stock numbers and pension costs.

3.9 The five year financial projections reported within the return are based on the 2026/27 Financial Projections approved by the Loretto Board in February.

3.10 The FYFP return includes estimates for non-cash year-end accounting adjustments not included in the management accounts. The reconciling items between the management accounts in Appendix 1 and year 0 of the FYFP return are shown below:

	£000	Note
Loretto P12 Draft Statutory Surplus	**3,074**	
Investment property valuation movement	40	Business plan estimated movements pending final JLL valuations
Social housing property valuation movement	2,685	
Surplus before tax per FYFP return	**5,799**	

3.11 Other regulatory submissions include our long term financial projections, i.e. our 30 year business plan, the first five years of which was presented to the February Board, and the annual accounts which will be presented to the August Board meeting.

Loan Portfolio Annual Return

3.12 We are required to submit our loan facilities and borrowing position, as at 31 March 2026, to the Scottish Housing Regulator. The return contains the information relating to the intragroup funding from Wheatley Funding No. 1 Limited and on the debt position of the RSL as at the financial year end.

3.13 The key information contained within the return is that, as at 31 March 2026:

- Loretto had total borrowings of £91.00m;
- The loan was subject to a fixed rate of 4.45% for the year;
- The value of the 2,484 units secured against the loan is £158.80m (31 March 2025 valuation); and
- 479 units remain unencumbered and available to support further debt.

3.14 As part of the return to the Scottish Housing Regulator, the Chair of the Board and Director/Chief Executive are required to confirm the following:
"I hereby certify for and on behalf of the RSL that the information provided in this return is, to the best of my knowledge and belief, an accurate and fair representation of the affairs of the RSL."

External Economic conditions

3.15 The escalating Middle East conflict is increasing uncertainty in global markets and is expected to put upward pressure on UK inflation and interest rates, largely through higher wholesale oil, gas and fuel prices. The potential impacts include:

- Higher borrowing costs - Our long-term financial projections assume a prudent interest rate of 5%. For 2026/27, the budget assumption is 3.75% in line with the current base rate. Recent commentary from the Bank of England suggests a balanced approach to interest rate increases; however in a scenario where we could see two increases of 0.25% interest costs would increase resulting in an estimated £50k adverse variance to budget in 2026/27. We do have protection from short-term interest rate increases with over 80% of our debt on fixed rates.
- Higher fleet fuel costs - Diesel prices have increased from an average of 145p per litre in 2025/26 to approximately 190p per litre during April 2026, an increase of c31%. If this level were to persist throughout the financial year, we estimate the total increase in the NETS fleet costs managed by WH Glasgow would be c£200k and we may need to revisit the contribution we make towards the fleet costs for NETs which would be reported through our running costs.
- Higher energy prices - The energy price cap is forecast to increase between 10-15% in July, following a reduction of 6.5% in April 2026. The outlook remains uncertain and further increases cannot be ruled out. Utilities are procured through the Scottish Government Framework, which operates on a forward-purchasing basis. As a result, 100% of our 2026/27 energy requirements have already been secured and price-locked at the end of March 2026, mitigating exposure over the next 12 months. For 2027/28, 40% of requirements have also been secured. While there is no current year impact against budget, we will continue to engage with the Scottish Government procurement team and reflect emerging risks for 2027/28 in the next update to our financial projections.

- Increased inflationary pressures in development costs - Further inflation is likely in activities exposed to transport costs and construction materials using oil as a raw material. Wheatley Developments Scotland manage the delivery of the new build programme on our behalf and we are actively engaging with contractors on upcoming tenders and retain the discipline of our internal rate of return (IRR) requirements. Start dates can be deferred if required; while new build development remains a strategic priority, timing variations for new projects are broadly neutral to our overall financial projections.
- Existing development contracts are agreed on a fixed-price basis, mitigating risk to an extent on active sites, however this is dependent on the ability of contractors to absorb cost increases and remain financially able to deliver the project. We engage regularly with all contractors and have a risk-based framework under which we monitor financial standing. We will continue to monitor the situation to gain early sight of any potential concerns and associated mitigation actions that could be taken.
- Cost of living for tenants – higher energy and general inflation will place additional pressure on household budgets. We will continue to monitor and offer targeted support to tenants most affected.

3.16 Overall, while the duration and severity of impacts are uncertain, we will monitor through Q1 and update the full-year outlook accordingly. The RSL Borrower group also retains strong financial resilience/headroom (around £9m against the Trading Cash Golden Rule, £67m+ against interest cover, and substantial liquidity and covenant headroom including £510m undrawn facilities and £260m headroom against debt per unit).

4. Customer Engagement

4.1 This report relates to our financial reporting and therefore there are no direct customer implications arising from this report.

5. Financial and Value for Money implications

5.1 Our cost efficiency targets are built into our budgets and delivery of these is a key element of continuing to demonstrate value for money. Performance is monitored against budget each month.

5.2 We remain compliance with all covenants which are monitored on a consolidated basis against the financial performance of all Wheatley Group RSLs together.

6. Recommendations

6.1 The Board is requested to:

1) Note the Finance Report for the year ended 31 March 2026;
2) Approve Appendix 2 and authorise submission to the Scottish Housing Regulator, delegating to the Group Director of Finance authority to make any factual updates prior to submission;
3) Approve Appendix 3 and authorise submission to the Scottish Housing Regulator, delegating to the Group Director of Finance authority make any factual updates prior to submission; and
4) Note the update on the external economic environment.

LIST OF APPENDICES:

Appendix 1: Period 12 – 31 March 2026 Finance Report
Appendix 2: Five-year Financial Projections Return
Appendix 3: Loan Portfolio Annual Return

7. Legal Regulatory and Equalities Implications

Overall position:	
	No material implications
x	Implications identified and managed
	Material implications requiring Board attention

Applicable Legislation and Regulations:
We are required to submit both the five year financial projections and current loan portfolio to the Scottish Housing Regulator, to enable the Regulator to collect data in a standard format, to be used to calculate several financial ratios. This assists the Regulator to review the financial viability of the RSL and supports their decision on the level of engagement with the RSL.

Current level of compliance:			
x	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
Non compliance with the submission of the returns would result in the RSL being in breach of their requirements.

Legal Compliance Assurance:
No legal compliance risk has been identified.

Legal advice received:			
	Yes	x	No
If yes: specify source, date, and a short summary / copy of the advice.			

8. Risk Assessment

Risk Appetite:
The Board's agreed risk appetite for business planning and budgeting assumptions is "open". This level of risk tolerance is defined as "prepared to invest for reward and minimise the possibility of financial loss by managing the risks to a tolerable level". The Board's agreed risk appetite for compliance with laws and regulation is "cautious". This level of risk tolerance is defined as "limited tolerance".

Relevant strategic risk(s):
Risk 008 Compliance with funders' requirements Risk 016 Laws and Regulation

Relevant assessment and mitigation:
Delivery of financial results within approved budgetary limits is a key element in delivering our strategy and maintaining the confidence of investors. Financial performance monitored monthly and covenant compliance reviewed quarterly by the Group Board, before being submitted externally to funders. Submission of returns to the SHR is key to meeting our obligations under the Regulatory Framework.

Loretto Housing

Year to 31 March 2026

Finance Report 2026/27

Wheatley Group

1a. Operating Statement – Year to 31 March 2026

Loretto Housing

	Year To 31 March 2026		
	Actual £k	Budget £k	Variance £k
INCOME			
Rental Income	18,755	18,652	103
Void Losses	(371)	(422)	51
Net Rental Income	**18,384**	**18,230**	**154**
Grant Income New Build	**6,928**	**9,922**	**(2,994)**
Grant Income Other	**90**	**120**	**(30)**
Other Income	**455**	**351**	**104**
Total Income	**25,857**	**28,623**	**(2,766)**
EXPENDITURE			
Employee Costs - Direct	1,545	1,548	3
Employee Costs - Group Services	1,014	1,015	1
ER / VR	0	0	0
Direct Running Costs	1,852	2,079	227
Running Costs - Group Services	581	606	25
Revenue Repairs and Maintenance	4,513	4,969	456
Bad debts	133	266	133
Depreciation	7,807	7,807	0
TOTAL EXPENDITURE	**17,445**	**18,290**	**845**
OPERATING SURPLUS / (DEFICIT)	**8,412**	**10,333**	**(1,921)**
Net operating margin	*32.5%*	*36.1%*	*-3.6%*
Net Interest Payable	(4,044)	(4,185)	141
Advance Donations to Wheatley Foundation	(332)	0	(332)
Advance SHAPS deficit contribution	(962)	0	(962)
STATUTORY SURPLUS / (DEFICIT)	**3,074**	**6,148**	**(3,074)**

	Year To 31 March 2026		
	Actual £k	Budget £k	Variance £k
INVESTMENT			
Total Capital Investment Income	**9,618**	**1,885**	**7,733**
Investment Programme	4,545	4,497	(48)
New Build Programme	13,446	6,537	(6,909)
Other Capital Expenditure	335	302	(33)
TOTAL CAPITAL EXPENDITURE	**18,326**	**11,336**	**(6,990)**
NET CAPITAL EXPENDITURE	**8,708**	**9,451**	**743**

Key highlights:

The financial results report a statutory surplus for the year of £3,074k, £3,074k unfavourable to budget. The variance is due to lower grant income in the year following the completion of 24 units at East Lane in March 2025 and the unbudgeted advance donation payment to Wheatley Foundation and early payment of SHAPS deficit contributions. Trading performance remained strong with improved letting performance and an overall favourable expenditure position to budget.

- Net rental income is £154k favourable to budget with early completions at East Lane and South Crosshill contributing to the variance. In addition, void losses are 1.98% compared to the budgeted 2.26%.
- Grant income for new build is £2,994k unfavourable due to the early completion of East Lane in March 2025.
- Other Grant Income is £30k unfavourable to budget due to medial adaptation grant awarded being lower than the budgeted amount. This is partly offset with the receipt of unbudgeted grant income from Cycling Scotland to install bike shelter infrastructure.
- Other income reflects higher intra group gift aid from WDS (corresponding costs in new build investment).
- Total running costs (direct and group services) are £252k favourable to budget. Within direct running costs there are cost savings recognised in direct costs, including council tax on voids, office utilities and landlord services and the budgeted donation of £87k to Wheatley Foundation being paid in 2024/25. Group services running costs are £25k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance are £456k favourable to budget. Responsive repairs are £59k favourable due to an overall lower average repair cost compared to budget. Compliance spend is £281k favourable to budget due to savings across various lines, including utilities, water management and M & E planned works in addition to a saving on cyclical of £116k due to the programme being re-profiled.
- An advance donation was made in March 2026 to the Wheatley Foundation of £332k. This will be utilised in future years to provide additional support for our customers. In addition, an advanced payment equivalent to two years of SHAPS deficit payments was made in March 2026 which attracted a discount of £57k.
- Net Interest payable is £141k lower than budget, due to the timing of drawdowns and a reduced interest rate compared to the budget.

Net capital expenditure of £8,708k is £743k lower than budget.

- Capital investment income is £7,733k higher than budget due to the timing of claims for Bank Street, accelerated claims at Forfar Avenue, Dargavel North, and Dargavel 3A due to the earlier than budgeted start.
- Investment programme spend is £48k higher than budget, with higher spend on capitalised repairs, linked to higher completed jobs. Within the core programme, all tenant commitments for the year have been met.
- New build spend is £6,909k higher than budget due to spend at Bank Street, Forfar Avenue which has started onsite ahead of the budgeted date and an earlier start date at Dargavel North and Dargavel 3A, linked to the availability of grant funding, This overspend is partly offset by the timing of spend at South Crosshill where there was accelerated spend in 2024/25.

1b. Underlying surplus – Year to 31 March 2026

Key comments:

- The Operating Statement (Income and Expenditure Account) on page 2 is prepared in accordance with the requirements of accounting standards (Financial Reporting Standard 102 and the social housing Statement of Recommended Practice 2018).
- However, the inclusion of grant income on new build developments creates volatility in the results and does not reflect the underlying cash surplus/deficit on our letting activity.
- The table below therefore shows a measure of underlying surplus which adjusts our net operating surplus by excluding the accounting adjustments for the recognition of grant income, gift aid and depreciation, including capital expenditure on our existing properties.
- At March the underlying surplus of £374k (prior to one off items) is £1,073k favourable to budget. The variance to budget reflects the strong letting performance, generating higher rental income from early completions, improved void performance, lower operating expenditure and interest charges.
- As approved by the Board in December 2025, a portion of the available financial capacity has been used to make advanced donations to Wheatley Foundation and the advance payment of an element of the SHAPS pension deficit payments. This increases financial capacity in the RSLs in 2026/27 and 2027/28. The advanced payments have been managed within the covenants for the RSL Borrowers.

Loretto Underlying Surplus -March 2026	YTD Actual £k	YTD Budget £k	YTD Variance £k
Net operating surplus	8,412	10,333	(1,921)
add back:			
Depreciation	7,807	7,807	0
less:			
Grant income	(6,928)	(9,922)	2,994
WDS gift aid income	(328)	(235)	(93)
Net interest payable	(4,044)	(4,185)	141
Total expenditure on Investment Programme	(4,545)	(4,497)	(48)
Underlying surplus/(deficit)	**374**	**(699)**	**1,073**
Advance Donations to Wheatley Foundation	(332)		
Advance SHAPS deficit contribution	(962)		
Reported underlying deficit	**(920)**		

2a. Repairs & Investment Programme – Year to 31 March 2026

Repairs & Maintenance Expenditure	1 April 2025 - 31 March 2026		
	Actual £k	Budget £k	Variance £k
Responsive Repairs	2,488	2,547	59
Cyclical (local)	3	119	116
Compliance Revenue	2,022	2,303	281
Total	**4,513**	**4,969**	**456**

Investment Programme	1 April 2025 - 31 March 2026		
	Actual £k	Budget £k	Variance £k
Investment Programme Grant Income			
Adaptations	54	120	(66)
Total	**54**	**120**	**(66)**
Investment Programme Expenditure			
Adaptations	61	120	59
Empty Homes	0	0	0
Core programme	3,176	3,135	(41)
Capitalised repairs	443	328	(115)
Capitalised staff	390	383	(7)
Void repairs	475	531	56
Total	**4,545**	**4,497**	**(48)**

Repairs and Maintenance

- Responsive repairs are £59k favourable to budget. In the year 440 more responsive repair jobs have been completed than last year and there is also a reduction in outstanding jobs, (615 at March 2025 to 434 at the end of March 2026). Whilst revenue responsive repairs report a favourable variance, capitalised repairs (see table 2) report an overspend of £115k, linked to additional job completions and higher average costs experienced earlier in the year, noting that a reduction in the average cost per repair was reported in Q4 2026. This reduction has been supported by establishment of a joint working group with CBG and the implementation of additional controls by the MyRepairs team.
- Cyclical repairs are £116k favourable to budget due to a reprofiling of the planned programme.
- Overall revenue compliance costs are £281k favourable to budget, linked to lower than budget spend for communal utilities. Across individual projects variations are reported with the compliance team ensuring legislative timescales are met.

Investment Programme

- Core programme works are £41k unfavourable to budget, linked to overspend on the windows programme due to the installation of non-standard windows at Windsor Crescent, and higher than budgeted costs for kitchen and bathroom replacements in line with tenant commitments. The overspend is partly offset by a saving in environmental works which have been reprofiled due to statutory consents.
- Capitalised repairs are £115k higher than budget, linked to the additional job completions and higher average cost experienced earlier in the year. Capitalised work types include doors, windows, fencing, plasterwork, showers and damp and mould remediation.
- Void repairs report an underspend at P12 of £56k. Whilst the number of voids is higher than budgeted, the average cost per void has been lower in the year (£1,973 per void V £2,476 budget).. Kitchen and bathroom renewals in void properties are included in void repair costs.
- Adaptations spend in the YTD is lower than budget with costs reflecting demand.

2b. New Build Programme – Year to March 2026

Loretto Housing

			Year To March 2026		
	*Status	Contractor	Actual	Budget	Variance
Bank Street	Complete	McTaggart	2,098	1,879	(219)
Carron Rd	Feasibility	McTaggart	26	42	16
Dargavel North	On site	Taylor Wimpey	2,179	42	(2,137)
Dargavel 3A	On site	Dundas	4,155	84	(4,071)
Denny loan head Ph1	Feasibility	Persimmon	2	21	19
Duke St	Feasibility	CCG	292	550	258
East Lane	Complete	JR Group	3	90	87
Forfar Avenue	On site	McTaggart	2,822	1,276	(1,546)
Jackton Green	Feasibility	Avant Homes	0	32	32
Main st Maddiston	Complete	Miller Homes	0	50	50
Polmont Ph1	Feasibility	Cala	0	105	105
South Crosshill	Complete	BWD Trading	857	1,363	506
Prior Year	Complete	-	108	0	(108)
Total Social Rent			**12,542**	**5,534**	**(7,008)**
Land Acquisition	-	-	0	75	75
Capitalised Insurance	-	-	3	11	8
Capitalised Interest	-	-	109	109	0
Capitalised Staff Costs	-	-	792	808	16
Total New Build Investment			**13,446**	**6,537**	**(6,909)**
Grant Income			**9,564**	**1,765**	**7,799**
Net New Build Costs			**3,882**	**4,772**	**890**
Grant Income Completions (Recognised in OPS)			**6,928**	**9,922**	**(2,994)**

New Build Expenditure

Bank Street, Coatbridge (SR17): Site completed in February 2026, one month after budget.

Dargavel North (20SR): s75 project with Taylor Wimpey. Approval received from WDS Board in September 2025. Golden Brick achieved in March 2026 followed by first works payment in the same month, earlier than budgeted, due to grant accelerated to this financial year.

Dargavel Phase 3A (46SR): Dundas Estates acquired the site from the administrators for Stewart Milne. WDS Board approved in January 2025 and contract was concluded at the end of March 2025 with a Golden Brick payment made at that time. Spend is ahead of budget after the payment schedule was revised when £4.1m of additional grant became available. The second Golden Brick payment was made in November 2025. Grant fully claimed.

Duke Street (19SR): Viability difficulties delayed this remediation and conversion project. An alternative delivery route is being progressed through our framework with CCG. Planning application was submitted in September 2025 (outcome awaited), and Building Warrant lodged early December 2025 as targeted. The tender is being finalised. GCC considering project proposal for funding.

East Lane, Paisley (48SR): Site completed in March 2025 ahead of budget.

Forfar Avenue (30 Livingwell): WDS Board approved in November 2023 and grant funding approved in February 2024. Site start was deferred in 2024/25 due to lack of available grant funding. Works started on site in July 2025, earlier than budgeted, after GCC confirmed grant availability in the year. Work progressing per programme.

Polmont Ph 1 (65SR): Progress has been slower than anticipated due to the overall site capacity not yet being agreed between Cala and the Council. As a result, expenditure is lower than budget while the outcome remains pending.

South Crosshill Rd, Bishopbriggs (44SR): s75 project with Barratt Homes. 16 properties were handed over in June and the last 28 units in September 2025 earlier than budgeted. Spend below budget due to higher spend in 2024/25.

3. Balance Sheet

	31 March 2026 £k	31 March 2025 £k
Tangible Fixed Assets		
Housing Properties	176,311	165,861
Other Fixed Assets	1,737	1,664
Investment Properties	1,330	1,330
	179,378	168,855
Current Assets		
Rent and service charge arrears	577	462
less: Provision for rent arrears	(455)	(393)
Prepayments and accrued income	7	0
Intercompany balances	65	281
Other debtors	2,449	1,292
	2,643	1,642
Cash at Bank and in Hand	948	1,332
	3,591	2,974
Short Term Creditors		
Trade creditors	(544)	(132)
Accruals	(1,718)	(1,407)
Deferred income	(3)	(6,156)
Rent and service charges in advance	(1,610)	(1,441)
Intercompany balances	(5,623)	(5,276)
Other creditors	(669)	(631)
	(10,167)	(15,043)
Net Current Assets	(6,576)	(12,069)
Long Term Creditors		
Amounts due after one year	(90,835)	(86,682)
Deferred Income	(10,686)	(1,897)
Pension Liability	(2,773)	(2,773)
Net Assets	**68,508**	**65,434**
Capital and Reserves		
Share Capital	-	-
Revenue Reserve b/fwd	68,207	72,272
Current year surplus/(deficit)	3,074	(4,065)
Pension Reserves	(2,773)	(2,773)
Association's Funds	**68,508**	**65,434**

Key Comments

The balance sheet as at 31 March 2025 reflects the audited position and year end statutory adjustments, including the revaluation of both housing and investment properties and actuarial valuation of the defined benefit pension scheme.

- **Fixed Assets** - Expenditure is capitalised in accordance with our accounting policy.
- **Investment Properties** – Barclay Street Mid-Market Rent properties, leased to Lowther Homes.
- **Current Assets (excluding cash)** – Currents assets are £1,001k higher than the March 2025 position, mainly due to an increase in other debtors, linked to the timing of new build grant claims and receipts.
- **Short Term Creditors –** Amount due are £4,876k lower than the March 2025 position, mainly due to the release of deferred grant income following the completion of developments.
- **Long-Term Creditors** - This includes £91.0m of loans due to Wheatley Funding No 1 Ltd.