

A meeting of the ELHA Board will take place on
**Thursday 20 August 2026 at 7.00pm in the
Hayman Room, Head Office, Haddington**

Please advise staff if you are unable to attend.

External Auditors will be attending

**Karen Barry
Secretary**

B U S I N E S S

GENERAL

1. Apologies
2. Declaration of Interest
3. Minutes of 28 May 2026 – **for approval**
4. Action List – for information
5. Matters Arising
6. Secretary's Report – **for homologation**

PRIORITY ITEMS

7. Annual Procurement Report 2025/26 – **for approval**

PERFORMANCE

8. Key Performance Indicators 2026/27 – for information
9. Care & Repair Quarterly Management Accounts – for information

BUSINESS MANAGEMENT

POLICIES

10. Policy Review Summary – for information
11. ELHA Board Membership Policy Review – **for approval**
12. Acceptable Usage of Generative Artificial Intelligence Policy – **for approval**
13. Domestic Pets Policy – **for approval**
14. Stair Lift Policy – **for approval**
15. Lighting Policy – **for approval**
16. Plant, Equipment and PPE Policy – **for approval**
17. Premises Fitness and Repair Policy – **for approval**
18. Re-Development of Land and Buildings Policy – **for approval**

GOVERNANCE

19. ELHA Board Succession Plan – **for approval**
20. Annual General Meeting: ELHA Board Membership – **for approval**
21. Governing Body Members Code of Conduct Review – **for approval**

ANY OTHER BUSINESS

DATE OF NEXT ELHA BOARD MEETING

AGM: Thursday 24 September 2026 at Maitlandfield House Hotel, Haddington, at 2.30pm
Meeting: Thursday 24 September 2026 at ELHA Head Office at 4.00pm

Action List

Report by Martin Pollhammer, Chief Executive – for information

The table below sets out the required actions agreed at the last meeting of the Board on 28 May 2026, and confirms the actions taken.

Minute Ref	Action Required	Action By	Action Taken
10.	Submit the Annual Return on the Charter (ARC) to the Scottish Housing Regulator	KB	Complete
10.	Explain the discrepancy in stock numbers between the different annual returns	GA	This reconciliation will be included with the stock number in the Long Term Projections Paper to be presented to the September 2026 ELHA Board meeting
12.	Add the Gas Safety & Inspection Policy to the ELHA file structure, elha.com and update the Policy Review Calendar	ES	Complete
13.	Update the Authorisations and Standard Charges / Allowances Policy on the ELHA file structure and elha.com	ES	Complete

Secretary's Report – for information

1.0 Cancellation of Membership

The Association was advised of the death of Mrs Elizabeth Foy of Haddington (Membership Number 20) in July 2026. This Membership has therefore been cancelled.

2.0 Use of Seal for Homologation

No use of the Seal to report.

Secretary's Report – for approval

1.0 Cancellation of Membership

A membership is cancelled if the criteria for cancellation within the Rules is met. These include:

Rule 12.2, if you have:

- *Failed to tell the ELHA of a change of address as set out in Rule 11*
- *Failed to attend or submit apologies for five AGMs*

Cancellations of this nature are reported to the ELHA Board annually in November each year. However, in preparing for the 2026 AGM, it was noticed that one cancellation was not reported to the November 2025 ELHA Board meeting, and this is corrected in this report.

The following Membership has been cancelled as the Member has failed to attend or submit apologies for five AGMs:

- Membership No 97 – Mrs Catherine Jess

Recommendation

The ELHA Board is asked to approve the cancellation of the Memberships noted above.

Annual Procurement Report

Report by Gary Alison, Director of Finance & Digital Services – for approval

1.0 Background

Where an organisation is required to prepare a Procurement Strategy, or reviewing an existing one, it must also publish an Annual Procurement Report on its regulated procurements as soon as reasonably practicable after the end of the financial year.

2.0 Annual Procurement Report

ELHA's Annual Procurement Report Document is attached to this report.

The structure of the Procurement Report is based on guidance document from the Scottish Government's "Procurement Journey" website.

The Annual Report must address all the matters contained within an organisation's Procurement Strategy. This is covered off in Section 3.0 of the Report. Progress was made against all the actions within the Procurement Strategy Action Plan. Some of the actions have continued into 2026/27 as they are ongoing actions. The Key Performance Indicators set to measure progression against the Strategy were achieved in the year.

Publication of this Annual Report is to be in a way the organisation considers appropriate, but must include publication on the internet. Once approved, ELHA's report will be published within the Guide to Information section on elha.com.

3.0 Risk & Audit Committee

The terms of reference for the Risk & Audit Committee include a review the Contracts and Procurement Register annually. Considering that the Annual Procurement Report includes a review of this register, the Annual Procurement Report was presented to the Committee at its meeting on 11 August 2026, and the Committee approved this report for presentation to the ELHA Board at this meeting.

4.0 Previous Reports to ELHA Board

Previous reports relevant to this topic are as follows:

Report	Agenda Item	Date
Procurement Strategy	4.5	24 August 2023

Recommendation

The ELHA Board is asked to approve the Annual Procurement Report.

Date Issued	August 2026
Department	Corporate
Title	Annual Procurement Report 2025/26
Objective	To give an overview of the Associations procurement activity for the 2025/26 financial year and progress against the Procurement & Value for Money Strategy.
Responsible	Director of Finance & Digital Services
Next Review Date	August 2027

1.0 Introduction

- 1.1. The purpose of this report is to enable East Lothian Housing Association (ELHA) to comply with its obligations under the Procurement Reform (Scotland) Act 2014, Section 18(1) to prepare and publish an annual procurement report on its regulated procurement activities.
- 1.2. The Procurement Reform (Scotland) Act 2014 requires any public organisation which has an estimated annual regulated spend of £5 million or more (excluding VAT) to develop and review a Procurement Strategy annually before the start of the next financial year. In addition to the mandatory strategy, to meet regulatory requirements the organisation must also prepare and publish an annual procurement report disclosing how its procurement activity has complied with its published strategy.
- 1.3. Regulated procurement is any procurement for public goods/supplies or services with a value of over £50,000 or any procurement for works with a value of over £2million.
- 1.4. ELHA's regulated spend has not exceeded the £5m threshold in 2025/26. The ELHA Board are however committed to continuing to retain the Procurement Strategy and accompanying Annual Procurement Report to ensure procurement capability is reviewed and continually improved.
- 1.5. The guidance and template issued by the Scottish Government to report on our performance has been used.
- 1.6. This report covers the 2025/26 financial year, which ended on the 31 March 2026.

1.7. In compliance with Section 18(2) of the Act, this report will include:

- Summary of Regulated Procurements Completed
- Review of Regulated Procurement Compliance
- Community Benefit Summary
- Supported Businesses
- Future Regulated Procurements Summary

1.8. Between 1 April 2025 and 31 March 2026, there were two regulated procurement contracts awarded, and two contracts extended.

2.0 Summary of Regulated Procurements Completed

2.1. Compliant procurement is fundamental to ELHA's achievement of the strategic objective for delivering value for money and applying the general duties of fair and equal treatment as well as transparency and proportionality.

2.2. In total there are five live contracts (as at August 2026) listed in the Associations regulated contract register; two of these contracts was awarded in 2025/26.

2.3. The full list of regulated procurement contracts used by the Association throughout 2025/26 can be found in **Appendix 1**. Three of these contracts have been issued prior to 2025/26 financial year, with two of these extended during 2025/26.

2.4. The Regulated Contract Register is updated as and when required on Public Contracts Scotland and publicised on the Association's website under the guide to information section below;

<https://www.elha.com/page/guide-to-information>

3.0 Review of Regulated Procurement Compliance

3.1. ELHA believe that making the most of every pound of our money we spend is vital to ensure we can maintain affordable rents. That is why we aim, where possible, to self-deliver goods and services within ELHA. However, we recognise this is not always possible and we will be required to procure goods and services. The Procurement Strategy supports the Association by delivering best-in-class procurement outcomes which are customer focused whilst achieving value for money, innovation and delivering sustainable social value.

3.2. A Procurement & Value for Money Strategy was created for the first time in August 2023, reflecting the Associations increase in regulated spend due to its ongoing development programme. This has subsequently been updated in March 2026.

3.3. The strategies key four ambitions remain the same, being:

1. All spend that can be positively influenced by procurement activity has a corresponding contract.
2. All procurement activity complies with statutory and regulatory requirements and is supported by a detailed technical specification of our purchasing requirements.
3. All relevant contracts are arranged to include sustainable procurement requirements.
4. All staff trained to be able to carry out a regulated procurement activity.

3.4. Progress against the four ambitions is summarised in the table below to show the actions completed, evidence of delivery and areas carried forward into 2026/27.

Summarised Ambition	2025/26 progress	Evidence and next steps
1. Contract coverage for influenceable spend	Monthly supplier spend reports were created covering all areas of spend. Where annual spend exceeded £2k, the contract owner was identified and asked to confirm or update contract details. Contract documents were consolidated in the Contracts, Licences and Agreements folder and all regulated contracts were held there.	94% of expenditure was covered by contracts against a 91% target. Supplier meetings and KPI monitoring are in place, with improved documentation of meetings and a contract risk register carried forward into 2026/27. In addition reporting on percentage of invoices paid on time will be put in place.
2. Compliance with statutory and regulatory requirements	Existing contracts were reviewed for compliance. R3 Repairs remained the main area of spend and continues to operate under Teckal arrangements.	No known regulated procurements were identified as non-compliant with the Strategy. Gas servicing spend will continue to be monitored as a potential regulated contract area.

Summarised Ambition	2025/26 progress	Evidence and next steps
	New build development spend was reviewed, including s75 and off-the-shelf acquisitions, and no evidence was identified that these should be published on Public Contracts Scotland.	
3. Sustainable procurement requirements	Sustainable procurement considerations were reviewed as part of contract planning. No specific actions had been identified in the original action plan.	Quantifying the percentage of expenditure with local suppliers, micro, small and medium enterprises and the third sector business in 2026/27 will help understand the base line position at which to then target areas of improvement.
4. Staff capability and procurement responsibility	R3 job descriptions were updated to include procurement responsibility relevant to each role.	Following an extensive training programme, all staff are now deemed to be suitably skilled for their job role. All job descriptions have procurement included within them. There are no planned actions in 2026/27 for this ambition.

- 3.5. To assess progression against the Procurement Strategy, KPIs were created as per the table below. Actual performance against these in 2025/26 is noted in the table.

Performance Indicator Name	Target	Actual
Percentage of ELHA expenditure covered by contracts	91%	94%
Number of ELHA collaborative opportunities explored as a percentage of all regulated contracts tendered	100%	0%
Regulated contracted ELHA suppliers paying the living wage	100%	100%

- 3.6. The number of ELHA collaborative opportunities explored as a percentage of all regulated contracts tendered was not met as the two contracts tendered were not able to support this.
- 3.7. There were no known regulated procurements that did not comply with the Associations strategy.

4.0 Community Benefit Summary

- 4.1. There are no community benefit clauses currently inserted into ELHA's regulated contracts. The value and nature of these contracts has not required ELHA to include community benefit clauses. However, community benefit opportunities will be considered at the planning stage for future regulated procurements where they are relevant and proportionate. This may include employment and training opportunities, work placements, community donations, volunteering, local supply chain opportunities, or environmental improvements linked to the contract.

Area	How ELHA will consider this
Community benefits	Assess whether benefits are relevant to the contract and proportionate to its value, duration and subject matter
SME and third sector access	Use proportionate requirements, clear specifications and early market engagement where appropriate to make opportunities more accessible
Environmental impact	Consider waste reduction, lower-emission delivery models, reuse of materials, reduced travel, energy efficiency and whole-life cost where relevant

5.0 Supported Businesses Summary

- 5.1. The Act includes a new classification for supported business: "an economic operator whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the economic operator are disabled or disadvantaged".
- 5.2. Our regulated contract activity for the last financial year did not provide us with an opportunity to utilise the goods or services from supported businesses.
- 5.3. We do however make use of supported businesses for our non-regulated procurement activities.

6.0 Future Regulated Procurements Summary

- 6.1. The Act States that all estimated regulated procurement over the next two years should be disclosed by the Association. **Appendix 2** provides this summary and there are two contracts due to be tendered.

- 6.2. The two contracts and two relet (replacement tender process) contracts.

7.0 Summary

- 7.1. East Lothian Housing Association is measuring performance against the four ambitions defined in our Procurement & Value for Money Strategy. Progress was made against all the actions within the action plan and some of the actions will continue into 2026/27 as they are ongoing actions. The KPI's set to measure progression against the strategy were achieved in the year.
- 7.2. Customers will continue be consulted, where applicable, on the tendering outcomes to ensure we are procuring the goods and services they expect.
- 7.3. Once a tender is advertised, supporting suppliers to engage with the Association through the legislation is key to the success of our procurement programme. This includes taking time at the outset of each tender to consider not just the financial impact but also the added value that the contract can deliver, including the economic, social and environmental benefits. This is reflected in our strategy.

Appendix 1 – Regulated Procurement Register – 2025/26

Date of Award	Contractor	Works / Goods / Services	Estimated Value (including VAT where applicable)	Start Date	End Date
24/02/2023	Marsh Ltd	Insurance Services (3 + 2 years)	£934,040	31/03/2023	31/03/2028
31/08/2022	Alexander Sloan	External Audit Services (3 + 2 years)	£125,000	30/09/2022	30/09/2027
08/01/2025	Designer Software Ltd	Housing Management System	£280,000	20/12/2024	20/12/2029
12/09/2025	LIMA	Managed IT Services (3 + 1 Year)	£333,400	12/09/2025	12/09/2028
01/04/2026	Flexi Clean group Ltd	Stair Cleaning Contract	£21,599	01/04/2026	01/04/2029

Appendix 2 – Future Regulated Procurement Summary 2026/27 & 2027/28

Contract Title	Contract Description	New, Ext or Re-Let	Estimated Value	Est Publication Date	Est Start Date	Contract Duration
Insurance Services	The provision of non-life insurance services.	Re-Let	£1,100,000	Jan-28	Mar-28	3 + 2 Years
External Audit Services	External Audit Services.	Re-Let	£125,000	May-27	Sep-27	3 + 2 Years

Key Performance Indicators 2026/27

Report by Martin Pollhammer, Chief Executive – for Information

1.0 Introduction

The Association's Key Performance Indicators (KPI's) for the first quarter of 2026/27 are attached as **Appendix 1** to this report.

2.0 ELHA Performance

This report normally provides information by exception, where targets have not been achieved during the year.

The Association has missed the following targets:

2.1 Unit Reactive Maintenance Costs

Unit Reactive and Void Maintenance Costs are above budget at £1,497 compared to a budget of £949. The reasons for this overspend are detailed in the ELHA Management Accounts and are not of significant concern.

2.2 Percentage of Eligible Tenants Signed up to Housing Perks

Housing Perks has been a successful addition to the Key Tenant Scheme benefits, and over a fairly short period of time has resulted in 51% of eligible tenants signing up. Movement in these figures is slow with only one or two tenants signing up each week. Work to maximise uptake of these discounts continues at every opportunity, and the new development handovers later in the year should help to boost figures towards the 56% target.

2.3 Gold & Platinum Key Tenants

Changes to the qualification criteria and automating the Key Tenant Scheme brought about some fluctuation in the figures during 2025/26.

During Quarter 4, the level of Gold Key Tenants had reduced significantly to 5% and have now risen slightly to 7% in the first quarter of this year. Meanwhile, Platinum Key Tenants have further increased to 38% this quarter.

For the time being, the Key Tenant Scheme is being kept under review before any further changes are made.

2.4 Percentage of Tenants with an Active Rent Collector Account

At the end of the first quarter 47% of tenants had an active Rent Collector account against a target of 51%.

Staff continue to work closely with interested tenants when they request support with Rent Collector, including home visits, and it is anticipated that the percentage will increase throughout the year as new homes are handed over.

2.5 Percentage of Tenants Using Their My Home Account

Following the move to HomeMaster, the way My Home accounts are handled changed slightly, and joint tenants can now have their own individual log ins for both My Home and Rent Collector. During the move, several tenants opted not to activate their My Home log in, resulting in a decrease in the percentage of My Home accounts.

This was expected to bounce back quickly but has remained steady in this first quarter. It has been identified that a number of joint tenants are not prepared to activate their My Home account and become paper-free. Work is currently ongoing to encourage these joint tenants to activate their My Home account, who will otherwise lose their Key Tenant Discount in the next quarter.

2.6 ELHA Board Attendance

This was below target for Quarter One (55% against a target of 75%) over the one meeting held in this period. This was due to only six (of eleven) Board Members attending the May 2026 meeting, and apologies being received from the other five Board Members.

The Year-to-Date (YTD) figure is also below target (at 55%) as there has only been the one meeting so far in the current financial year.

Performance Indicator	Quarterly Target	Q1	Q2	Q3	Q4	2026/27 Target	2025/26 Actual	Year to Date	Status
Rental Income									
Non-technical arrears as % of rental income	2.1%	2.07%				2.1%	1.93%	2.07%	😊
Bad debts written off as % rental income	1.50%	0.52%				1.5%	0.26%		😊
Voids as % of rental income	0.75%	0.14%				0.75%	0.43%	0.14%	😊
Finance / Treasury									
Interest cover (loan covenants)	140%	353%				>110%	320%	353%	😊
Gearing (loan covenants FRS102 definition)	<37%	21%				<37%	22%	21%	😊
Maximum borrowing per unit	<£26,000	£16,891				<£26,000	£17k	£16,891	😊
Minimum cash balance held	>£500k	£2,076k				>£500k	£2.3m	£2,076k	😊
Cash as a % of net cash outflows for next two quarters	100%	10612%				100%	£539%	10612%	😊
Unit management costs	£2,453	£2,216				£2,453	£2,159	£2,216	😊
Unit reactive maintenance costs	£949	£1,497				£949	£781	£1,497	😞
Asset Management									
Stock condition inspections completed - 20% of Total stock per year	cumulative	0%				100%	100%	0%	😊
Gas services completed within timescale	cumulative	100%				100%	100%	100%	😊
Electrical services completed within timescale	cumulative	100%				100%	100%	100%	😊
Average length of time taken to complete emergency repairs	<2 hours	1.29				<2 hours	01:19:53	1.29	😊
Average length of time taken to complete non-emergency repairs	< 6 days	4.80				< 6 days	3.76 days	4.80	😊
Repairs completed right first time	85%	99%				85%	98%	99%	😊
Repair appointments kept	93%	100%				93%	97%	100%	😊
Housing & Customer Services									
Properties allocated after three or more refusals	0	0				0	0	0	😊
Number of evictions carried out	0	0				0	2	0	😊
Percentage of Eligible Tenants Signed up to Housing Perks	56%	51%				50%	51%	51%	😊
Average time to respond to Stage 1 complaints	3 days	3 days				3 days	2.02 days	3 days	😊
Number of Stage 1 response extensions required	0	0				0	0	0.00	😊
Average time to respond to Stage 2 complaints (days)	12 days	12 days				12 days	10.25 days	12 days	😊
Bronze Key Tenants	<20%	16%				<20%	15%	16%	😊
Gold Key Tenants	15%	7%				15%	5%	7%	😊
Platinum Key Tenants	30%	38%				30%	37%	38%	😊
% of tenants using their My Home account	92%	89%				92%	89%	89%	😊
% of tenants paper-free	89%	89%				89%	88%	89%	😊
% of tenants with an active Rent Collector account	50%	47%				50%	49%	47%	😊
Governance & HR									
Number of accidents reportable to HSE	0	0				0	0	0	😊
% working days lost through long term sick leave	5%	0%				5%	0%	0%	😊
% working days lost through short term sick leave	2%	1.62%				2%	1.9%	1.62%	😊
ELHA Board attendance	75%	55%				75%	71%	55%	😞
Risk & Audit Committee attendance	67%	71%				67%	77%	71%	😊
Governance Committee attendance	67%	75%				67%	67%	75%	😊
Digital & Technology									
Network Availability	99%	100%				99%	100%	100%	😊

😊 Performance Excellent 😊 Performance Satisfactory 😞 Performance Poor

Care & Repair Quarter One Management Accounts

Report by Gary Alison, Director of Finance & Digital Services – for Information

1.0 Introduction

The Care & Repair Income and Expenditure Account for the period to 30 June 2026 shows income £1k below budget and total expenditure £0.8k below budget, resulting in a net deficit of £0.3k.

The year end deficit is now forecast to be £1k higher than budget. The main reasons for this variance are outlined below.

1.1 Medical Adaptions Admin Fees - £4.7k

The budgeted administration fee income of £4.5k was based on ELHA receiving a similar level of grant funding for its Aids & Adaptations Programme as in previous years.

For 2026/27, a grant of £92k has been awarded for medical adaptations. As 10% of the grant is retained as an administration fee, the income forecast for the year has been revised accordingly.

1.2 Salaries, Employer's NI, Employer Pension Contributions – (£5.8k),

Actual salaries, employer costs and pension contributions were in line with expectations during Quarter One and are forecast to remain so for the remainder of the year. The variance arises from the budget position, which was understated during the annual budget setting process.

2.0 Income and Expenditure Account

		Actual to 30/06/2026 £	Budget to 30/06/2026 £	Variance to 30/06/2026 £	Projected outturn for the year £	Budget for the year £	Projected variance for the year £
INCOME:-	Notes						
ELC		49,081	49,081	(0)	196,325	196,325	-
Medical Adaptations Administration Fees	1.1	50	1,115	(1,065)	9,200	4,460	4,740
TOTAL INCOME		49,131	50,196	(1,065)	205,525	200,785	4,740
EXPENDITURE:-							
DIRECT COSTS:-							
Salaries	1.2	21,213	20,104	(1,109)	84,852	80,415	(4,437)
Employers N I	1.2	3,010	2,942	(68)	12,038	11,768	(270)
Employers pension contributions	1.2	5,363	5,103	(260)	21,452	20,411	(1,041)
EV Costs		1,644	1,644	0	6,576	6,576	-
Other staff costs and training		210	416	206	1,662	1,662	-
TOTAL DIRECT STAFF		31,439	30,208	(1,231)	126,581	120,833	(5,748)
INDIRECT COSTS:-							
ADMIN & MGMT SERVICES		6,302	6,302	-	25,207	25,207	-
TRAVEL/SUBSISTENCE							
Essential car user allowance		1,795	1,795	0	7,180	7,180	-
Travel/Subsistence		101	444	344	1,777	1,777	-
TOTAL TRAVEL/SUBSIST		1,896	2,239	344	8,957	8,957	-
OFFICE OVERHEADS							
Office Premises Overhead		2,288	2,494	206	9,976	9,976	-
Office Equipment Overhead		292	387	95	1,547	1,547	-
Office Administration Overhead		402	512	110	2,049	2,049	-
Computer/IT Systems Overhead		5,202	5,383	181	21,531	21,531	-
Corporate Costs(inc audit)		2,236	3,314	1,079	13,258	13,258	-
TOTAL INDIRECT O/HEADS		10,420	12,090	1,671	48,361	48,361	-
TOTAL EXPENDITURE		50,056	50,839	783	209,106	203,357	(5,748)
DEFICIT		(925)	(643)	(282)	(3,581)	(2,572)	(1,008)

Policy Review Summary

Report by Martin Pollhammer, Chief Executive – for information

The table below sets out policies reviewed by the Senior Management where they have Delegated Authority to undertake the review, since the last ELHA Board meeting.

Policy Title	Reviewed By	Where the revised policy is available	SMT Delegated Approval
Tenancy Management	Karen Barry	elha.com	Minor Changes
Recruitment Policy	Martin Pollhammer	elha.com	Minor changes, discussed and agreed with JCC
Staff Code of Conduct	Martin Pollhammer	ELHA Board area of elha.com	Minor changes, discussed and agreed with JCC
Smoke Free Policy	Martin Pollhammer	elha.com	Minor changes, discussed and agreed with JCC
Procurement & Value for Money	Gary Alison	elha.com	Minor Changes

ELHA Board Membership Policy Review

Report by Martin Pollhammer, Chief Executive – for Approval

1.0 Introduction

The ELHA Board Membership Policy is due for its periodic review. Given the nature of the policy, all amendments, including minor ones, require ELHA Board approval.

2.0 Summary of Proposed Changes

The term “Management Committee” has been updated to “ELHA Board” throughout the attached **Policy Document**. As all changes are tracked, the number of these changes make it appear as though significant amendments are being made, but almost all changes relate to this update.

Two other minor updates are proposed as follows:

- At Section 2.2, rather than presenting on Succession Planning at each ELHA Board Away Day, the Chair will present an update to the ELHA Board Succession Plan annually
- At Section 2.3, the Governance Committee now oversees ELHA Board recruitment as part of its remit

Recommendation

The ELHA Board is asked to approve the revised ELHA Board Membership Policy.

ELHA POLICY

Date Issued	5 May 2006
Last Reviewed	August 2026
Department	Corporate
Title	ELHA Board Membership
Objective	To describe the requirements and arrangements for recruiting to the Membership of the ELHA BoardELHA Board
Responsible	Chief Executive
Next Review Date	August 2031

1.0 Introduction

1.1 ELHA Board Role

The ELHA Board is responsible for the effective and efficient management of our business, in accordance with the law and the standards set out in our Rules, policies and procedures and The Scottish Housing Regulator's Governance Standards.

This policy should be read in conjunction with our Rules and Code of Conduct for Governing Body Members

The ELHA Board is responsible for policy making, and for the process of implementation, monitoring and review of policies (see Code of Conduct for Governing Body Members).

1.2 ELHA Board Membership

The ELHA Board will endeavour to ensure that its membership consists of people who have a general empathy with our aims and objectives, reflect a balance of community interests, and have the ability as part of a team to ensure the effective and efficient management of our business.

1.3 ELHA Board's Responsibilities

The ELHA Board is responsible for the mentoring and support of existing ELHA Board Members, recruitment and induction of new ELHA Board Members, ensuring that the ELHA Board has the correct mix of skills and experience it requires, and to develop the ELHA Board Away Day agenda.

In practice the ELHA Board may delegate some of these tasks to the Chair or to staff, but it will review its governance responsibilities at each ELHA Board Away Day, as well as approving an annual Training Plan for ELHA Board members.

2.0 Membership Procedures**2.1 ELHA Board Structure**

The ELHA Board consists of up to 15 Members, of whom up to no more than one third be co-opted Members. The ELHA Board aims to maintain a membership of between 10 and 12 at any one time, but will recruit additional members above this level as part of planned succession.

2.2 Review of ELHA Board Composition

To ensure that the ELHA Board consists of people with the interest and ability to manage our business efficiently and effectively, the Chair will review ELHA Board membership as follows:

- Annually, as part of the annual update to the ELHA Board Succession Plan, the Chair reviews the ELHA Board's skills in order to identify the skills, expertise and representation we require to recruit onto the ELHA Board, and reports to the ELHA Board on their findings
- From time to time, if vacancies arise during the year, or when issues arise which identify an area of expertise required

2.3 Method of Recruitment

The ELHA Board is responsible for the recruitment of new ELHA Board Members. Normally this will involve an open recruitment process overseen by the Governance Committee.

In addition, ELHA Board Members may be recruited by invitation by the existing ELHA Board, or via a direct note of interest to the ELHA Board, under one of the following headings:

- to fill a Casual Vacancy under Rule 41, whereby a Member may be invited to join the ELHA Board for the period remaining up to the next AGM, at which time they require to stand down, but may stand for election to the Committee in their own right
- as a co-opted Member under Rule 42.1, whereby an Association Member or a non-Member may be invited to join the ELHA Board on the basis of particular skills or expertise that the ELHA Board wishes to secure, for any period up to the next AGM

The Association Members must approve any nominations to join the ELHA Board at the AGM. This approval is by a majority of the Members present or voting by proxy.

Anyone interested in joining the ELHA Board will be directed to background information on elha.com.

2.4 Eligibility for the ELHA Board

A Member of the ELHA Board must be 18 years of age or over unless co-opted or appointed by the Scottish Housing Regulator.

2.5 Credentials for ELHA Board Membership

We will seek to encourage those in the community who support our aims and objectives, and who have the ability to contribute to the effective management of our business, to join the ELHA Board.

The ELHA Board will seek to clarify with potential Members or Co-optees:

- Their degree of interest in, or reasons for wishing to join, the ELHA Board
- What is required of them as an ELHA Board Member, for example, conduct, commitment, responsibility and so on, as set out in the Code of Conduct for Governing Body Members
- Their agreement to appropriate induction training as a new ELHA Board Member, and to ongoing training

These points will be set out in the nomination papers issued prior to the AGM, and discussed with those who have expressed an interest, or who may be invited onto the ELHA Board during the year.

2.6 Skills, Expertise and Interests Sought by the ELHA Board

The ELHA Board will endeavour to ensure that its membership is representative of a range of persons from the community who can contribute to the effective running of the Association.

The range of skills, which may be required, may include housing experience, community and/or special needs interests, finance, business and/or human resource management expertise, building and/or technical knowledge, legal experience, health & safety expertise. This list is not exhaustive but is illustrative of the range of skills the ELHA Board seek from time to time.

2.7 ELHA Board Members' Responsibilities

Following their election or appointment, each new ELHA Board Member will be bound by the Code of Conduct for Governing Body Members.

2.8 Attendance

The Executive Support Officer will maintain a register of ELHA Board Members' attendance at Management and Sub-Committee meetings. Attendance will be discussed at each ELHA Board Member's Annual Review meeting.

2.9 Training

ELHA Board Members will be required to attend appropriate induction training and thereafter to attend ongoing training, as required and in accordance with the ELHA Board Training Policy and Annual Training Plan, to ensure so far as possible that they are equipped to fulfil their responsibilities in accordance with all current law, statutory regulations, central guidance and good practice.

2.10 Removal of a ELHA Board Member

Under Rule 44.5, the ELHA Board may remove an ELHA Board Member from office by a resolution approved by the majority of the remaining ELHA Board Members voting in favour of this at a special meeting convened for this purpose. The vote to ask a ELHA Board Member to leave the ELHA Board must relate to one of the following:

- Failure to perform to the published standards laid out by the SFHA and The Scottish Housing Regulator adopted and operated by the Association
- Failure to sign or comply with The Code of Conduct for Governing Body Members
- A breach of the Association's Rules or Standing Orders

The Association will endeavour to provide adequate guidelines and training to ELHA Board Members to ensure an acceptable level of performance in the carrying out of their duties and responsibilities.

2.11 Ineligibility for, and Vacating of, ELHA Board Membership

In accordance with Rule 43, a potential member cannot join the ELHA Board nor a Member remain on the ELHA Board or stand for re-election if they:

- Have been adjudged bankrupt, has granted a trust deed for or entered into an arrangement with creditors or their estate has been sequestrated and has not been discharged
- Are or will be unable to attend ELHA Board Meetings for a period of 12 months
- Have been convicted of an offence involving dishonesty which is not spent by virtue of the Rehabilitation of Offenders Act 1974 or an offence under the Charities and Trustee Investment (Scotland) Act 2005
- Are party to any legal proceedings in any Court of Law by or against the Association
- Have been removed from the ELHA Board of another Registered Social Landlord within the previous five years
- Have resigned from the ELHA Board in the previous five years in circumstances where their resignation was submitted after the date of their receipt of notice of a special ELHA Board meeting convened to consider a resolution for their removal from the ELHA Board in terms of Rule 44.5
- Have been removed from the ELHA Board in terms of Rules 44.4 or 44.5 within the previous five years
- Have been removed or suspended from a position of management or control of a charity under the provisions of the Law Reform (Miscellaneous

Provisions) (Scotland) Act 1990 or the Charities and Trustee Investment (Scotland) Act 2005

- Have been removed from the office of Charity Trustee or Trustee for a Charity by an Order made by the Charity Commissioners for England and Wales or by Her Majesty's High Court of Justice in England on the grounds of any misconduct in the administration of the charity for which they were responsible or to which they were privy, or which their conduct contributed to or facilitated
- Have a disqualification order or a disqualification undertaking has been made against them under the Company Directors' Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002 (which relate to the power of a Court to prevent someone from being a director, liquidator or administrator of a company or a receiver or manager of company property or being involved in the promotion, formation or management of a company)
- At an Annual General Meeting, they have served as a ELHA Board Member for a continuous period in excess of nine years and the ELHA Board has not resolved to permit them to stand again or otherwise be nominated for re-election
- Are the spouse, partner, child (including adopted child or step child), parent, parent-in-law, grandparent, grandchild, or sibling of an ELHA Board Member or a Governing Body Member of any other organisation in the Group

A member of the ELHA Board's membership will also end if they:

- Resign their position in writing
- Cease to be a member unless they are a co-optee in terms of rule 42.1 or an appointee of The Scottish Housing Regulator
- Miss four ELHA Board meetings in a row without special leave of absence previously granted by the ELHA Board either at their request or by exercise of the ELHA Board's discretion
- The majority of members voting at a General Meeting decide this
- Becomes ineligible as a ELHA Board Member in terms of Rule 43
- Are a Co-optee whose period of office is ended in accordance with Rules 39.1 or 42.2
- Are a ELHA Board Member retiring in accordance with Rule 39.1

2.12 Members Interest

Under Rule 38.2, if anyone serving on the ELHA Board has any Conflict of Interest in any contract or other matter about to be discussed at a meeting, they must tell the ELHA Board. They will usually be required to leave the meeting while the matter is discussed unless the ELHA Board agree that in the circumstances it is appropriate for them to remain, but they will not be allowed to vote on the matter or to stay in the meeting while any vote on the matter is being held. If they are inadvertently allowed to stay in the meeting and vote on the matter, their vote will not be counted.

3.0 Monitoring and Review

- 3.1 The Chief Executive is responsible for ensuring that this policy is followed by all ELHA Board Members and staff.
- 3.2 The Chief Executive will ensure that this policy is reviewed at least every five years.

Acceptable Usage of Generative AI in the Workplace Policy

Report by Martin Pollhammer, Chief Executive – for Approval

1.0 Introduction

ELHA has been an early adopter of AI within the housing sector, and the Wyser ASSIST product that the Association helped to develop is working well. Staff are already making widespread use of AI in their personal lives, and many staff have been keen to explore how they can make further use of AI in the workplace.

At the same time, tenants and other service users are now regularly using AI to help create letters, documents and complaints to send to the Association. This is resulting in long and complex requests for staff members which can be quickly summarised using AI. Bringing forward wider use of AI within ELHA is seen as a key tool to help the new Customer Services Team embed within the Association, but it should assist almost all staff within the organisation in their day to day role.

What is critical for the Association is that AI is used responsibly within the Association. ELHA has licences for Microsoft Co-pilot and can use this within ELHA's secure environment. A draft policy was created based on a model document recently published by the Scottish Federation of Housing Associations (SFHA). The **Policy Document**, attached to this report, is now presented to the ELHA Board for formal adoption.

Staff have been working to the draft policy across Summer 2026 to ensure it is fit for purpose in practice. The approach has been very well received, and controls seem to be appropriate. Training has been given to all staff, and supporting materials (such as a one-page quick guide to the Policy and further written guidance on how to use AI to support common work tasks) have also been issued.

2.0 Embedding AI Use within ELHA

The attached Policy Document makes it clear that only Co-pilot should be used within ELHA systems, and that no other tools (such as Chat GPT, Gemini or Claude) should be used. The Policy also sets out various safeguards around the use of data.

AI use within ELHA is not new though, and in general terms staff seem keen to embrace the new approach. Staff remain solely responsible for the quality of their work, and this appears to be well understood.

However, given the above, it is proposed that this Policy be reviewed initially after one year, with any changes being presented to the ELHA Board. Beyond that it is anticipated that reviews will move to the normal cycle.

Recommendation

The Board is asked to approve the Acceptable Usage of Generative AI Policy, subject to an initial review in one year.

Date Issued	June 2026
Department	Data & Technology
Title	Acceptable Usage of Generative Artificial Intelligence (Gen AI) Policy
Responsible	Director of Finance & Digital Services
Last Review Date	n/a
Next Review Date	June 2027

1.0 Introduction

1.1 Purpose

This policy outlines the acceptable use of Generative Artificial Intelligence (Gen AI) technologies within ELHA.

It aims to ensure responsible, ethical, and secure use of Generative AI tools to support operational efficiency, innovation, sustainability, and service delivery.

1.2 What Is Gen AI?

Gen AI is currently the main type of artificial intelligence that most people in both work and home settings are using (or considering using) to create new content such as text, images, code, and music based on user prompts. It learns from vast datasets and uses that information to generate specific outputs, ranging from answering questions and summarising information, to creating art and writing stories. Its benefits include increased productivity, creative support, and the ability to automate repetitive tasks, freeing up time for higher-value work.

However, its outputs may not always be accurate and can contain biases arising from the training data used, so it's crucial to review generated content critically to ensure fair and representative content is used.

2.0 Scope

This policy applies to all the following people who use Gen AI tools in the course of their work:

- Employees

- Contractors
- Consultants
- Temporary staff
- Board

3.0 Our Generative AI Position Statement

The below details the Generative Artificial Intelligence position statement for ELHA. This statement defines our responsible, ethical, transparent, and strategic principles, that guide our organisational adoption, governance, and use of Generative AI.

3.1 Position Statement

We embrace generative AI to enhance operational efficiency and tenant services, balancing innovation with robust risk management. Gen AI tools will be deployed for communications, data analysis, and process automation, subject to ongoing review and human oversight. Our approach encourages responsible experimentation while maintaining compliance, transparency, and ethical standards across all activities

4.0 Approved Tools

This policy governs Gen AI usage across all work environments, including offices and any remote arrangements. This policy encompasses both in house Gen AI tools and Publicly Available and free Gen AI tools.

4.1 In-house Gen AI Tools

These are AI-enabled services integrated within internal systems and applications and managed under its IT security protocols. Examples include Microsoft 365 Copilot, Copilot Chat, Wyser Assist and other AI services within secure cloud datacentres. These tools operate under organisation governance controls, including access security, identity management and data retention policies.

Section 5.0 sets out where their use is permitted for work purposes.

4.2 Publicly Available and free Gen AI Tools

These are commercial, web-based AI platforms accessible over the internet that operate on shared infrastructure not managed or administered internally at ELHA. Examples include Chat GPT (OpenAI), Microsoft Copilot (personal), Google Gemini, Anthropic Claude, xAI, Perplexity, and other services.

Staff must not use these platforms for any ELHA business purpose or enter, upload, process, store, or discuss ELHA information, data, documents, communications, or work-related content within them.

These tools do not comply with ELHA security standards and present higher risks relating to data handling, privacy, confidentiality, and reliability. Their use for work purposes could result in the unauthorised disclosure of information, data breaches, cyber security incidents, regulatory non-compliance, or inaccurate outputs being relied upon for business decisions.

5.0 Acceptable Use

Approved Gen AI tools may be used for:

- Administrative Tasks:
 - Drafting emails
 - Summarising meetings
 - Creating agendas and minutes
 - Preparing reports
 - Producing presentations
- Research and Analysis
 - Identifying themes within data
 - Summarising documents
 - Drafting briefing papers
 - Assisting with policy development
- Customer Service Support
 - Drafting responses to enquiries
 - Preparing template communications
 - Improving accessibility and readability

- Productivity Improvement
 - Automating routine tasks
 - Generating first drafts of documents
 - Producing meeting summaries
 - Assisting with project planning

6.0 Prohibited Use

Gen AI tools must **not** be used for:

- Generating or sharing sensitive personal data. This includes, but is not limited to:
 - Tenant personal data
 - Employee records
 - Medical information
 - Safeguarding information
 - Financial information
 - Legal advice
 - Confidential business plans
- Making autonomous decisions that affect tenants or staff without human oversight – examples are Housing allocations, recruitment decisions, disciplinary matters, complaints outcomes etc
- Generating communications to tenants that are impersonal and vague with no human intervention
- Drafting complex communications to tenants – i.e. legal notices or any other types of communications that will confuse individuals with excessive amounts of information drawn from multiple sources
- Creating biased, discriminatory, or offensive content
- Generating content that could be misleading or misrepresentative of ELHA's mission, values, or policies

- Circumventing legal, regulatory, or contractual obligations
- Any activity that violates data protection laws (e.g., GDPR)
- Impersonating any member of staff, board member, supplier of goods and services or a customer

7.0 Data Privacy and Security

Users must not input personally identifiable information (PII), financial data, or confidential tenant information into public Gen AI tools. For the avoidance of doubt only those listed on the 'Approved List' should be used. The input of personally identifiable information (PII), financial data, or confidential tenant information into public Gen AI tools will be considered a reportable breach in accordance with GDPR and a breach of the Generative AI acceptable usage policy.

All data processed by Gen AI must comply with ELHA's Data Protection Policy and GDPR requirements.

Only Gen AI technologies listed in the approved section of this policy can be used for work purposes and must comply with all applicable laws and regulations.

8.0 Transparency

Where AI has significantly contributed to a report, document, presentation, policy, or communication, users should be open about its use where appropriate.

9.0 Accountability and Oversight

9.1 Accountability

AI must support, not replace, human judgement. Employees remain responsible for:

- Decisions taken
- Communications issued
- Content produced
- Advice provided to tenants or stakeholders

AI generated outputs must always be checked before use. Users must:

- Verify the accuracy and appropriateness of Gen AI-generated content
- Review any calculations
- Check references and sources

10.0 Intellectual Property

Gen AI-generated content may be subject to copyright or licensing restrictions. Users must ensure proper attribution and usage rights in accordance with copyright restrictions, this extends to all media such as audio, video, photographs and text.

ELHA retains ownership of Gen AI-generated content created for business purposes.

11.0 Training and Awareness

Relevant training on Gen AI usage, risks, legal and ethical considerations will be included in the Annual Training Plan as required, and in line with Cyber Essentials accreditation requirements.

12.0 Risk Management Framework and Business Plan

We will use our Risk Management Framework to manage the risks associated with use of Gen AI and any specific new use cases. Where we are developing new approaches, these will normally be included as specific projects or tasks within our Business Plan.

13.0 Reporting and Enforcement

Any misuse or suspected breach of this policy must be reported to the Director of Finance & Digital Services immediately.

Employees are encouraged to report any concerns or issues related to the use of Gen AI tools in the workplace as this helps in identifying potential training issues / development areas early, and enables ELHA to address them proactively. Any issues should be reported to IT Support.

Breaches in this policy may result in disciplinary action in accordance with ELHA's HR policies.

14.0 Review

This Policy will initially be reviewed after one year, after which it is expected to follow normal review cycles.

The first review will be presented to the ELHA Board. Delegating future reviews to the Senior Management Team will be considered at that point.

Domestic Pets Policy

Report by Karen Barry, Director of Housing & Customer Services – for Approval

1.0 Introduction

The Landlords' Facilities Health, Safety and Welfare Management System Control Manual (LSM) was originally developed in 2016 and made available to EVH members. East Lothian Housing Association (ELHA) adopted the manual in 2025 and is currently reviewing and adapting it to reflect ELHA's specific requirements.

The core function of Registered Social Landlords (RSLs) is to provide housing and related services. Modern legislation places a wide range of topic-specific compliance obligations on landlords to ensure that premises and services are maintained in a safe and habitable condition. These obligations are generally associated with facilities management rather than traditional health and safety functions, although many arise from the same risk management legislation.

To support EVH members in demonstrating compliance with their health, safety and welfare responsibilities as both employers and landlords, the LSM was developed to address the specific facilities management and compliance issues faced by landlords. It contains a range of policies designed to support legal compliance and promote good practice.

Section 11.0 of the Tenancy Management Policy refers to the keeping of pets and the circumstances in which restrictions may apply. However, the information provided is limited. To align more closely with the EVH model template, a new Domestic Pets Policy has been developed following consultation with tenants. More than 120 tenants responded to the consultation, with the majority expressing support for the proposed policy.

The Board area of elha.com is where feedback can normally be accessed, however this is currently under reconstruction. If Board members are interested in reviewing tenant feedback, they can contact Eric Stoddart for a copy of the report.

2.0 Domestic Pets Policy Document

The Domestic Pets **Policy Document**, attached to this report, sets out the Association's approach to domestic pet ownership. Its key aims are to support responsible pet ownership, promote safe and well-managed neighbourhoods, and protect the condition of Association properties and communal areas.

From 1 August 2026, the Housing (Scotland) Act 2025 gives tenants the right to submit a written request to their landlord for permission to keep a pet. Each request must be considered on its individual merits, and permission cannot be unreasonably withheld.

ELHA's Scottish Secure Tenancy Agreement already states that tenants have the right to keep pets, provided they meet their responsibilities and obligations as pet owners. The tenancy agreement does not place a restriction on the number of pets a tenant may keep, however, restrictions may apply in certain circumstances. For example, the Association does not permit dogs in flats with communal areas, and a property's Deed of Conditions may specify limits on the type or number of pets that can be kept.

The policy clearly outlines:

- Circumstances in which permission must be sought
- Situations where the removal of a pet may be required
- The appeals process available to tenants who disagree with a decision made by the Association

3.0 Equality Impact Assessment

Consideration has been given to the Association's Equality and Diversity Policy, and an Equality Impact Assessment (EIA) has been completed for the proposed policy.

The assessment concluded that none of the protected characteristic groups are adversely affected by the policy.

Equality Impact Assessments are a regulatory requirement. Evidence of the assessment will be submitted to the Governance Committee for consideration, and the assessment will be included within the Association's Evidence Bank to support the Annual Assurance Statement.

Recommendation

The ELHA Board is asked to approve the Domestic Pets Policy.

ELHA Policy

Date Issued 20 August 2026

Last Reviewed

Department Housing Management

Title **Domestic Pets**

Objective: To provide a clear framework that allows tenants to keep pets responsibly while protecting the interests of neighbours, communities, the Association and its housing stock.

Responsible Director of Housing & Customer Services

Next Review August 2031

1.0 Introduction

- 1.1 This policy sets out the Association's approach to domestic pet ownership within our homes. We recognise that pets can play an important role in supporting tenants' well-being, mental health and quality of life. At the same time, we have a responsibility to ensure that pet ownership does not adversely affect neighbours, communities or the condition of our housing stock. This policy aims to strike a fair and proportionate balance between these interests.
- 1.2 Our Tenancy Agreement states that tenants have the right to keep domestic pets provided they recognise their responsibilities and obligations set out in the Agreement, including not allowing their pet to cause a nuisance.
- 1.3 We do not normally limit the number of pets a tenant can have but there are some circumstances when permission must be sought, or restrictions are in place (see Sections 6.0 & 7.0).
- 1.4 We will ask prospective tenants about any pets they may have before they are allocated a new home to assess any potential for disturbance, nuisance or distress that a pet may cause neighbours, and to assess the size and type of accommodation where the pet is to be kept. We will also ask whether the pet will be kept for breeding purposes.
- 1.5 We will tell the prospective tenant if permission may be required or where restrictions are in place (see Sections 8.0 & 9.0) and will ensure we respond to any requests for permission by the prospective tenant prior to signing of the Tenancy Agreement. We will also highlight the relevant clauses relating to pets within the Agreement before the prospective tenant signs the document.

- 1.6 We do not normally allow dogs in flats within a communal stair with the exception of Assistance Dogs (see Section 9.0). When we advertise flats to which this restriction applies, we will clearly state this in the advert to ensure that applicants are aware of the restriction, and reiterate this when contacting the prospective tenant. Visitors cannot bring dogs into common stairs where the dog ban applies unless they need an Assistance Dog.
- 1.7 New and existing tenants owning an XL Bully breed must have applied for a Certificate of Exemption from the Scottish Government to keep an XL Bully and a copy of the exemption must be provided to the Association. Tenants owning an XL Bully must not breed or breed from an XL Bully, sell, give away, rehome, abandon or leave an XL Bully to stray.
- 1.8 In some new developments the Deed of Conditions (a legal document that sets out a structure to make sure that the development is maintained in the future for the benefit of all residents) may restrict the number and type of pets allowed. The rules in a Deed of Conditions take precedent over the clauses in the Tenancy Agreement.

2.0 Policy Aims

- 2.1 The aims of this policy are to:
- Support responsible pet ownership
 - Promote safe, well-managed neighbourhoods
 - Protect the condition of our homes and communal areas
 - Ensure fairness, consistency, and transparency in decision making
 - Meet legal and regulatory obligations, including equality duties
 - Contribute to tenancy sustainment and positive tenant-landlord relationships

3.0 Scope of Policy

- 3.1 This policy applies to:
- All tenants of the Association
 - Members of tenant's households
 - Visitors to a tenant's home
 - Any person temporarily residing in an Association property

4.0 Legal and Regulatory Framework

4.1 We will comply with all relevant legislation and regulations including the following:

- Housing (Scotland) Acts 2001, 2010 & 2025
- Animal Health and Welfare (Scotland) Act 2006
- Control of Dogs Order 1992
- Dog Fouling (Scotland) Act 2003
- The Control of Dogs (Scotland) Act 2010
- The Dangerous Dogs Act 1991
- The Dangerous Wild Animals Act 1976
- The Equality Act 2010 (including reasonable adjustments)
- The Microchipping of Dogs (Scotland) Regulations 2016
- The Dangerous Dogs (Designated Types) (Scotland) Order 2024

4.2 We will also comply with the Scottish Housing Regulator's Social Housing Charter Indicators which support the requirements of the Scottish Social Housing Charter, and in particular, the following outcomes:

Equalities	Social landlords perform all aspects of their housing services so that: Every tenant and other customer has their individual needs recognised, is treated fairly and with respect, and receives fair access to housing and housing services
Communication	Tenants and other customers find it easy to communicate with their landlord and get the information they need about their landlord, how and why it makes decisions, and the services provided
Estate management, anti-social behaviour, neighbour nuisance and tenancy disputes	Tenants and other customers live in well-maintained neighbourhoods where they feel safe
Tenancy Sustainment	That tenants get the information they need on how to obtain support to remain in their home; and ensure suitable support is available, including services provided directly by the landlord and by other organisations

5.0 Related Policies & documents

5.1 This policy complies with the following:

- Tenancy Agreement
- Neighbour Nuisance & Anti-Social behaviour Policy
- Chargeable Repairs Policy
- Equality and Diversity Policy
- Estate Management Procedures

6.0 Equal Opportunities

6.1 We will not discriminate unreasonably in the operation of this policy on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

6.2 We aim to promote equal opportunities and comply with our duties under the Equality Act 2010, and make reasonable adjustment where required.

7.0 Definition of a Domestic Pet

7.1 The term domestic pet covers the following types of animal:

- Dog
- Cat
- Fish
- Bird (caged)
- Rodent (e.g. hamster, gerbil, rat or mouse)
- Small non-venomous reptile (e.g. terrapin, tortoise)
- Non-venomous insect or amphibian (e.g. newt)
- Rabbit

8.0 When to Seek Permission

8.1 Tenants / prospective tenants must request permission in writing in the following circumstances:

- To keep an Assistance Dog in a flat within a communal stair
- To keep an XL Bully Breed
- If a tenant wants to erect large structures in their garden, for example, a dog run, kennel, aviary or pigeon loft (they can do this by completing an Alteration & Improvement form in their My Home account or by contacting our Head Office to request a paper form, we will consider such requests in relation to garden size and possible neighbour nuisance, and may discuss such proposals with adjacent neighbours prior to consent being given)
- If a tenant wants to keep a large fish tank in flatted accommodation, we will take into consideration the size and weight of the fish tank when full of water when granting permission

8.2 We will acknowledge requests for permission on receipt and will respond with our decision within 28 days. We will not unreasonably refuse permission to keep a pet but if we do refuse, we will explain the reasons for doing so.

9.0 Restriction on Pets

9.1 Tenants are not allowed to keep a dog which is prohibited by the Dangerous Dogs Act 1991 or any other legislation or regulation. The current list includes:

- Pit Bull terrier
- Dogo Argentino
- Fila Brasileiro
- Japanese Tosa

Tenants owning an XL Bully breed must have applied for a Certificate of Exemption from the Scottish Government to keep an XL Bully and a copy of the exemption must be provided to the Association. Tenants owning an XL Bully must not breed or breed from an XL Bully, sell, give away, rehome, abandon or leave an XL Bully to stray.

9.2 We do not normally allow dogs in flats within a communal stair or in a flat with no private garden, with the exception of Assistance dogs, provided by a recognised agency (such as Guide Dogs for the Blind, Support Dogs or Dogs for the Disabled). However, the Housing Manager may grant permission in exceptional circumstances, for example, where a dog provides recognised emotional support. We will ask for supporting documentation such as a GP's letter in these cases. Alternatively, a transfer to an appropriate property may be offered.

9.3 We will not allow tenants to keep:

- Livestock or farm animals, for example sheep, goats, pigs, cattle, horses, chickens, ducks etc.
- Pets on a balcony
- A pet if we receive advice that the environment is not suitable for it
- A pet if we consider them to be unfit to look after the welfare of a pet and fulfil their responsibility for keeping it under control, unless the tenant can evidence that alternative arrangements will be put in place, and we are of the opinion that the pet would not be at risk of suffering

10.0 Removal of a Pet and Pet Nuisance Complaints

10.1 We may request that a pet be removed from a tenants home where:

- Appropriate permission in line with Section 8.0 has not been sought or it has been refused
- Any conditions applied to the written consent have not been adhered to
- The pet falls into one of the restricted categories set out at Section 9.0
- The pet has caused nuisance, distress or annoyance to any neighbour within the locality of the property or has caused damage or destruction to any part of property owned or leased by the Association

10.2 We will handle pet nuisance complaints under our Neighbour Nuisance and Antisocial Behaviour Policy. If we receive a complaint about unacceptable behaviour of a pet, for example, persistent noise, aggressive or uncontrolled animals, repeated fouling in communal areas or ongoing damage to property or the estate, we will:

- Acknowledge receipt of the complaint and aim to respond within ten working days
- Investigate complaints fairly and proportionately
- Engage with the tenant to seek early resolution
- Offer advice or support where appropriate

10.3 If a tenant breaches this policy, we will take a staged and proportionate approach to dealing with pet nuisance which may include:

- Informal advice and written warnings
- Agreeing actions or condition to address issues

- Formal tenancy action if issues persist

10.4 We will only take action to remove a pet as a last resort, when all other options available to resolve the issue have failed and the issues are serious and persistent.

11.0 Appeals Process

11.1 All tenants have the right to appeal against a decision made by the Association in connection with their tenancy. Tenants can appeal if permission to keep a pet has been refused. The appeal should be made in writing within 14 days of the refusal.

11.2 Tenants requiring support to make an appeal can contact the Scottish Independent Advocacy Alliance (at www.siaa.org.uk or by calling them on 0131 510 9410) who can provide you with information and support to find an appropriate advocate.

12.0 Tenant Responsibilities

12.1 Tenants will be held responsible for the behaviour of any pets owned by or living with them, or visiting their home. We expect tenants to take all reasonable steps to ensure their pets are properly cared for and not neglected.

12.2 Tenants must supervise and keep such pets under control and ensure that they are not aggressive towards neighbours, staff, contractors, consultants or our Board members. They must ensure that they do not cause nuisance to neighbours or deterioration to the condition of the property, common parts or the vicinity of the house. This includes fouling, noise or smell from the animal. We may charge a tenant for any costs incurred as a result of damage or cleaning up any mess left by a pet.

12.3 Dogs must be kept on a lead at all times when outside the property and dog faeces must be cleaned up immediately. All dogs must be microchipped and have a collar displaying their owners name and address. Tenants must also ensure pets are vaccinated and regularly treated for fleas and worms (if necessary) and not left unattended on balconies or in communal areas.

12.4 New tenants will be required to sign a formal agreement confirming they are aware of and will abide by these conditions.

12.5 Tenants owning an XL Bully breed must ensure that they do not have the dog in public without a lead and muzzle.

13.0 Monitoring and Review of Policy

- 13.1 The application of this policy will be monitored through the submission of regular reports to the Performance Panel.
- 13.2 The Director of Housing & Customer Services will ensure that this policy is reviewed every five years, or sooner if required due to legislative or regulatory changes. Minor changes will be approved by the Senior Management Team, but any material amendments required will be presented to the ELHA Board for approval.

Stair Lift Policy

Report by Charlie Cooley, Director of R3 & Asset Management – for Approval

1.0 Introduction

The Landlord's Facilities Health, Safety and Welfare Management System Control Manual (LSM) was initially developed in 2016, and made available to EVH Members. East Lothian Housing Association adopted this manual in 2025 and is working through it, to make this ELHA specific.

The core function of RSL's is to provide housing and related services. Under modern legislation, a wide range of topic-specific compliance requirements are placed on landlords to ensure premises and services are maintained in a safe and habitable condition. These requirements are generally considered to be more related to facilities management than traditional Health & Safety requirements, although many stem from the same risk management legislation.

To ensure EVH members can demonstrate compliance with their Health, Safety and Welfare responsibilities, as both an employer and a landlord, the LSM has been introduced to deal specifically with facilities and compliance issues that landlords face.

2.0 Stair Lift Policy Document

Many policies contained within the LSM are based on topic-specific legislation, the complexity of this legislation (and associated approved codes of practice and guidance to fulfil the requirements of BS ISO 45001) often allows for a degree of interpretation and best practise of how best to manage the risks.

The defined policies are intended to cover the basics of legal compliance and good practice. The Stair Lift **Policy Document** attached to this report establishes ELHA's framework for the safe inspection, maintenance, repair and management of stair lifts that are the Association's responsibility. It defines roles, servicing requirements, defect response times and record-keeping arrangements to ensure tenant safety, service reliability and regulatory compliance. The policy also supports accessibility and independent living for tenants who rely on stair lifts within their homes.

3.0 Equality Impact Assessment

Consideration had been given to the Equality & Diversity Policy, and an Equality Impact Assessment (EIA) of this Policy has been carried out.

EIAs are a regulatory requirement and evidence of the assessment will be provided to the Governance Committee for consideration and will form part of the Evidence Bank to support the Annual Assurance Statement.

The assessment evaluated how the policy affects different groups and ensures compliance with equality, human rights, and accessibility requirements.

This policy has a positive overall impact on disabled tenants by supporting the safe provision and maintenance of stair lifts. No unlawful discrimination was identified. However, as the policy directly affects tenants with disabilities and mobility impairments, ongoing monitoring of adaptation funding availability, repair performance and customer outcomes will be undertaken to ensure equitable access to services.

Recommendation

The ELHA Board is asked to approve the Stair Lift Policy.

ELHA POLICY

Date Issued	20 August 2026
Last Reviewed	n/a
Department	Asset Management
Title	Stair Lift Policy
Objective	To define the effective inspection, maintenance, and management of all stair lifts
Responsible	Director of R3 & Asset Management
Next Review Date	August 2031

1.0 Introduction

- 1.1 The aim of this Policy is to ensure the effective inspection, maintenance, and management of all straight and curved stair lifts installed within our homes through medical adaptation grant funding from the Scottish Government.
- 1.2 We are committed to ensuring that all stair lifts installed within our housing stock are safe, reliable, appropriately maintained, and compliant with all relevant legal and regulatory requirements.
- 1.3 Effective management of stair lifts is therefore critical to tenant safety, service continuity and tenancy sustainment.
- 1.4 This policy establishes the framework for the inspection, maintenance, repair, replacement and management of stair lifts owned, maintained or otherwise managed by the Association.
- 1.5 The procedures detailed within this section have been written to ensure all reasonable steps have been taken to comply with the Lifts Regulations 1997, the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 and all other relevant legislation.

2.0 Purpose

The purpose of this policy is to ensure the safe operation of all stair lifts, including:

- Protecting tenants, residents, visitors, contractors and employees
- Defining inspection and maintenance requirements
- Clarify responsibilities for managing stair lifts
- Minimise stair lift downtime
- Ensuring legal compliance
- Supporting tenants who rely upon stair lifts for accessibility and independence

3.0 Scope

This policy applies solely to straight and curved stair lifts installed in our housing stock following an Occupational Therapy assessment and where adaptation funding has been approved.

This policy does not apply to:

- Passenger lifts
- Vertical platform lifts
- Through-floor lifts
- Commercial lifting equipment
- Construction lifting equipment

4.0 Legal and Regulatory Framework

4.1 We will comply with all relevant legislation and regulations including the following (the list is not exhaustive):

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Provision and Use of Work Equipment Regulations 1998 (where applicable)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) where statutory examination requirements apply

- Electricity at Work Regulations 1989
- Equality Act 2010
- Housing (Scotland) Act requirements relating to landlord maintenance obligations
- Manufacturer instructions and maintenance requirements
- Relevant British and European Standards applicable to stair lifts.

Where legislation changes, we will review and update this policy accordingly.

4.2 This policy also takes account of the following policies and procedures:

- Maintenance Policy
- Empty Homes Policy
- Procurement Policy
- Complaints Policy and Procedure
- Communication Strategy
- Customer Care Policy and Procedure
- Equality & Human Rights Strategy & Equality & Diversity Policy
- Health & Safety at Work Policy

5.0 Asset Management Objectives

The Asset Management department will ensure the following:

- Maintain an accurate stair lift asset register
- Ensure every stair lift receives planned servicing
- Ensure defects are addressed within defined timescales
- Complete statutory examinations where required
- Maintain records of inspections and repairs

- Monitor contractor performance
- Remove unsafe equipment from service immediately
- Maintain continuity arrangements for vulnerable residents.

Details of the lift will be contained within HomeMaster as an asset, the following information regarding the asset will be recorded:

- Lift manufacturer
- Lift model
- Serial number
- Installation date
- Warranty information
- Service history
- Examination history
- Renewal or replacement date.

6.0 Roles and Responsibilities

- 6.1 The Director of R3 & Asset Management shall ensure adequate resources are available, monitor compliance performance to ensure contracts are appropriately managed.

The Asset Manager will ensure asset records are maintained, arrange servicing, monitor defects and repairs, along with reviewing the performance of contractors delivering the service.

Approved contractors must hold the appropriate competencies; ensuring they follow manufacturer requirements. Servicing must be completed on time providing appropriate maintenance records, highlighting any safety-critical defects immediately.

- 6.2 Tenants are expected to:

- Use stair lifts according to instructions
- Report faults immediately

- Not modify equipment
- Permit access for inspections and servicing

7.0 Inspection and maintenance requirements

7.1 Planned Preventive Maintenance

All stair lifts shall receive routine planned maintenance.

Standard Use Properties	Service at least annually. More frequent servicing may be introduced where: Manufacturer guidance requires it. Equipment age warrants increased monitoring. Fault history indicates elevated risk.
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7.2 Service Scope

The scheduled service will include a check of charging systems, batteries, sensors, mechanisms and operation of the system.

Independent safety examinations shall also be undertaken where required by legislation, insurer requirements, internal risk assessments or contractual arrangements.

7.3 Defect Management

If a defect is identified which is, or could become, dangerous, the lift will be immediately made unavailable, and the repair will be carried out within three working days. The lift will must not be used until the defect has been satisfactorily remedied.

Where a tenant is solely reliant on the stair lift to access essential parts of their home, we will assess the circumstances and identify appropriate interim arrangements until the stair lift is repaired.

7.4 Minor defects which do not affect the primary function, or the safety features of the lift will be actioned within ten working days.

8.0 Routine Maintenance

- 8.1 We will carry out routine maintenance on all stair lifts. This will include checking and replacing worn or damaged parts, lubrication, replacing time-expired components, topping up fluid levels, and making routine adjustments. This is to ensure the equipment continues to operate as intended, and risks associated with wear or deterioration are avoided.
- 8.2 Risks shall be monitored through compliance management module within HomeMaster. Key risks that are considered include:
- Equipment Failure
 - Entrapment
 - Falls
 - Electrical Faults
- 8.3 Maintenance performance will be reported to senior management at the quarterly Performance Panel.

9.0 Equality, Accessibility and Tenant Welfare

- 9.1 We recognise that stair lifts are often installed to support residents with disabilities, mobility impairments and age-related conditions.
- 9.2 All actions taken under this policy will support independent living, taking into consideration individual circumstances and promote equality of access.
- 9.3 We will ensure compliance with duties of the Equality Act 2010, and always minimise disruption to vulnerable residents.

10.0 Documentation and Reporting

- 10.1 We will ensure a written and signed report is provided by the Independent Inspection Company within 28 days of the thorough Inspection being carried out.
- 10.2 All Thorough Inspection reports will be stored electronically on HomeMaster and MyHome. The reports will be recorded under Property Maintenance - Electrical Safety and kept for six years in line with our data retention requirements.
- 10.3 Where installation of a stair lift is likely to require alteration to the fabric of the building, the necessary planning permission / building control will be sought.

- 10.4 We will ensure that all new stair lifts are safe, supplied with instructions, have a Declaration of Conformity and the British Standard Kitemark or CE marking.

11.0 Monitoring and Review

- 11.1 The Director of R3 & Asset Management is responsible for ensuring that all appropriate staff comply with this policy and the supporting procedures and will oversee this through the Quarterly Performance Panel meetings.
- 11.2 The Asset Manager will submit quarterly reports on the performance of Stair Lifts to the Performance Panel. The reports will include performance against set targets or standards, progress on compliance safety inspections and expenditure compared with budget.

12.0 Policy Review

- 12.1 The Director of R3 & Asset Management will review this policy every five years or sooner if required by changes in legislation or organisational practice. Any minor changes will be approved by the Senior Management Team, whereas material changes will be submitted to the ELHA Board for approval.

Lighting Policy

Report by Charlie Cooley, Director of R3 & Asset Management – for Approval

1.0 Introduction

The Landlord's Facilities Health, Safety and Welfare Management System Control Manual (LSM) was initially developed in 2016, and made available to EVH Members. East Lothian Housing Association adopted this manual in 2025 and is working through it, to make this ELHA specific.

The core function of RSL's is to provide housing and related services. Under modern legislation, a wide range of topic-specific compliance requirements are placed on landlords to ensure premises and services are maintained in a safe and habitable condition. These requirements are generally considered to be more related to facilities management than traditional Health & Safety requirements, although many stem from the same risk management legislation.

To ensure EVH members can demonstrate compliance with their Health, Safety and Welfare responsibilities, as both an employer and a landlord, the LSM has been introduced to deal specifically with facilities and compliance issues that landlords face.

2.0 Lighting Policy Document

Many policies contained within the LSM are based on topic-specific legislation, the complexity of this legislation (and associated approved codes of practice and guidance to fulfil the requirements of BS ISO 45001) often allows for a degree of interpretation and best practise of how best to manage the risks.

The defined policies are intended to cover the basics of legal compliance and good practice. The **Lighting Policy Document** attached to this report establishes the framework for the provision, inspection, maintenance and renewal of lighting installations across our housing stock. It ensures compliance with statutory and regulatory requirements while promoting resident safety, wellbeing, accessibility and value for money.

3.0 Equality Impact Assessment

Consideration had been given to the Equality & Diversity Policy, and an Equality Impact Assessment (EIA) of this Policy has been carried out.

EIAs are a regulatory requirement and evidence of the assessment will be provided to the Governance Committee for consideration and will form part of the Evidence Bank to support the Annual Assurance Statement.

The assessment evaluated how the policy affects different groups and ensures compliance with equality, human rights, and accessibility requirements.

The policy has a positive impact on disabled and older tenants by promoting safe, accessible and well-maintained lighting throughout our housing stock. No adverse impacts have been identified that cannot be mitigated through the controls and arrangements set out in the policy. Ongoing monitoring of repair performance and tenant feedback will be undertaken to ensure equitable outcomes for all tenants.

Recommendation

The ELHA Board is asked to approve the Lighting Policy.

ELHA POLICY

Date Issued	20 August 2026
Last Reviewed	n/a
Department	Asset Management
Title	Lighting Policy
Objective	To ensure adequate natural, electrical and emergency lighting is provided in domestic premises.
Responsible	Director of R3 & Asset Management
Next Review Date	August 2031

1.0 Introduction

- 1.1 We are committed to ensuring that all residential properties, communal areas and emergency escape routes under our control have suitable and sufficient lighting. Lighting will be maintained in a safe condition and managed to support the safety, wellbeing and security of residents, visitors and employees.
- 1.2 We recognise that suitable lighting forms an important part of our statutory duties relating to tenant safety, housing quality, repairs and maintenance, health and safety, and equality obligations.
- 1.3 This policy establishes the standards, responsibilities and arrangements for the provision, inspection, maintenance and renewal of lighting installations throughout our housing stock.

2.0 Purpose

- 2.1 The purpose of this policy is to ensure tenanted properties and communal areas are adequately illuminated. We will promote tenant safety, security and wellbeing and always facilitate safe movement within buildings and external common areas.
- 2.2 We will ensure emergency escape routes remain appropriately illuminated to ensure compliance with all relevant legislative and regulatory requirements.
- 2.3 We will establish clear responsibilities for inspection, maintenance and replacement of lighting installations.

- 2.4 We will strive to support energy efficiency and environmental objectives as part of lighting designs, ensuring value for money is also a fundamental consideration.

3.0 Scope

This policy applies to all our tenanted properties including communal areas, internal examples include:

- Entrances
- Corridors
- Stairwells
- Bin stores
- Plant rooms

- 3.1 The policy also takes into consideration external areas where the land is in our ownership and has not been adopted by East Lothian Council. For example:

- Footpaths
- Car parks
- Communal gardens
- Access routes
- External entrances and exits

4.0 Legal and Regulatory Framework

- 4.1 We will comply with all relevant legislation and regulations including the following (the list is not exhaustive):

- Health and Safety at Work etc. Act 1974
- Electricity at Work Regulations 1989
- Equality Act 2010
- Housing (Scotland) Act requirements relating to landlord maintenance obligations

- Building (Scotland) Regulations
- Fire (Scotland) Act 2005
- Fire Safety (Scotland) Regulations 2006
- Manufacturer instructions and maintenance requirements
- Relevant British and European Standards including:
 - BS 7671 – Requirements for Electrical Installations
 - BS 5266 – Emergency Lighting
 - BS EN 1838 – Lighting Applications – Emergency Lighting
 - BS 5489 – Code of Practice for Road and Amenity Lighting
 - Current industry guidance relating to lighting design and maintenance

4.2 This policy also takes account of the following policies and procedures:

- Maintenance Legal Obligations Policy
- Empty Homes Policy
- Procurement Policy
- Complaints Policy and Procedure
- Communication Strategy
- Customer Care Policy and Procedure
- Equality & Human Rights Strategy & Equality & Diversity Policy
- Health & Safety at Work Policy
- Fire Safety in Housing Stock and Common Areas Policy

5.0 Policy Objectives

5.1 We will seek to ensure that lighting installations within tenanted properties are safe to use, and in good working order at the beginning of and throughout the tenancy.

- 5.2 We will provide adequate lighting to habitable rooms, kitchens, bathrooms, halls, stairs and exits and ensure this is maintained in accordance with applicable safety standards.
- 5.3 We will ensure that emergency lighting systems operate in the event of a power failure, clearly illuminate escape routes and exits.
- 5.4 We will ensure that emergency lighting systems operate in the event of a power failure clearly illuminating escape routes and exits. All emergency lighting will be inspected, tested and maintained in accordance with BS 5266 and associated standards.

6.0 Lighting Standards

- 6.1 We will adopt a risk-based approach to lighting provision. Lighting will be appropriate for the location and activity undertaken, free from excessive glare, reliable and maintained in working order.
- 6.2 We will also consider the design of the building, vulnerable occupants, accessibility requirements and any security concerns. All lighting designs should be aligned with the fire evacuation requirements.

7.0 Inspection and Maintenance

7.1 Tenanted Properties

Lighting form part of our maintenance responsibilities and will be inspected:

- When the property is empty
- During regular electrical safety inspections
- Following reports of defects
- During stock condition surveys where appropriate.

Any defects presenting an immediate risk shall be treated as emergency repairs.

7.2 Communal lighting will be inspected through:

- Routine estate inspections
- Planned maintenance programmes

- Responsive repair requests

Communal lighting defects affecting safety will be prioritised, examples of this are noted within the table in Section 8.

- 7.3 Emergency lighting systems shall be functionally tested monthly, with a full-duration test carried out by a competent person annually.

Records of all testing and maintenance activities shall be retained within HomeMaster.

8.0 Repairs and Response Times

We will aim to respond to lighting defects within the following timescales:

Priority	Examples	Target Response
Emergency	Complete loss of communal lighting creating immediate risk; failure of emergency lighting affecting escape routes	Within 2 hours
Urgent	Partial failure of communal lighting; lighting defects affecting security	Within 3 working days
Routine	Individual light fitting defects not presenting immediate risk	Within 10 working days

Alternative arrangements may be implemented where weather conditions, access restrictions or specialist equipment are required.

9.0 Responsibilities

9.1 Our responsibilities

We have a responsibility to:

- Maintain communal lighting systems
- Maintain emergency lighting systems
- Ensure new lighting installations comply with applicable standards

- Investigate reports of inadequate lighting
- Complete inspections and testing programmes
- Keep suitable records of repairs and maintenance activities
- Undertake risk assessments where lighting deficiencies may present a health and safety concern.

9.2 Tenant Responsibilities

Tenants are responsible for:

- Replacing bulbs and lamps within their own property unless otherwise specified
- Reporting lighting defects promptly
- Not tampering with communal or emergency lighting installations
- Allowing reasonable access for inspections and repairs

10.0 Equality and Accessibility

10.1 We recognise that adequate lighting is essential for many tenants, particularly:

- Older people
- Individuals with visual impairments
- People with mobility difficulties
- People with cognitive impairments

Lighting decisions will take account of equality, accessibility and reasonable adjustment requirements under the Equality Act 2010. Performance data relating to lighting repairs and complaints will be monitored to identify any disproportionate impact on tenants with protected characteristics.

11.0 Performance Monitoring, Documentation and Reporting

11.1 The Director of R3 & Asset Management will ensure that adequate resources are available and monitor performance to ensure contracts are managed appropriately.

- 11.2 The Asset Manager will ensure asset records are maintained, arrange testing, monitor defects and repairs, along with reviewing the performance of contractors delivering the service.
- 11.3 We will ensure that contractors carrying out lighting inspection, testing and maintenance activities:
- Are suitably trained and competent
 - Hold relevant qualifications where required
 - Work in accordance with applicable legislation and industry standards
 - Follow health and safety procedures.
- 11.4 Inspection reports will be retained electronically on HomeMaster and My Home in line with the requirements of the Records Management Policy and Data Retention Schedule.
- 11.5 The records we retain will include lighting asset information, inspection reports, electrical safety certificates and emergency lighting test records. Details of repair history and risk assessments will also be retained where required.

12.0 Monitoring and Review

- 12.1 The Director of R3 & Asset Management is responsible for ensuring that all appropriate staff comply with this policy and the supporting procedures. Compliance will be overseen this through the Quarterly Performance Panel meetings.
- 12.2 The Asset Manager will submit quarterly reports to the Performance Panel. The reports will include performance against set targets or standards, progress on compliance safety inspections, and expenditure compared with budget.

13.0 Policy Review

- 13.1 The Director of R3 & Asset Management will review this policy every five years or sooner if required by changes in legislation or organisational practice. Any minor changes will be approved by the Senior Management Team, whereas material changes will be submitted to the ELHA Board for approval.

Plant, Equipment and PPE Management Policy

Report by Charlie Cooley, Director of R3 & Asset Management – for Approval

1.0 Introduction

The Landlord's Facilities Health, Safety and Welfare Management System Control Manual (LSM) was initially developed in 2016, and made available to EVH Members. East Lothian Housing Association adopted this manual in 2025 and is working through it, to make this ELHA specific.

The core function of RSL's is to provide housing and related services. Under modern legislation, a wide range of topic-specific compliance requirements are placed on landlords to ensure premises and services are maintained in a safe and habitable condition. These requirements are generally considered to be more related to facilities management than traditional Health & Safety requirements, although many stem from the same risk management legislation.

To ensure EVH members can demonstrate compliance with their Health, Safety and Welfare responsibilities, as both an employer and a landlord, the LSM has been introduced to deal specifically with facilities and compliance issues that landlords face.

2.0 Plant, Equipment and PPE Management Document

Many policies contained within the LSM are based on topic-specific legislation, the complexity of this legislation (and associated approved codes of practice and guidance to fulfil the requirements of BS ISO 45001) often allows for a degree of interpretation and best practise of how best to manage the risks.

The defined policies are intended to cover the basics of legal compliance and good practice. The Plant, Equipment and PPE Management **Policy Document** attached to this report sets out the Group's approach to the safe management, use, inspection and maintenance of plant, equipment and personal protective equipment (PPE) used in connection with its activities.

The policy applies to equipment and PPE owned, hired or controlled by Group companies, as well as equipment provided by contractors working on the Group's behalf.

It establishes clear responsibilities for employees, managers and contractors, ensuring that plant, equipment and PPE are suitable, safe, properly maintained and used by competent persons.

The policy also sets out the Group's arrangements for monitoring compliance, obtaining assurance from contractors and meeting its legal and Health & Safety obligations.

3.0 Equality Impact Assessment

The policy has been considered in terms of equality impact. The policy applies equally across all protected characteristic groups and is intended to support health, safety and wellbeing. The policy includes provisions to consider individual needs when selecting PPE and making reasonable adjustments. No adverse impacts were identified, therefore it was decided that a full Equality Impact Assessment was not required.

Recommendation

The ELHA Board is asked to approve the Plant, Equipment and PPE Management Policy.

ELHA GROUP POLICY

Date Issued	20 August 2026
Last Reviewed	n/a
Department	R3 & Asset Management
Title	Plant, Equipment and PPE Management Policy
Objective	To establish Group standards for the safe selection, provision, management, maintenance and use of plant, equipment and personal protective equipment, whether controlled directly by the Group or provided by contractors working on its behalf
Responsible	Director of R3 & Asset Management
Next Review Date	August 2031

1.0 Introduction

- 1.1 We are committed to ensuring that plant, equipment and personal protective equipment (PPE) used in connection with our activities are safe, suitable and maintained in good working order.
- 1.2 We recognise that the safe management of plant, equipment and PPE is an important part of protecting employees, contractors, tenants, visitors and members of the public from injury or ill health. Effective management also helps us deliver services efficiently, protect our assets and comply with our legal responsibilities.
- 1.3 As a registered social landlord, we are committed to maintaining safe systems of work and creating a positive health and safety culture. We recognise that failures in plant, equipment or PPE management can lead to accidents, service disruption and unnecessary costs.
- 1.4 This policy establishes the standards, responsibilities and assurance arrangements for the selection, use, inspection, maintenance and replacement of plant, equipment and PPE used throughout the Group and by contractors acting on the Group's behalf.
- 1.5 The Group recognises that responsibility for plant, equipment and PPE may sit with either the Group or its contractors depending on ownership and control arrangements. This policy establishes the standards and assurance requirements that apply in both circumstances.

2.0 Purpose

- 2.1 The purpose of this policy is to ensure that all plant, equipment and PPE used in connection with our activities are managed safely, consistently and effectively.
- 2.2 We will ensure that plant and equipment owned, hired or controlled by Group companies are suitable for the work being undertaken and remain safe throughout their operational life. Where equipment is supplied by contractors, we will require assurance that suitable arrangements are in place for its safe management, inspection and maintenance.
- 2.3 Where risks cannot be adequately controlled by other measures, we will provide our staff with suitable PPE to help protect individuals from injury or ill health.
- 2.4 We will maintain appropriate systems for inspection, servicing, maintenance and replacement of plant and equipment under our control and will seek assurance that equivalent arrangements are maintained by contractors operating on our behalf, ensuring that defects are identified and addressed promptly.
- 2.5 We will maintain suitable records to demonstrate compliance with legal requirements and support effective asset management decisions.

3.0 Scope

- 3.1 This policy applies to all plant, equipment and PPE owned, leased, hired or managed by any Group company and to plant, equipment and PPE supplied by contractors undertaking work on behalf of the Group.
- 3.2 Examples of plant and equipment covered by this policy include ladders, access equipment, grounds equipment, portable electrical equipment, power tools, lifting equipment and testing equipment used in connection with business activities.
- 3.3 Examples of PPE include safety footwear, gloves, eye protection, hearing protection, high-visibility clothing, respiratory protection and safety harnesses.
- 3.4 This policy applies to employees, agency workers, contractors, consultants, volunteers and any other person carrying out work on our behalf.
- 3.5 Responsibility for plant, equipment and PPE remains with the party that owns, hires, controls or supplies it. The Group will maintain oversight and assurance arrangements to verify compliance where equipment is provided by contractors.

3.6 Definitions

- 3.6.1 **Group** means East Lothian Housing Association, R3 Repairs and any subsidiary or associated company covered by this policy.

3.6.2 **Plant and Equipment** includes machinery, tools, access equipment, testing equipment, grounds maintenance equipment and other work equipment used in connection with Group activities.

3.6.3 **Contractor** means any organisation or individual engaged by the Group to deliver services on its behalf.

4.0 Legal and Regulatory Framework

4.1 We will comply with all relevant legislation and guidance relating to the safe management of plant, equipment and PPE. This includes:

- The Health and Safety at Work etc. Act 1974
- The Provision and Use of Work Equipment Regulations 1998
- The Lifting Operations and Lifting Equipment Regulations 1998
- The Personal Protective Equipment at Work Regulations 1992
- Other relevant Health & Safety legislation

4.2 We will also take account of applicable guidance issued by the Health and Safety Executive, manufacturers' recommendations and recognised industry good practice.

4.3 Where legislation, guidance or best practice changes, we will review and update this policy accordingly.

4.4 This policy should be read alongside other relevant policies and procedures, including our:

- Health & Safety at Work Policy
- Contractor Management Procedures
- Procurement Policy
- Risk Assessment Procedures
- Lone Working Policy and Personal Safety Procedures
- Maintenance Policy

5.0 Policy Objectives

- 5.1 We will ensure that plant and equipment used in connection with our activities are safe, reliable and suitable for the work being undertaken.
- 5.2 We will ensure that equipment under our direct control is inspected, maintained and serviced at appropriate intervals. Where equipment is provided by contractors, we will require evidence that appropriate inspection, maintenance and servicing arrangements are in place.
- 5.3 We will provide suitable PPE where required and ensure it remains fit for purpose throughout its service life.
- 5.4 We will ensure that employees receive appropriate information, instruction, training and supervision relating to the equipment they use and the PPE they are expected to wear.
- 5.5 We will maintain accurate records relating to equipment under our control and retain assurance records where required for contractor-owned equipment used in delivering services on the Group's behalf.
- 5.6 We will monitor performance and continually review our arrangements to support improvement and maintain compliance.

6.0 Plant and Equipment Standards

- 6.1 We will adopt a risk-based approach to the management of plant and equipment. Before equipment is purchased, hired, authorised for use or otherwise introduced into service by the Group, consideration will be given to its suitability, maintenance requirements and competency requirements. Contractors shall be expected to undertake similar assessments for equipment they provide.
- 6.2 Plant and equipment under the direct control of the Group will be maintained in good working order. Contractors remain responsible for maintaining equipment that they provide for service delivery activities. Equipment will be operated in accordance with manufacturer instructions and any internal procedures that may apply.
- 6.3 Where specialist equipment is used, we will ensure that only suitably trained and competent people are authorised to operate it.
- 6.4 We will ensure that appropriate safety devices, guards and warning systems remain in place and are not removed, bypassed or modified without proper authorisation.

- 6.5 Any equipment that presents a risk to Health & Safety will be removed from service immediately. It will not be returned to use until any defects have been rectified and the equipment has been confirmed as safe.
- 6.6 Contractor-provided plant and equipment may be subject to inspection, audit or compliance checks by the Group where considered necessary to verify compliance with contractual or statutory requirements.

7.0 Personal Protective Equipment (PPE)

- 7.1 We recognise that PPE forms an important part of protecting employees and others from injury where hazards remain after other control measures have been implemented.
- 7.2 The Group will provide suitable PPE to its employees where required. Contractors are responsible for providing suitable PPE to their employees and subcontractors. The PPE provided will be appropriate for the task being undertaken and the risks involved.
- 7.3 We will seek to ensure that PPE is comfortable, suitable for the user and compatible with any other equipment that may be required.
- 7.4 Employees and contractors are expected to use PPE in accordance with training and instructions provided. They should also report any loss, damage or defects as soon as possible to ensure replacement equipment can be provided.
- 7.5 We will ensure that PPE is inspected where appropriate and replaced when it becomes worn, damaged, defective or no longer suitable for use.

8.0 Inspection and Maintenance

- 8.1 We will ensure that plant and equipment are inspected, serviced and maintained at appropriate intervals. The frequency of inspections will depend on legal requirements, the level of risk, how often the equipment is used and the manufacturer's recommendations. Contractors will be expected to operate inspection and maintenance regimes appropriate to the equipment provided by them.
- 8.2 Routine inspections help us identify wear, damage and deterioration before they become a safety concern. We will ensure that inspections are completed by individuals who have the necessary knowledge, experience and competence to undertake the work.

- 8.3 For equipment under the Group's control, we will ensure these inspections are completed within the timescales required by law. Contractors will remain responsible for complying with statutory inspection requirements relating to equipment they provide.
- 8.4 We will ensure arrangements are made to complete repairs to equipment under the Group's control. Contractors will remain responsible for repairs to equipment provided by them.
- 8.5 We will maintain records of inspections, servicing and maintenance activities relating to Group-controlled equipment and may request equivalent records from contractors where relevant to service delivery.
- 8.6 Where appropriate, Group companies will maintain plant and equipment registers for assets under their control.

9.0 Defects, Repairs and Response Times

- 9.1 Employees, contractors and others using equipment are expected to report defects as soon as they become aware of them. Prompt reporting allows issues to be investigated and resolved before they create a greater risk.
- 9.2 Where a defect presents an immediate danger, the equipment will be taken out of service without delay. Suitable steps will be taken to prevent further use until the equipment has been repaired, replaced or assessed as safe.
- 9.3 We will prioritise repairs based on the level of risk and operational impact. Defects affecting safety will be treated as the highest priority and responded to as quickly as reasonably practicable.
- 9.4 Where specialist parts, contractors or replacement equipment are required, alternative arrangements may be implemented until a permanent solution can be provided.
- 9.5 Contractors shall ensure that defective equipment under their control is removed from service and managed in accordance with their own procedures and legal obligations.
- 9.6 We will keep appropriate records of reported defects and corrective actions taken. This information will be used to identify recurring issues and support future planning.

10.0 Responsibilities

10.1 Our responsibilities

- The Group is responsible for establishing standards, monitoring compliance, maintaining records for assets under its control and ensuring appropriate contractor management arrangements are in place.

10.2 Employee Responsibilities

- Employees play an important role in ensuring equipment remains safe to use. Employees are expected to follow training and instructions provided, use equipment appropriately, wear PPE when required and report concerns promptly.
- Employees should not use equipment they know to be defective or unsafe. If there is any doubt regarding the safety of equipment, it should be reported immediately and removed from use where appropriate.

10.3 Contractor Responsibilities

- Contractors working on behalf of the Group are expected to comply with this policy and all relevant health and safety requirements. Contractors must ensure that their employees are suitably trained, competent and equipped to undertake their work safely.
- Contractors are required to:
 - Supply suitable plant, equipment and PPE
 - Maintain compliance with PUWER, LOLER and other applicable legislation
 - Maintain inspection and maintenance records
 - Ensure operators are competent and appropriately trained
 - Remove unsafe equipment from service immediately
 - Provide evidence of compliance when requested by the Group.

10.4 Where contractors provide their own plant, equipment or PPE, they remain responsible for ensuring that these items are safe, maintained and suitable for the activities being undertaken.

11.0 Training and Competence

- 11.1 We recognise that training and competence are essential to the safe use of plant and equipment. Employees who use plant, equipment or PPE as part of their duties will receive appropriate information, instruction and training. Contractors remain responsible for ensuring the competence of their own employees and operatives.
- 11.2 The type and level of training provided will depend on the nature of the work being undertaken and the equipment being used. Additional training may be required where specialist equipment is involved.
- 11.3 Managers will ensure that employees are appropriately supported and supervised until they have demonstrated the competence required to carry out their duties safely.
- 11.4 Training requirements will be reviewed periodically to ensure knowledge and skills remain current and relevant.
- 11.5 Records of training and competency assessments will be retained in accordance with organisational procedures and data retention requirements.

12.0 Equality and Accessibility

- 12.1 We recognise that equipment and PPE must be suitable for a diverse workforce. Individuals have different needs and requirements, and these should be considered when selecting equipment and protective clothing.
- 12.2 When purchasing or issuing PPE, we will consider factors such as comfort, fit, accessibility and the needs of individual users. This helps ensure PPE provides effective protection and can be worn correctly.
- 12.3 Where appropriate, reasonable adjustments will be considered to support employees and others with specific requirements.
- 12.4 Our approach will support our obligations under the Equality Act 2010 and our commitment to providing an inclusive working environment.

13.0 Performance Monitoring, Documentation and Reporting

- 13.1 The Director of R3 & Asset Management will ensure that adequate resources are available to support implementation of this policy and oversee compliance with relevant requirements.

- 13.2 The Director of R3 & Asset Management and delegated managers will monitor Group compliance arrangements, review contractor assurance information and oversee contractor performance relating to plant, equipment and PPE requirements.
- 13.3 We will maintain appropriate records relating to plant, equipment and PPE. These records provide evidence of compliance and support informed decision-making.
- 13.4 Records may include inspection reports, servicing records, maintenance histories, statutory examination reports, risk assessments and training records. Records may also include contractor audits, compliance certificates, statutory inspection reports and assurance documentation where appropriate.
- 13.5 Information will be retained electronically within approved systems and managed in accordance with the Record Management Policy and Data Retention Schedule.
- 13.6 We will periodically review performance information to identify trends, recurring issues and opportunities for improvement.

14.0 Monitoring and Review

- 14.1 The Director of R3 & Asset Management is responsible for ensuring that appropriate staff comply with this policy and associated procedures.
- 14.2 Compliance with this policy will be monitored through regular management oversight, review of inspection and maintenance records, contractor compliance information, audit findings and assurance documentation.
- 14.3 Where areas for improvement are identified, appropriate action plans will be developed and monitored to completion. The review process will consider lessons learned from incidents, audit findings, performance monitoring and changes in service delivery.

15.0 Policy Review

- 15.1 The Director of R3 & Asset Management will review this policy every five years or sooner if required by changes in legislation, regulatory guidance, best practice or organisational requirements.
- 15.2 Any minor amendments will be approved by the Senior Management Team. Material changes will be submitted to the ELHA Board for approval.

Premises Fitness and Repair Policy

Report by Charlie Cooley, Director of R3 & Asset Management – for Approval

1.0 Introduction

The Landlord's Facilities Health, Safety and Welfare Management System Control Manual (LSM) was initially developed in 2016, and made available to EVH Members. East Lothian Housing Association adopted this manual in 2025 and is working through it, to make this ELHA specific.

The core function of RSL's is to provide housing and related services. Under modern legislation, a wide range of topic-specific compliance requirements are placed on landlords to ensure premises and services are maintained in a safe and habitable condition. These requirements are generally considered to be more related to facilities management than traditional Health & Safety requirements, although many stem from the same risk management legislation.

To ensure EVH members can demonstrate compliance with their Health, Safety and Welfare responsibilities, as both an employer and a landlord, the LSM has been introduced to deal specifically with facilities and compliance issues that landlords face.

2.0 Premises Fitness and Repair Policy Document

Many policies contained within the LSM are based on topic-specific legislation, the complexity of this legislation (and associated approved codes of practice and guidance to fulfil the requirements of BS ISO 45001) often allows for a degree of interpretation and best practise of how best to manage the risks.

The defined policies are intended to cover the basics of legal compliance and good practice.

The Premises Fitness and Repair Policy contained within the manual ensures that properties ELHA owns and manages are maintained in a condition that is fit for human habitation and compliant with the Scottish Housing Quality Standard and applicable statutory requirements.

The Premises Fitness and Repair policy sets out key commitments including how ELHA will:

- Comply with all statutory repairing obligations
- Maintain properties to the Scottish Housing Quality Standard, EESSH and all applicable legal requirements
- Operate responsive, planned and cyclical maintenance programmes

- Maintain arrangements for emergency, urgent and routine repairs
- Comply with Scottish Secure Tenant Right to Repair obligations
- Manage communal repairs and maintenance arrangements
- Only appoint competent contractors
- Monitor repair performance and tenant satisfaction.

It is considered that the requirements relating to Premises Fitness and Repair are already adequately addressed through existing ELHA policies and procedures, including:

- Maintenance Legal Obligations Policy
- Empty Homes Policy
- Procurement Policy
- Chargeable Repairs Policy
- Mutual Repairs Policy
- Complaints Policy and Procedure
- Tenant Participation Strategy
- Communication Strategy
- Customer Care Policy and Procedure
- Equality & Human Rights Strategy & Equality & Diversity Policy
- Health & Safety at Work Policy
- Authorisations and Standing Charges and Allowances Policy

Collectively, these policies and procedures provide the framework through which ELHA manages statutory repairing obligations, repair response arrangements, contractor management, tenant communication and property standards.

As such, a separate Premises Fitness and Repair Policy is not considered necessary. The requirements of the EVH model policy are already addressed through existing ELHA policies, procedures and operational arrangements, and adopting a standalone policy would create unnecessary duplication without improving compliance or tenant outcomes.

Recommendation

The ELHA Board is asked to:

- (a) Note that the requirements contained within the EVH Premises Fitness and Repair Policy are already addressed through existing ELHA policies and procedures;
- (b) Agree that a standalone Premises Fitness and Repair Policy is not required; and
- (c) Approve the updating of the Landlord Safety Manual (Section 7.21) to reflect this position.

Redevelopment of Land and Buildings Policy

Report by Charlie Cooley, Director of R3 & Asset Management – for Approval

1.0 Introduction

The Landlord's Facilities Health, Safety and Welfare Management System Control Manual (LSM) was initially developed in 2016, and made available to EVH Members. East Lothian Housing Association adopted this manual in 2025 and is working through it, to make this ELHA specific.

The core function of RSL's is to provide housing and related services. Under modern legislation, a wide range of topic-specific compliance requirements are placed on landlords to ensure premises and services are maintained in a safe and habitable condition. These requirements are generally considered to be more related to facilities management than traditional Health & Safety requirements, although many stem from the same risk management legislation.

To ensure EVH members can demonstrate compliance with their Health, Safety and Welfare responsibilities, as both an employer and a landlord, the LSM has been introduced to deal specifically with facilities and compliance issues that landlords face.

2.0 Redevelopment of Land and Building Policy Document

Many policies contained within the LSM are based on topic-specific legislation, the complexity of this legislation (and associated approved codes of practice and guidance to fulfil the requirements of BS ISO 45001) often allows for a degree of interpretation and best practise of how best to manage the risks.

The defined policies are intended to cover the basics of legal compliance and good practice.

The Redevelopment of Land and Buildings Policy contained within the manual focuses on ensuring that health, safety, environmental and compliance risks are appropriately considered during the planning and delivery of redevelopment projects.

The Redevelopment of Land and Buildings policy sets out key commitments including how we will:

- Consider risk management issues during the planning stages of redevelopment projects
- Obtain competent specialist advice relating to contaminated land, asbestos and environmental risks
- Undertake land investigations where redevelopment is proposed

- Ensure appropriate arrangements are in place for the management of waste materials and environmental obligations
- Consider compliance requirements associated with construction, refurbishment and redevelopment activities
- Appoint competent specialists and contractors where required

It is considered that the majority of these requirements are already adequately addressed through existing ELHA policies, strategies and governance arrangements, including:

- Asset Management Strategy
- Procurement & Value for Money Policy
- Procurement & Value for Money Strategy
- Contract Management Policy
- Asbestos Management Policy
- Property Maintenance - Legal Obligations Policy
- Health & Safety Strategy
- Financial Regulations
- Procurement Terms and Conditions
- Contractor appointment and management procedures.

Collectively, these policies and procedures provide the framework through which ELHA manages asset investment decisions, contractor appointment, health and safety responsibilities, asbestos risks, procurement, contract management and project governance.

It is recognised that redevelopment projects can introduce specific risks relating to contaminated land, asbestos, environmental issues and construction design and management responsibilities. For this reason, it is recommended that Section 7.22 of the LSM is retained as a short signposting section referencing existing ELHA policies and procedures, rather than adopting the EVH model policy in full.

This approach avoids duplication while ensuring redevelopment-related risks remain visible within the LSM and that appropriate surveys, investigations, risk assessments and specialist advice are obtained where redevelopment activities are proposed.

As such, a standalone Redevelopment of Land and Buildings Policy is not considered necessary. Section 7.22 of the LSM will be updated to reflect how ELHA manages these requirements through existing governance arrangements.

Recommendation

The Board is asked to:

- (a) Note that the requirements contained within the EVH Redevelopment of Land and Buildings Policy are already substantially addressed through existing ELHA policies, strategies and governance arrangements;
- (b) Agree that a standalone Redevelopment of Land and Buildings Policy is not required; and
- (c) Approve the update of Section 7.22 of the Landlord Safety Manual to cross-reference relevant ELHA policies and procedures and retain a short statement regarding redevelopment risk management responsibilities.

ELHA Board Succession Plan 2026/27

Report by Brian Logan, Chair – for approval

1.0 New Succession Plan Format

The Succession Plan (attached as **Appendix 1** to this report) has been developed with support from Linda Ewart of asklindaewart consultancy.

The document aims to be a single reference point from which all ELHA Board members can see:

- The current position in relation to the Nine Year Rule
- When the target for the Nine Year Rule might be breached if no action is taken
- Overall ELHA Board and Sub-Committee attendance
- Summaries of each ELHA Board member's membership, skills, sub-committee membership, attendance, training and future intentions (with reference to the Nine Year Rule)
- Office Bearer Succession Plan
- Training Plan
- Recruitment Plan and Recruitment Priorities

Recommendation

The ELHA Board is asked to approve the ELHA Board Succession Plan 2026/27.

Annual General Meeting: ELHA Board Membership

Report by Brian Logan, Chair – for approval

1.0 Background

Under the Association's Rules, the Association must give notice to all Members of the intention to hold an Annual General Meeting (and include nomination papers for the ELHA Board) at least 28 days before the date of the meeting. Regulatory Standards require the Association to identify any specific priorities for recruitment following the annual assessment of what skills the ELHA Board needs to meet ELHA's Strategic Objectives.

Notices will be issued to Members on Friday 21 August 2026. Following a successful trial in 2025, this year will be the second AGM where notices and papers are issued digitally where e-mail addresses are held (with a postal alternative maintained where required). The software used has been further developed and can now be used for overall Membership Management as well as administering the AGM.

2.0 Elections to the ELHA Board for 2026/27

The Board of East Lothian Housing Association may consist of up to fifteen members, however the Association's Standing Orders aim for between ten and twelve places to be filled at any one time, allowing other places to be used for succession planning purposes. Following last year's Annual General Meeting, the Association had eleven elected members.

Under Rule 39.1, at least one third of the members of the ELHA Board must retire (if no other members, or an insufficient number of members have indicated their intention to retire to fulfil this requirement, those with the longest period since their last election should retire). The four Members required to retire are as follows:

- Iain Atkinson
- Peter Ewart
- Alan Forsyth
- David Rose

Under Rule 37.6, the ELHA Board must satisfy itself that any ELHA Board member seeking re-election after a period of continuous service of nine or more years can demonstrate their continued effectiveness. Rule 37.6 is applicable this year as Peter Ewart, Alan Forsyth and David Rose all have nine or more years of continuous service each.

3.0 ELHA Board Succession Plan and the “Nine Year Rule”

The ELHA Board has developed its Succession Plan to ensure the right balance of experience, renewal and refreshment of the ELHA Board going forward. This includes ensuring that the proportion of ELHA Board members with nine or more years' service does not normally exceed 50%. Of the current ELHA Board, by the date of the 2026 AGM, five members will have served more than nine years, or 45%.

Peter Ewart has confirmed that he wishes to retire as a Board Member at the Annual General Meeting. Peter as a former ELHA Chair, current Chair of the Risk & Audit Committee, and member of the R3 Board has made a significant contribution to the work of the ELHA Group over many years and his input will be missed. With this retirement the percentage who have served for nine or more years will drop to 40%.

Iain Atkinson, Alan Forsyth and David Rose have all confirmed they are willing to stand for election. In accordance with Rule 39.4, Iain Atkinson may stand for re-election. Alan Forsyth and David Rose both have service of over nine years. Under Rule 37.6, the ELHA Board must satisfy itself that any ELHA Board Member seeking re-election after a period of continuous service of nine or more years can demonstrate their continued effectiveness, and in order to stand, their nominations require to be endorsed by the ELHA Board.

Alan Forsyth holds a unique set of skills within the current ELHA Board membership, including experience within Local Government, Quantity Surveying, social housing, construction, housing management and maintenance, business management and Leadership.

David Rose is very active within the East Lothian community, including roles with Community Council and the Care & Repair Charitable Trust, and is a previous Chair and current Treasurer of Employers in Voluntary Housing (EVH), which ELHA is a full member organisation of, giving David strong insight into employer responsibilities and HR practice.

In my view, Alan and David both continue to make a valuable contribution to the ELHA Board's discussions and activities, and I recommend that the ELHA Board endorse the nomination of both Alan Forsyth and David Rose for re-election at the forthcoming 2026 AGM.

4.0 Nominations to the ELHA Board

In the ELHA Board Succession Plan, consideration is given to the particular skills required in new members. In the current Succession Plan the following skills have been identified as current priorities:

- Digital and Information Systems
- Finance

There are currently eight vacancies on the ELHA Board; three members are eligible to stand, two of whom are subject to endorsement of their nomination at this meeting. No further nominations are anticipated.

There are a further five vacancies for which nominations can be made. It is not proposed that the Board will make any further nominations at the AGM. However, the ELHA Board and the Governance Committee will keep recruitment of co-opted members to address skills gaps under active consideration. The ELHA Board intends to undertake a review of its Strategic Objectives in 2026/27 and, once complete, the Board and the Governance Committee will consider whether a further recruitment exercise is required to align with the new strategic direction.

If more nominations are received than there are places available on the ELHA Board before Thursday 3 September 2026, a ballot at the AGM will be required, otherwise all nominees will be automatically appointed.

Recommendations

The ELHA Board is asked to endorse the nominations for Iain Atkinson, Alan Forsyth and David Rose for re-election to the ELHA Board.

ELHA Code of Conduct Review

Report by Martin Pollhammer, Chief Executive – for approval

1.0 Introduction

The revised Code of Conduct has been reviewed following publication of an updated model by the Scottish Federation of Housing Associations (SFHA).

The amendments are largely updates to terminology, governance references and regulatory guidance, together with clarification of behavioural expectations and procedures for managing breaches.

2.0 Key Changes

Governance terminology updated

- References to the Management Committee have been replaced with ELHA Board throughout the document and supporting guidance to reflect current governance arrangements

Alignment with the current Regulatory Framework

- References have been updated to reflect the Scottish Housing Regulator (SHR) Regulatory Framework 2024 and current regulatory standards
- Supporting footnotes and guidance have been revised to reference current regulatory requirements and expectations

Wider application of the Code

- The scope of the Code has been clarified to confirm that it applies:
 - To all elected, appointed and co-opted Board members
 - To subsidiary governing bodies and group entities
 - Across in-person, virtual and social media settings where conduct may reflect on ELHA

Enhanced expectations regarding conduct and reputation

- Additional emphasis has been placed on:
 - Appropriate use of social media

- Protecting ELHA's reputation
- Respectful behaviour towards colleagues, staff, tenants and partners
- Avoiding actions that could undermine Board decisions or organisational objectives

Strengthened requirements on interests, transparency and governance

- Clarification of annual declarations and maintenance of the Register of Interests
- Reinforcement of obligations relating to conflicts of interest, gifts and hospitality, whistleblowing, fraud prevention and confidentiality

Board effectiveness and accountability

- Additional emphasis on Board member participation, training, self-assessment, performance monitoring and contribution to governance effectiveness reviews

Protocol for managing alleged breaches

- The accompanying protocol has been updated and expanded to provide greater clarity on:
 - Responsibilities for handling complaints
 - Investigation routes for minor and serious breaches
 - Leave of absence arrangements during investigations
 - Reporting obligations, including SHR Notifiable Events requirements
 - Potential sanctions and outcomes following investigation

3.0 Summary

The revisions do not materially alter the core principles of the Code but update it to reflect current governance structures, regulatory requirements and good practice expectations.

ELHA Board members will be asked to sign the revised Code of Conduct as part of the annual process to begin the new ELHA Board year at the next ELHA Board meeting in September 2026.

Recommendation

The ELHA Board is asked to approve the revised ELHA Board Code of Conduct.

Appendix A

Model Code of Conduct for Governing Body Members

East Lothian Housing Association

Code of Conduct for ELHA BOARD Members

Contents

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5. [Acceptance and Signature](#)

1. Introduction

- 1.1. All members of ELHA Board must sign this Code of Conduct when they are elected, co-opted or appointed, and on an annual basis thereafter. References throughout this Code of Conduct (the Code) to 'we', 'us' and 'our' mean East Lothian Housing Association (ELHA). The Code reflects our Vision for Healthy Happy Homes, and our Values which are to be Honest, Professional, Reliable and Friendly.
- 1.2 We attach the greatest importance to ensuring that high standards of governance and ethical behaviour are demonstrated by all of our people and in all of our activities.
- 1.3 Our Code of Conduct sets out the requirements and expectations which are attached to your role as a member of our ELHA Board. You have a personal responsibility to uphold the requirements of our Code. You cannot be a member of the ELHA Board¹ if you do not agree to adopt our Code of Conduct. To confirm that you understand its requirements and accept its terms, you must review and sign this Code annually.
- 1.4 The Regulatory Standards of Governance and Financial Management require all Registered Social Landlord (RSLs), to adopt and comply with an appropriate Code of Conduct². Our Code is based on the Model Code of Conduct produced by the Scottish Federation of Housing Associations, which the Scottish Housing Regulator (SHR) has confirmed fully complies with its Regulatory Standards.
- 1.5 Our Code of Conduct is an important part of our governance arrangements; it is supported by the Role description which describes your responsibilities as an ELHA Board member. You are responsible for ensuring that you are familiar with the terms of this Code and that you always act in accordance with its requirements and expectations. ELHA Board Members must always ensure their actions accord with the legal duties of the RSL and with regulatory guidance. You must also ensure you are familiar with any policies which are linked to this code.
- 1.6 If there is a concern that a member of the ELHA Board may have breached any part of this Code, the matter will be investigated in accordance with the

¹ Our Rules state that the ELHA Board can remove a member who fails to sign the Code of Conduct (Rule 44.5.2); it is a regulatory requirement that our Rules enable the ELHA Board to take such action (SHR Regulatory Framework (2019) Constitutional Standard 19)

² SHR Regulatory Framework (2024), [Regulatory Standard 5.2](#)

Protocol that we have adopted. A serious breach of our Code may result in action being taken by the ELHA Board to remove the ELHA Board member(s) involved.

- 1.7 This Code of Conduct was adopted by the ELHA Board on 20 August 2026.

2. Who Our Code Applies To and When

- 2.1 Our Code of Conduct applies to all elected, appointed and co-opted members of our ELHA Board and its sub-committees and to the governing bodies of all subsidiaries and members of the ELHA Group.
- 2.2 The expectations of the Code apply in all settings and circumstances where our ELHA Board members are representing us or acting on our behalf and where their conduct could reflect on our tenants / organisation and/or their reputation. The Code applies equally to conduct in person, virtually and on social media.

3. How Our Code Is Structured

- 3.1 Our Code of Conduct is based on the seven principles which are recognised as providing a framework for good governance. They demonstrate honesty, integrity and probity.³
- 3.2 Each principle is described, as it applies to the activities of ELHA and its ELHA Board members, and supporting guidance is offered for each to provide more explanation of our Code's requirements. The guidance is not exhaustive and it should be remembered that ELHA and our ELHA Board members are responsible for ensuring that their conduct at all times meets the high standards that the RSL sector is recognised for upholding.
- 3.2 The seven principles that you must adhere and commit to by signing this Code are:

A. [Selflessness](#)

B. [Openness](#)

C. [Honesty](#)

D. [Objectivity](#)

E. [Integrity](#)

³ Committee for Standards in Public Life (May 1995), [Nolan Principles](#)

F. Accountability

G. Leadership

A. Selflessness

You must act in the best interests of ELHA at all times and must take decisions that support and promote our strategic plan, aims and objectives. Members of the ELHA Board should not promote the interests of a particular group or body of opinion to the exclusion of others.

- A.1** I will always uphold and promote ELHA's aims, objectives and values and act to ensure their successful achievement
- A.2** I will exercise the authority that comes with my role as an ELHA Board member responsibly
- A.3** I will accept responsibility for all decisions properly reached by the ELHA Board (or a sub-committee or working group with appropriately delegated responsibility) and support them at all times, even if I did not agree with the decision when it was made.
- A.4** I will consider and respect the views of others.
- A.5** I will not seek to use my position inappropriately to influence decisions that are the responsibility of staff.
- A.6** I will not seek to use my influence inappropriately or for personal gain or advantage or for the benefit of someone to whom I am closely connected⁴ or their business interests.

⁴ See our Entitlements, Payments and Benefits Policy

B. Openness

You must be transparent in all of your actions; you must declare and record all relevant personal and business interests and must be able to explain your actions.

- B.1** I will use my best endeavours and exercise reasonable skill and care in the conduct of my duties.
- B.2** I will avoid any situation that could give rise to suspicion or suggest improper conduct.
- B.3** I will declare any personal interest(s) and manage openly and appropriately any conflicts of interest; I will observe the requirements of our policy on the matter. I will keep my entry in the Register of Interests complete, accurate and up to date. I will make an annual statement to confirm my declarations are accurate.
- B.4** I will not accept any offers of gifts or hospitality from individuals or organisations which might reasonably create – or be capable of creating – an impression of impropriety or influence or place me under an obligation to these individuals or organisations. I will comply with ELHA's policy on Entitlements, Payments and Benefits.
- B.5** I will ensure that, in carrying out my role as an ELHA Board member, I am informed about and take account of the views, needs and demands of tenants and service users
- B.6** I will ensure that ELHA is open about the way in which it conducts its affairs and positive about how it responds to requests for information.
- B.7** I will not prevent people or bodies from being provided with information that they are entitled to receive.

C. Honesty

You must ensure that you always act in the best interests of the organisation and that all activities are transparent and accountable.

- C.1** I will always act honestly and in good faith when undertaking my responsibilities as an ELHA Board member.
- C.2** I will use my experience, skills, knowledge and judgement effectively to support our activities.
- C.3** I will ensure that decisions are always taken and recorded in accordance with our Rules and procedures.
- C.4** I will ensure that ELHA has an effective whistleblowing policy and procedures to enable, encourage and support any staff or ELHA Board member to report any concerns they have about possible fraud, corruption or other wrongdoing.⁵
- C.5** I will report any concerns or suspicions about possible fraud, corruption or other wrongdoing to the appropriate senior person within the organisation in accordance with our whistleblowing policy.
- C.6** I will comply with our policies and procedures regarding the use of our funds and resources⁶ and I will not misuse, contribute to or condone the misuse of these resources.
- C.7** We forbid all forms of bribery, meaning a financial or other advantage or inducement intended to persuade someone to perform improperly any function or activity. I will neither accept from nor give bribes or any other inducement to anyone. I will comply with our Fraud and Theft policy on bribery and will report any instances of suspected bribery or corruption within the organisation or any of its business partners.
- C.8** I will ensure that neither I nor someone closely connected to me receives or is seen to receive preferential treatment relating to any services provided by the organisation or its contractors/suppliers. I will declare all interests openly and ensure they are effectively managed to demonstrate this.

⁵ These concerns might include, but are not confined to, suspected fraud, dishonesty, breach of the law, poor practice, non-compliance with regulatory requirements, misconduct, breach of this code.

⁶ Resources include people, equipment, buildings, ICT, funds, knowledge, stationery, transport

D. Objectivity

You must consider all matters on their merits; you must base your decisions on the information and advice available and reach your decision independently.

- D.1** I will ensure that the decisions that I take are consistent with our aims and objectives and with the relevant legal and regulatory requirements (including those of the Scottish Housing Regulator, the Office of the Scottish Charity Regulator, the Financial Conduct Authority and the Care Inspectorate).
- D.2** I will attend meetings regularly, prepare for them effectively and ensure I have access to all necessary information to enable me to contribute constructively and make well-informed decisions.
- D.3** I will monitor performance carefully to ensure that the organisation's purpose and objectives are achieved, and take timely and effective action to identify and address any weaknesses or failures.
- D.4** I will use my skills, knowledge and experience to review information critically and always take decisions in the best interests of the organisation, our tenants and our service users.
- D.5** I will ensure that the ELHA Board seeks and takes account of additional information and external/independent and/or specialist advice where necessary and/or appropriate.
- D.6** I will ensure that effective policies and procedures are implemented so that all decisions are based on an adequate assessment of risk, deliver value for money, and ensure the financial well-being of the organisation.
- D.7** I will contribute to the identification of training needs, keep my knowledge up to date, and participate in ongoing training that is organised or supported by us.

E. Integrity

You must actively support and promote our values; you must not be influenced by personal interest in exercising your role and responsibilities.

- E.1** I will always treat my ELHA Board colleagues our staff, our customers and partners with respect and courtesy
- E.2** I will always conduct myself in a courteous and professional manner; I will not, by my actions or behaviour, cause distress, alarm or offence.
- E.3** I will publicly support and promote our decisions, actions and activities; I will not, by my actions or behaviour, compromise or contradict the organisation, its activities, values, aims or objectives. I will notify the Chair quickly if I become aware of any situation or event that I am associated with which could affect ELHA and/or its reputation
- E.4** I will fulfil my responsibilities as they are set out in the relevant role description(s); I will maintain relationships that are professional, constructive and that do not conflict with my role as an ELHA Board member.
- E.5** I will comply with, support and promote our policies relating to equalities, diversity and human rights as well as uphold our whistleblowing and acceptable use⁷ policies.
- E.6** I will respect confidentiality and ensure that I do not disclose information to anyone who is not entitled to receive it, both whilst I am a member of the ELHA Board and after I have left.
- E.7** I will observe and uphold the legal requirements and our policies in respect of the storage and handling of information, including personal and financial information.

⁷ This relates to the use of ICT, social media and networking, facilities etc., and is specific to each individual RSL.

F. Accountability

You must take responsibility for and be able to explain your actions, and demonstrate that your contribution to our governance is effective.

- F.1** I will observe and uphold the principles and requirements of the SHR's Regulatory Framework, and gain assurance that relevant statutory and regulatory guidance and ELHA's legal obligations are fulfilled.
- F.2** I will ensure that we have effective systems in place to monitor and report our performance and that corrective action is taken as soon as the need is identified.
- F.3** I will contribute positively to our activities by regularly attending and participating constructively in meetings of the ELHA Board, its committees and working groups.
- F.4** I will participate in and contribute to an annual review of the contribution I have made to our governance.
- F.5** I will ensure that there is an appropriate system in place for the support and appraisal of our Senior Officer and that it is implemented effectively.
- F.6** I will not speak or comment in public on our behalf without specific authority to do so.
- F.7** I will co-operate with any investigations or inquiries instructed in connection with this Code whilst I am an ELHA Board member and after I have left.
- F.8** I recognise that the Governing Body as a whole is accountable to its tenants and service users, and I will demonstrate this in exercising my judgement and in my decision-making

G. Leadership

You must uphold our principles and commitment to delivering good outcomes for tenants and other service users, and lead the organisation by example.

- G.1** I will ensure that our strategic aims, objectives and activities deliver good outcomes for tenants and service users. I will make an effective contribution to our strategic leadership.
- G.2** I will ensure that our aims and objectives reflect and are informed by the views of tenants and service users.
- G.3** I will always be a positive ambassador for the organisation.
- G.4** I will participate in and contribute to the annual review of the Governing Body's effectiveness and help to identify and attain the range of skills that we need to meet our strategic objectives.
- G.5** I will not criticise or undermine the organisation, any of its people or our actions in public.
- G.6** I will not criticise staff in public; I will discuss any staffing related concerns privately with the Chair and/or Senior Officer.
- G.7** I will not harass, bully or attempt to intimidate anyone.
- G.8** I will not use social media to criticise or make inappropriate comments about the organisation, its actions or any member of the ELHA Board, staff or other partners.
- G.9** I will not act in a way that could jeopardise our reputation or bring us into disrepute.⁸

⁸ This includes activities on social media, blogs and networking sites.

4. Breach of this Code

- 4.1 I recognise that each member of the ELHA Board has a personal and individual responsibility to promote and uphold the requirements of this Code. If I believe that I may have breached the Code, or I have witnessed or become aware of a potential breach by another member, I will immediately bring the matter to the attention of the Chair.

5. Acceptance and Signature

I _____ have read and understood the terms of this Code of Conduct and I agree to uphold its requirements in all my activities as a member of our ELHA Board. I am aware that I must declare and manage any personal interests. I agree to review all relevant Registers regularly to ensure that all entries relating to me are accurate. I understand that, if I am found to have breached this Code of Conduct, action will be taken by the ELHA Board which could result in my removal.

Signed _____

Date _____

Appendix B

Further Guidance for Governing Body Members

Supporting Guidance to the Code of Conduct for ELHA Board Members

This Guidance has been prepared for members of the ELHA Board to support the adoption and explain the terms of our Code of Conduct. All members of the ELHA Board must sign the Code of Conduct when they are elected, co-opted or appointed, and then on an annual basis thereafter. References throughout this Code of Conduct (the Code) to 'we', 'us' and 'our' mean East Lothian Housing Association (ELHA).

We attach the greatest importance to ensuring that high standards of governance and ethical behaviour are demonstrated by all of our people and in all of our activities. Our Code of Conduct sets out the requirements and expectations which are attached to your role as a member of our Management Committee. You have a personal responsibility to uphold both the spirit and the requirements of our Code.

Our Code of Conduct is an important part of our governance arrangements. It is supported by the Role description which describes your responsibilities as a Management Committee member and you are responsible for ensuring that you are familiar with the terms of the Code and that you always act in accordance with its requirements and expectations. Management Committee members must always ensure their actions accord with the legal duties of the RSL and with regulatory guidance. You must also ensure you are familiar with any policies which are linked to this code.

If you have any questions about the Code or your role with us, please speak to The Chair, or Chief Executive.

As a Registered Social Landlord (RSL), we are required to adopt and comply with an appropriate Code of Conduct⁹. Our Code is based on the Model Code of Conduct produced by the Scottish Federation of Housing Associations (2024), which the Scottish Housing Regulator (SHR) has confirmed fully complies with its regulatory requirements.

You cannot be a member of the ELHA Board if you do not agree to adopt our Code of Conduct. To confirm that you understand its requirements and accept its terms, you must review and sign this Code annually. Our rules state that the ELHA Board can remove a member who fails to sign the Code of Conduct (Rule 44.5.2). It is a regulatory requirement that our rules enable the ELHA Board to take such action.¹⁰

Each year, following the AGM, ELHA Board members will be asked to sign and date our Code of Conduct to confirm your commitment to the principles, requirements and expectations that it describes and to meet the requirements of our rules. A copy of our

⁹ Scottish Housing Regulator (2024) Regulatory Framework, [Regulatory Standard 5.2](#)

¹⁰ SHR Regulatory Framework (2024) Constitutional Standard 19

Code, showing your signature throughout your membership of the ELHA Board, will be retained by us, in accordance with our Data Protection/Privacy policy.

Our Code of Conduct applies to all elected, appointed and co-opted members of our ELHA Board and its sub-committees and to the governing bodies of all subsidiaries and members of the ELHA Group.

How the Code is structured

The Code is based on the seven principles which are recognised as providing a framework for good governance. They demonstrate honesty, integrity and probity.¹⁴

In the Code, each principle is described, as it applies to the activities of an RSL and its ELHA Board Members. This guidance is offered to support the application of the Code of Conduct by providing some illustrations of the practical application of the Code's requirements. **It is emphasised that the guidance is not exhaustive.**

It must be remembered that ELHA Board members and RSLs are always responsible for ensuring that their conduct at all times meets the high standards that the RSL sector is recognised for upholding.

The Principles of the Code

The seven principles of the Code are:

- A. [Selflessness](#)
- B. [Openness](#)
- C. [Honesty](#)
- D. [Objectivity](#)
- E. [Integrity](#)
- F. [Accountability](#)
- G. [Leadership](#)

The remainder of this guidance offers some illustrations of how each of the principles may be applied to your role as an ELHA Board member. There are references throughout to the need for ELHA Board members to 'be familiar' with the terms of policies and other documents. This does not mean that you need to know the detailed content of all the documents but rather you should be aware of their key principles and have ready access to them in the event that the detail is necessary.

A. Selflessness

¹⁴ Committee for Standards in Public Life (May 1995), [Nolan Principles](#)

This principle emphasises the importance of ELHA Board members acting in our best interests at all times and taking decisions that will support delivery of our objectives. Although individual ELHA Board members bring knowledge and experience to their role, you are not a representative for a specific interest or group: your experience and knowledge should inform your contribution to discussion but your decision-making should be influenced by our aims and objectives and not individual or specific interests. In practice, this means that you must always make a conscious effort to see the bigger picture and not concentrate just on the issues that are important to you.

A1 refers to upholding our values, which are included at 1.1 in the introduction of our Code.

The principle contains a commitment to always support and uphold the ELHA Board decisions and our actions (A3): if an ELHA Board member were to actively undermine or publicly contradict or disagree with decisions that have been properly considered and/or actions that have been approved and/or accord with approved policy or practice, this may constitute a breach. E3 of the Code contains a parallel commitment: if a decision is taken by the ELHA Board that a member fundamentally disagrees with and cannot support, it may be that resignation should be considered if the differences cannot be reconciled. After all, GBMs volunteer for their role because they support the organisation's aims, objectives and activities; if that changes, so too will their commitment and enthusiasm.

This principle is not intended to prevent an ELHA Board member from disagreeing with a proposal during a meeting (as part of their role to exercise scrutiny and challenge) or from recording their dissent from a decision; rather it is intended to ensure that no member of the ELHA Board actively and/ or publicly undermines the organisation. In practice, this means, for example, that you should not question in public why a decision was taken or publicly disagree with a decision or action or otherwise criticise the organisation. It is only if an ELHA Board member actively undermines or disagrees with a decision or action that a breach of the Code may arise. A similar provision is contained in the Code of Conduct for staff. It is important to remember that this principle applies to comments made in person and virtually (e.g. via social media).

A4 specifies that ELHA Board members will always be respectful to others: this means, among other things, that you must uphold and be familiar with our policies relating to Equalities, Diversity and Human Rights and Dignity at Work. This requirement relates to all of your engagements with ELHA Board colleagues and staff, tenants and customers, partners and agents, whether in person or virtually. In practice, this means listening to and considering other views and respecting opinions even if they are very different from your own. It also applies to wider conduct: E1, E2 and E3 are specific about the responsibilities of ELHA Board members to ensure that they do not bring the organisation into disrepute. It is important to remember that conduct that wouldn't be considered acceptable face to face will not be acceptable in a virtual environment, either.

The Code stresses that ELHA Board members should not stray into operational matters or seek to use their influence (A6) inappropriately or for personal gain. This means that ELHA Board members should always refer individual matters relating to themselves or someone they know or in which they have an interest to the relevant member of staff or to the Chief Executive for onward delegation.

B. Openness

This principle sets the framework for ensuring that, in all of our activities and in all your actions, transparency and openness are evident. In practice, this means that you must identify and declare all personal interests which are relevant to our work and to your role with us. You must be familiar with the process for declaring interests and you must make sure that the Register of Interests is accurate and up to date at all times. You must ensure that you are well informed about our policy on declaring interests, which forms part of our EPB (Entitlements, Payments and Benefits) Policy (B3).

You must always be careful and cautious about how your actions may be viewed by others and take care to avoid anything which could compromise or embarrass you or us (B2). In practice, this means that you cannot accept gifts or hospitality that are not permitted by our Entitlements Payments and Benefits policy (EPB).

B5 reflects the requirements of SHR's regulatory standard 2 by emphasising the importance of ELHA Board members being well-informed about the needs and priorities of tenants. In practice, this may include considering information from Tenant Scrutiny groups, monitoring tenant satisfaction and landlord performance data, offering/considering insight provided from tenants' ELHA Board perspectives. ELHA Board members should use this information to inform their consideration of the business that is brought to the ELHA Board.

We are covered by the requirements of the Freedom of Information (Scotland) Act and the SHR's Regulatory Framework requires us to be open and accountable for what we do¹⁵. As a member of our ELHA Board, you are responsible for ensuring that we comply with these legal and regulatory requirements: in practice, this means monitoring our compliance and ensuring that we communicate openly and respond effectively to tenants, customers, regulators, funders and partners.

The ELHA Board should oversee a culture of openness throughout the organisation – in our communications, access to our website, engagement with tenants and customers and willingness to provide information and answer questions. In practice, this means working on the basis that information will be made available unless there is a good reason for it being withheld. At the same time, you must also ensure that confidentiality is respected (B6 and B7 require that information is made available but E6 also requires that confidentiality must be ensured). This means that it is important

¹⁵ Regulatory Standard 2 (SHR Regulatory Framework 2024)

for ELHA Board members to be involved in agreeing the policy framework that supports how we categorise information.

C. Honesty

This principle emphasises the importance of always acting honestly and in good faith in undertaking your role as an ELHA Board member; it also supplements the principle of Openness. To uphold this principle, you should ensure that you are familiar with our rules, standing orders and scheme of delegation, as well as our governance policies and procedures (C3). Of course, you should also ensure that you always act and speak honestly and openly.

C4 requires you to be aware of the terms of our Whistleblowing Policy: in practice, this means that the ELHA Board, collectively, must be assured that the policy is fit for purpose (SHR has issued Statutory Guidance on Whistleblowing) and that there is regular training provided for ELHA Board members and staff on its terms. ELHA Board members must also ensure that there are effective procedures in place for whistleblowing allegations to be made and investigated, with adequate safeguards in place to protect complainants. ELHA Board members have an individual duty to report any concerns that you may have about possible fraud, corruption or wrongdoing (C5 and C7). You must, therefore, be familiar with the terms of our Fraud and Theft policy. You are expressly forbidden to accept any gifts or other inducements which might create, or be capable of creating, a sense of obligation to another party. Our EPB policy sets out the framework for considering any offers of gifts or hospitality.

C6 stresses your commitment to ensure that our funds and resources are used properly and for legitimate purposes. This means that decisions about what we do and how we act must fit with, amongst other things, our permitted purpose, and objectives, our business plan and the terms of our loans and grant-making authorities.

C8 further emphasises¹⁶ your responsibility to ensure that neither you nor someone closely connected to you is seen to benefit inappropriately from your role with us and to be very open in declaring all relevant personal interests. In practice, this means ensuring that you are not involved in any decisions which personally impact or affect you or someone you are close to. This does not mean, however, that a GBM who is also one of our tenants cannot be involved in deciding matters that affect all tenants or a large group of tenants (e.g. annual rent increase, establishment of a community resource). It would mean, however, that tenant GBMs cannot be party to strategic decisions involving the future of a group of properties which included their own home (such as demolition on the grounds of safety); in a situation like this, any tenant would make their own representations through the consultation process and not take part in the Board discussion. This restriction also reflects the principle of objectivity, which follows.

¹⁶ A6 and B3 are also relevant

D. Objectivity

This principle is about the need to ensure that you make decisions based on an objective consideration of the information that is presented to you in reports. In practice, this means that you must be satisfied that you have access to all of the information you need to fulfil your responsibilities, whilst – at the same time – being mindful of and respecting the distinct roles of ELHA Board members (strategic) and senior staff (operational). It also means making sure that you put aside any personal views that you might have.

D1 reflects the provisions of Regulatory Standard 1 by committing ELHA Board members to ensuring that decisions are consistent with all legal, constitutional and regulatory requirements. This means that ELHA Board members must be familiar with these provisions. Reports should refer and draw attention to the relevant legal, regulatory and financial constraints/conditions, with Minutes recording that these have been adequately considered.

D2 is explicit about the importance of preparing adequately for meetings – our role description contains an indication of the time that is likely to be involved in meeting preparation. Preparation includes reading all of the reports and also accessing any additional information that may be available (e.g. supplementary reports) and which you feel is necessary to enable you to contribute effectively. This might also involve the ELHA Board requesting that specialist or independent advice is obtained (D5 and Regulatory Standard 4.1) – and individual members being aware of when it is appropriate and/or necessary to do so (D5).

D6 describes the responsibility of ELHA Board members to ensure that the organisation has an effective and robust framework for assessing and managing risk: this includes being satisfied about the delegation of authority, operation and reporting of e.g. the Audit and Risk sub-committee. It also relates to the operation of financial regulations and the effectiveness of financial planning, budget preparation, forecasting and reporting. Regulatory Standard 3 is relevant to this principle.

In order to be objective, ELHA Board members must be well-informed about the organisation's business and operating environments as well as the sector and economic policy and strategy contexts. D7 commits ELHA Board members to participate in regular training to keep their knowledge up to date. Of course, no one is expected to be an expert in everything but there is an expectation that each ELHA Board member will help to identify their own ongoing training needs and the priorities for the ELHA Board collectively – this will be an element of the annual review of the ELHA Board's effectiveness (as required by Regulatory Standard 6.5).

E. Integrity

This principle focuses on the importance of always acting in our best interests and actively promoting our values, aims and objectives and reflects many of the other principles in the Code.

E1 and E2 echo A4: ELHA Board members must be respectful and courteous in all that you do: in practice, this means being prepared to 'agree to disagree' when strong opinions are held and being tolerant of views and perspectives which might be very different from your own. It also means recognising and acknowledging that what's acceptable in terms of language and conduct change and being mindful that differences in cultures, faiths and beliefs can be very significant and sensitive. Equally, it's important to remember that the Code applies in all settings: any conduct that would be questionable in person would also be questionable in a virtual environment.

E3 complements A3 in terms of publicly promoting and supporting us and our activities but it also includes a commitment to notify the Chair as soon as you become aware of anything that might compromise us or our interests. In practice, this might include being associated with, for example, a community council's opposition to a planning application that we have made or being involved in something that may become public and which could embarrass us.

E4 refers to the role descriptions that we have adopted: all ELHA Board members must be familiar with the terms of their role description and, for office bearers, there will be more than one. In practice, this principle seeks to ensure that relationships are professional: amicable and constructive with respect for the boundaries between the strategic role of the ELHA Board member and the operational responsibilities of senior staff.

E5 complements A4 and is a specific commitment to uphold our Equality, Diversity, Inclusion and Human Rights policies; it reflects our statutory and regulatory duties to uphold and promote equalities and human rights and to ensure that our policies and practices are informed by our understanding of our tenant's needs and expectations.

E6 is a commitment to uphold our Whistleblowing and acceptable use policies: this reflects the regulatory requirement for us to have a whistleblowing policy and the Regulatory Standard that requires 'clear procedures for employees and governing body members to raise concerns or whistleblow if they believe that there has been fraud, corruption or other wrongdoing within the RSL'¹⁷

E7 and E8 relate to confidentiality and the importance of maintaining it. This applies to the content of reports, discussions at ELHA Board and committee meetings and all other business that you have access to in your role as an ELHA Board member. Upholding this principle requires you not to discuss anything that is identified as being confidential with anyone who is not entitled to the information; it also means making sure that any documents are stored securely (e.g. by means of passwords on laptops or other devices, in a locked drawer) and that on-line discussions and your contribution to them can't be overheard (e.g. if attending a virtual meeting). In

¹⁷ Regulatory Standard 5.6

applying this principle, you must also be mindful of our duties in respect of safeguarding personal information i.e. anything from which an individual can be identified.

F. Accountability

This principle is about the importance of taking personal responsibility for your contribution to our governance. In practice, this means being active in your role as an ELHA Board member – asking questions, critically reviewing information and monitoring performance and participating in strategy and planning events (F3).

F1 is a specific commitment to upholding legal and regulatory requirements: in practice, this means that you should feel assured and satisfied, as far as you reasonably can, that we are compliant with our legal and regulatory obligations as well as our own internally set standards. Your assurance will come from your participation in our governance – the reports, discussions, external advice and audits that you are asked to consider and which form the evidence for the ELHA Board annual Assurance Statement (F2).

As an ELHA Board member, you are expected to participate in an annual review of the effectiveness of your own contribution (F4) and of our overall governance (G4). As well as being a principle of the Code, this is also a regulatory requirement (Regulatory Standard 6.3, 6.3).

F6 places a responsibility on each ELHA Board member to be assured that there is an effective process in place to appraise the Chief Executive's performance: in practice, this also means ensuring that the Chief Executive is adequately supported as well as being held to account for the achievement of both corporate and individual objectives. ELHA Board members must also be satisfied that the Chief Executive's annual appraisal is carried out effectively and that its outcome is reported to the ELHA Board.

Our Scheme of Delegation identifies who is authorised to make public comments on our behalf; it is not normally appropriate for an individual ELHA Board member to speak in public without prior agreement from the Chair. This includes, for example, accepting an invitation to contribute to a conference or event because of your role with us. The Code's principles also extend to social media activities (F6, G8).

F7 is a specific commitment to participate in and co-operate with any investigations that may be instructed relating to the Code, involving you either directly or as a witness. This obligation extends beyond your term of membership of the ELHA Board which means that your co-operation may be requested when you are no longer a member of the ELHA Board. It is unlikely that you would be asked to contribute to any such investigation more than a year after you have left.

As a RSL, we are accountable to our tenants and service users for our actions: F9 requires ELHA Board members to ensure that the best interests of tenants and service users guide planning and decision-making. In practice, this means being informed and taking account of the views of tenants and service users in all aspects

of your role and ensuring that reports contain sufficient information to give you assurance that proposals are similarly informed before you make a decision.

G. Leadership

The role of the ELHA Board is to lead and direct the organisation to deliver good outcomes for our tenants and service users¹⁸. This section of the Code sets out some specific expectations about that part of your role. It also stresses the importance of ELHA Board members leading by example and making a positive and active contribution to our governance (G1, G2).

G3 echoes A3 and E3 by specifying your responsibility to be positive in your support for us and our work. In practice, this means representing us positively both when acting on our behalf and in your wider activities.

G4 complements the individual focus of F4 by being explicit that the governing body should review the overall effectiveness of its governance arrangements: this forms part of our annual review process, which also includes a review of the range of skills, knowledge and experience that the ELHA Board collectively needs to fulfil its responsibilities. ELHA Board members have a responsibility to contribute to the process of identifying any gaps and the best means of filling them (D7)¹⁹.

G5 supports G3 (and A3 and E3) by being explicit that you should not criticise us, our people or our actions in public. This does not mean that you cannot be critical or raise concerns – that is a key part of your responsibility as an ELHA Board member – but you should always be constructive and objective in your challenge and criticism, which should be expressed at meetings and in discussions and with the relevant people, in accordance with our structures and procedures.

G6 is a specific commitment not to criticise or undermine (or appear to undermine) members of staff (individually or collectively) in public (including to e.g. tenants or partners). Any concerns which you have should be raised directly and privately with the Chair or Chief Executive.

G7 echoes provisions in the Staff Code regarding bullying and harassment.

G8 supplements the principle at F7 by making specific reference to social media activity: all of the provisions of the Code apply to your presence on all social media platforms.

As someone who is responsible for leading our organisation, it is essential that ELHA Board members are not associated with anything that could compromise us or bring us into disrepute. G9 echoes the provisions that are set out at E3 and E4. In all that you do, you must be mindful of any potential negative impact on us and, if you

¹⁸ Regulatory Standard 1

¹⁹ Regulatory Standard 6.5

become aware of anything that could affect us, you must bring it to the attention of the Chair quickly (E3).

Breach of the Code

If a complaint is made or concern raised that a member of the ELHA Board may have breached any part of the Code, the matter will be investigated in accordance with the Protocol which has been approved by the ELHA Board. The protocol forms part of our governance policies, and is attached as Appendix C to this document.

A potential breach of our Code will normally be formally investigated. It is the responsibility of the Chair to decide, in consultation with other office bearers, if an internal or an independent investigation should be conducted. An ELHA Board member who is the subject of a complaint or concern about a potential breach of our code is expected to take leave of absence whilst an investigation is carried out: (our Rules allow the ELHA Board to require that this happens). Whilst on leave of absence for this reason, an ELHA Board member is not entitled to receive any papers or correspondence (other than in relation to the investigation) or to take part in any meetings in their role as an ELHA Board member. The requirements of our Code of Contact continue to apply throughout the term of the leave of absence.

A serious breach of our Code may result in action being taken by the ELHA Board to remove the member(s) involved. This is a serious course of action which is provided for in our rules. It requires a majority of the ELHA Board members who attend a special meeting of the ELHA Board to support a resolution to remove the member because of their failure to comply with the requirements of the Code or our rules, policies or standing orders. If an ELHA Board member is removed as a result of such a resolution, or resigns, having been notified of the ELHA Board's intention to consider such a resolution, they cannot be re-elected or appointed or co-opted to the ELHA Board during the subsequent five years. An ELHA Board member who has been removed cannot be elected, appointed or co-opted to the governing body of another RSL during the same period.

Appendix C

Model Protocol for Dealing with a Breach of the Code of Conduct

ELHA Protocol for Managing an Alleged / Suspected Breach of Code of Conduct

1. Introduction

- 1.1 This protocol will be used by ELHA to deal with any alleged breaches of our Code of Conduct for Governing Body Members. It is based on the Model Protocol provided by SFHA.

2. Who is Responsible?

- 2.1 The Chair has delegated authority to deal with all potential breaches of the Code, unless the allegation relates to him/her. In that event, the Vice Chair should take on the responsibilities that the protocol allocates to the Chair. It may be necessary to ask other members of the ELHA Board to take on responsibilities should the allegation relate to both the Chair and Vice Chair. In exceptional circumstances (for example particularly complex or sensitive issues), it may be helpful for the Chair to be supported by the RSL's solicitor or another trusted external adviser. In such circumstances, the solicitor / adviser may by agreement fulfil duties otherwise undertaken by the Chair, but will always be accountable to the Chair and governing body. The references to 'Chair' throughout this protocol, as they relate to the investigation and management of complaints, should be interpreted as applying to whoever is charged with carrying out / overseeing the specific responsibilities.
- 2.2 The Chair should consult with other office-bearers (or members of the ELHA Board) to instruct, progress and conclude internal and external investigations carried out in accordance with this protocol.
- 2.3 The Scheme of Delegation identifies who has primary responsibility for overseeing the management of alleged breaches of the Code of Conduct. It is important to ensure that anyone who may be called upon to exercise these responsibilities is provided with appropriate training and/or support.

Delegated Authority to Oversee Potential Breaches	Any two from the following (must include at least one ELHA Board member)
ELHA Board	Chair, Vice-Chair, Secretary, Risk & Audit Committee Convenor
Senior Staff	Chair, Vice-Chair, Chief Executive, Other SMT members

- 2.4 No one who is directly involved in a matter that gives rise to a concern that there may have been a breach of the Code of Conduct should be involved in reviewing or managing/conducting an investigation of the matter. Consequently, it may be necessary to ask other members of the ELHA Board to take on the responsibilities that the Protocol allocates to the Chair and other office bearers.
- 2.5 The Chair may seek advice from our solicitors and / or obtain other external support that may be needed in exercising any or all of the responsibilities associated with this protocol.

3. What Constitutes a Breach?

- 3.1 A breach of the Code of Conduct is a potentially serious matter and so any allegation of a breach must be handled and managed carefully. This Protocol is a process that will apply to managing and/or responding to alleged breaches of the Code of Conduct. Breaches can include (but are not limited to):
- Conduct by an ELHA Board member during a meeting (which might involve a member being obstructive, offensive or disregarding the authority of the Chair or failing to observe Standing Orders)
 - Complaints that the conduct of an ELHA Board Member has failed to meet the requirements of the Code of Conduct; is contrary to ELHA's Values, Rules or policies; threatens the reputation of ELHA; risks bringing the organisation into disrepute or undermines ELHA and/or its people
 - Inappropriate behaviour towards colleagues, staff, customers or partners
- 3.2 Some complaints and/or concerns may relate to relatively minor matters, whilst other may involve more significant issues. Consequently, it is important to distinguish between issues that might, at least initially, be relatively minor and/or be described as 'performance-related' (e.g. irregular attendance at meetings, regularly disrupting meetings because of mobile phone, failing to prepare for meetings) from unacceptable conduct (such as bullying, offensive or discriminatory behaviour, seeking personal gain / benefit). For these kinds of situations, different approaches are likely to be appropriate, depending on the details of individual circumstances and, recognising that it may not always be appropriate to undertake a formal investigation in response to an isolated and/or relatively minor issue (see 4.4 below). Whilst a failure to participate effectively in the RSL's governance is, ultimately, likely to constitute a breach of the Code, it will not be appropriate to resort to that allegation and launch an investigation without, first. Engaging with the GBM and seeking to address the issue e.g. by offering additional support.

4. Initial Review to Determine if Further Investigation Required

- 4.1 When a complaint is received or a concern is raised, consideration should be given as to which is the most appropriate course of action: just because the Code of Conduct may be referred to does not automatically require a formal investigation. An initial review of the complaint or allegations should enable a decision to be reached on the most appropriate response: those making the decision must be able to explain the reasons for their conclusion. The review should be carried out by those members of the ELHA Board appointed in accordance with 2.2 of this Protocol, with support from the Chief Executive if required.
- 4.2 It may be that such a review concludes that there is no substance to the concern or allegation. Depending on the circumstances, it may be appropriate to report the outcome of such a review to the ELHA Board. This might be the case, for example, if an anonymous complaint is received which cannot be investigated because of a lack of information.
- 4.3 Anonymous complaints or allegations can be difficult to resolve but, in the event that anonymous information is received or made known, an initial review should be undertaken to establish whether there is the potential for any substance to the concern. If so, an investigation should be undertaken, although it is recognised that it may not be possible to conclude any such investigation satisfactorily.
- 4.4 Minor issues, actions or conduct at an internal meeting or event are unlikely to constitute a breach of the Code of Conduct that warrant investigation. The Chair (and other office bearers) should exercise their judgement in determining which of the courses of action set out in this Protocol is more appropriate.
- 4.5 Issues or complaints which are dealt with as described above (3.2 – 4.4) do not constitute Notifiable Events to the SHR.
- 4.6 Where an initial review concludes that further investigation is required, one of the two routes described in this Protocol: (Route A and Route B) will be selected by those responsible for dealing with the complaint. The reason(s) for the selected course of action should be recorded as part of the case file, which should be maintained throughout the investigation to ensure there is an audit trail of how the complaint was addressed.
- 4.7 SHR requires that alleged breaches of the Code which are to be investigated under either Route A or Route B must be regarded as Notifiable Events, in accordance with the terms of the SHR's Statutory Guidance. The Chair is responsible for ensuring that the necessary notifications are made to the Scottish Housing Regulator, and that the SHR's requirements (as set out in

the relevant guidance²⁰) in terms of reporting the outcome of the investigation are met.

5. Route A

- 5.1 Route A is an internal and informal process to address potential minor breaches. This is intended to be a relatively informal process, used to address e.g. one-off discourtesy at an internal meeting, isolated or uncharacteristic failure to follow policy. If repeated, any action under Route A would be material to the decision about how to respond to subsequent complaints, which would most likely require investigation under Route B (see 5.3 below).
- 5.2 Alleged breaches that occur during the course of a meeting or other internal event (and which have not happened before) will, unless the Chair believes it to be serious (e.g. offensive language or behaviour), be dealt with by the Chair of the meeting, either during the meeting/event and/or within 24 hours of the meeting. In these circumstances, the Chair (or sub-committee convenor) may ask the member to leave the meeting or a vote may be taken to exclude the member from the rest of the meeting. For the avoidance of doubt, any complaint relating to the Chair or Vice-Chair should be investigated in accordance with Route B (see 6.4).
- 5.3 After the meeting, the Chair or sub-committee Convenor will discuss such behaviour with the member and may require the member to apologise or take such other action as may be appropriate (Route A). Where the Chair regards such behaviour as being serious, it should be investigated in accordance with Route B as will repeated incidents of a similar nature.
- 5.4 It may be appropriate for the Chair to record the terms of the discussion in a letter to the ELHA Board member e.g. to confirm the provision of training or support or to record a commitment to uphold a specific policy or to record an apology.
- 5.5 It is possible that a concern that it is initially agreed can be addressed via route A ends up being the subject of a formal investigation (Route B), if more significant issues emerge, or actions are repeated.

6. Route B

- 6.1 Route B will involve formal investigation of repeated breaches or an alleged significant/major breach. Investigations may be conducted internally or independently, according to the circumstances and people involved.
- 6.2 An investigation under Route B will usually be overseen by the Chair and

²⁰ Scottish Housing Regulator (2024) [Notifiable Events guidance](#)

another office-bearer or ELHA Board member.

- 6.3 The Chair or office-bearer, in consultation with the other office-bearers, will decide whether to instruct an independent investigation or carry out an internal investigation.
- 6.4 In the event that the Chair or other office-bearer is the subject of a complaint, an independent investigation should be conducted, overseen by the Vice-Chair and another ELHA Board member.
- 6.5 If the Chair is likely to be involved in an investigation (e.g. as a witness), it will be necessary for the office bearers to consider who should be involved in overseeing the investigation as no one who may be party to the investigation can be responsible for its oversight.
- 6.6 The Chief Executive can support the implementation of the Protocol, including providing advice to the Chair (unless involved in the issue, in which case the role should be assigned to another senior member of staff or to the organisation's solicitor or other specialist adviser).
- 6.7 Our scheme of delegation identifies who has primary responsibility for overseeing the management of alleged breaches of the Code of Conduct (see section 2.3)
- 6.8 Allegations of a potential breach should normally be made to the Chair or, where the complaint relates to the Chair, to another office-bearer. Where a complaint is made to the Chief Executive, the matter should immediately be notified to the Chair or to another office bearer, if the Chair is involved.
- 6.9 Alleged breaches may be the subject of written complaints or allegations; they may also be witnessed by someone. However the alleged breach is identified, the Chair and Secretary should ensure that there is always a written statement of the complaint or allegation that is used as the basis for the investigation. If no written complaint is made, the statement of the matter should be prepared by someone unconnected to the event/situation (e.g. a verbal complaint made by an ELHA Board member should be recorded by someone who was not present when the issue arose – this could be a member of staff).
- 6.10 The ELHA Board member(s) who is/are the subject of the complaint/allegation that is to be investigated will be notified in writing of the alleged breach within seven working days, either of occurring or of receipt of the complaint. An ELHA Board member who is subject to an investigation should take leave of absence until the matter is resolved. Rule 37.8 of the 2020 Model Rules contain the provisions to secure this. The letter will inform the ELHA Board member of the nature of the potential breach, (making reference to the specific part(s) of the Code that the complaint

relates to), the arrangements for the investigation and will advise that leave of absence will be in place for the duration of the investigation. ELHA Board members are expected to co-operate with such investigations²¹.

- 6.11 Leave of absence is recommended when a complaint is being investigated, and is especially important where the complaint raises serious issues. Where a complaint is being investigated that relates to a number of GBMs, there may be practical issues to consider – for example forming and maintaining a quorum. However, if this is a consideration, there are likely to be significant governance issues that require to be managed and seeking legal advice and/or specialist help is recommended in these circumstances. The ELHA Board must record any decision to grant any leave of absence or not grant a leave of absence.
- 6.12 An alleged breach of the Code of Conduct which is being dealt with via Route B will be notified to the ELHA Board, normally by the Chair or Secretary, within seven working days, either of occurring or of receipt of the complaint. The notice (which should be confidential) will not describe the detail of the complaint and will set out the proposed arrangements for investigation, including who will conduct the investigation (if known) and which members of the ELHA Board are responsible for its oversight.
- 6.13 The appointment of an external Investigator (when it is decided to be the appropriate response) should be approved by the ELHA Board members responsible for overseeing the investigation.
- 6.14 An internal investigation (when it is decided to be the appropriate response) will be carried out by at least two and not more than three Members of the ELHA Board, who are not responsible for overseeing the investigation. In selecting the ELHA Board members, we will seek to ensure that the investigators represent the profile of the ELHA Board.
- 6.15 Existing and former members of the GB may be identified as being able to contribute relevant information to an investigation: the Code of Conduct requires current and former GBMs to contribute to an investigation and a failure to co-operate (by either the subject of a complaint or a GBM asked to contribute) would, itself, constitute a breach of the Code. Former members of the GB who left more than a year before the complaint is made should not, usually, be approached.

7. Investigation Under Route B

- 7.1 The conduct of an investigation should remain confidential, as far as possible,

²¹ Code of Conduct F7

in order to protect those involved (witnesses, complainant(s)) and the ELHA Board member(s) who are the subject of the complaint.

- 7.2 All investigations will be objective and impartial. Investigations will normally be investigated by an independent person, unless it is decided that an internal investigation is appropriate.
- 7.3 Investigations should not usually take more than six weeks to conclude.
- 7.4 The investigator(s) will be supported by the Chief Executive (or other senior member of staff if the Chief Executive is involved in the complaint). The Chair and other office-bearer, with any support they feel necessary, will brief the agreed advisor/investigator and then consider their recommendations (i.e. the Investigator's recommendations) at the end of the investigation, before reporting to the Governing Body.
- 7.5 All investigations will be the subject of a written brief which sets out the ELHA Board's requirements and which includes the statement of the alleged breach (scope, timescale, reporting requirements, access to information etc.). The brief may refer to any action previously taken that is relevant.
- 7.6 All investigations will include at least one interview with the ELHA Board member(s) who is/are the subject of the allegation, who will be invited to provide any relevant information. The interview(s) may be conducted face to face or remotely (by telephone or video call). ELHA Board members may be accompanied during an interview by a friend (at their request), as a companion to provide support and not to represent. It is not appropriate for another ELHA Board member to fulfil this role nor is it appropriate for the RSL to meet any costs (other than reasonable expenses as provided for in the relevant policy) in respect of a companion's attendance.

8. Considering the Outcome of the Investigation

- 8.1 The advisor/investigator will normally present their report to the ELHA Board. Before doing so, the report will be reviewed by those overseeing the investigation to ensure that the Brief has been met and that the report is adequate to support the ELHA Board's consideration and decision making.
- 8.2 The ELHA Board member(s) whose conduct is being investigated will not be party to any of the discussions relating to the investigation.
- 8.3 The report will be considered at a meeting of the ELHA Board, which may be called specifically for this purpose. It is the responsibility of the ELHA Board to consider the report and findings from the investigation and to determine:
 - Whether there has been a breach
 - If there was, how serious a breach it is

- What action should be taken and the outcomes to be achieved

8.4 The Management Committee will report the findings of the investigation and any proposed action to the member, in writing, concerned within seven days of the meeting at which the report of the investigation was considered. The Investigator will be expected to provide written conclusions that can be incorporated into this communication. The Chair should ensure that, in addition to the formal notification, there is personal contact with the GBM(s) whose conduct has been investigated to explain the GB's conclusion, any action and the outcome to be achieved (e.g. training).

If the complaint is not upheld, it will be important to make this very clear: it would be appropriate, for example to formally welcome the GBS(s) back from leave of absence at their first meeting.

9. Action to Deal with a Breach

9.1 If, following investigation, a breach of the Code is confirmed, the GB should determine what action will be taken in response. This action will reflect the seriousness of the circumstances and will be informed by the findings and recommendations of the investigation. Action may take the form of some or all of the following:

- A discussion with the member concerned (which may be confirmed in a subsequent letter)
- advice and assistance on how their conduct can be improved
- the offer of training or other form of support
- a formal censure (e.g. in the form of a letter setting out the conclusions, expressing concern and specifying that there must be improvement / no repetition etc)
- a vote to remove the Member from the ELHA Board

9.2 Where, it is concluded that a serious breach has occurred, the ELHA Board may require the member to stand down from their position in accordance with the Rules.

9.3 If the ELHA Board proposes to remove a member, following investigation, the member will have the right to address the full ELHA Board before their decision is taken at a special meeting called for that purpose. Any such decision must be approved by a majority of the remaining members of the ELHA Board, in accordance with Rule²² (44.5)

9.4 A record of the outcome of an investigation (whether the complaint is upheld or not) will be retained in the ELHA Board member's file for at least

²² SFHA Model Rules (2020)

12 months.

- 9.5 The outcome of any investigation will be notified to the Scottish Housing Regulator, in accordance with the requirements of the Notifiable Events Statutory Guidance.

10. Definitions

- 10.1 ELHA will regard the following actions as a “serious breach” of the Code of Conduct (this list is not exhaustive):

- Failure to act in our best interests and/or acting in a way that undermines or conflicts with the purposes for which we operate.
- Support for, or participation in, any initiative, activity or campaign which directly or indirectly undermines or prejudices our interests or those of our service users, or our contractual obligations.
- Accepting a bribe or inducement from a third party designed to influence the decisions we make.
- Consistent or serious failure to observe the terms of the Code of Conduct.
- Serious inappropriate behaviour towards a colleague, member of staff, tenant, customer, partner or stakeholder

11. Approval and Review

- 11.1 This protocol was approved by the of ELHA **Board** on 20 August 2026. It will be reviewed as and when the Scottish Federation of Housing Association’s (SFHA) issue any updates to the Model.

Appendix D

Flowchart Summarising Protocol Process

