



**WHEATLEY HOUSING GROUP LIMITED
BOARD MEETING**

Thursday 25 June 2026

AGENDA

1. Apologies for absence
2. Declarations of interest
3. Minutes of meeting held on 30 April 2026 and matters arising
4. 
5. Chair updates
6. Strategic risk register and risk appetite statements
7. 2025/26 Annual Charter Returns and year-end update
8. Group Complaints Policy and annual complaints handling review
9. Strategic governance review update
10. Group Customer Reasonable Adjustment Policy
11. Group Fire safety policy
12. Health & Safety Annual Report
13. People Services Annual Report
14. Finance report
15. AOCB

Group Audit Committee Chair update
Covering the meeting held on 13 May 2026

Activity	Update
Decisions	▪ The Committee reviewed and approved the Internal Audit Annual Report and Opinion, with the Opinion providing a substantial level of assurance. ▪ The Committee approved minor amendments to the Group Whistleblowing Policy to reflect recent legislative changes. ▪ The Committee reviewed proposed changes to the 2025-2030 Internal Audit Strategy to align it with the 2026-2031 Wheatley strategy. ▪ The Committee reviewed and approved the rolling Internal Audit Plan, which will mainly focus on fire safety arrangements, our data strategy (advisory review), our SHR assurance self-assessment, and purchase cards. ▪ The Committee reviewed the strategic risk register, particularly the ongoing risks associated with cybersecurity and the Radio Teleswitch Service switch-off, as well as a new risk relating to geopolitical stability. The Committee agreed to recommend changes to the Board, and this is presented at this Board meeting.
Scrutiny	▪ The Committee reviewed progress with the CBG Internal Audit Plan, particularly the implementation of the findings from the performance management review. ▪ The Committee reviewed progress with the Group Internal Audit Plan and the implementation of recommendations. It noted that, as in the previous quarter, no material internal control recommendations were raised. ▪ The Committee considered an update on the impact that amendments to FRS 102 (Periodic Review 2024), the revised Housing SORP, and the Determination of Accounting Requirements issued by the SHR will have on our 2026/27 financial statements. ▪ The Committee reviewed KPMG's audit plan and strategy for the 2025/26 financial year and received assurance on KPMG's and our planning arrangements to complete the audit within the proposed timescales. ▪ The Committee reviewed the Group Anti-Fraud Annual Report 2025/26, including Internal Audit's assurance that fraud risks were appropriately considered. No material issues were identified. ▪ The Committee reviewed the results of its annual self-assessment and noted that action was being taken to address its feedback. ▪ The Committee reviewed the Gifts, Hospitality, Payments and Benefits Annual Report, noting that levels across Wheatley remain very low.
Future activity	▪ The Committee will continue to undertake more in-depth scrutiny on behalf of the Board on how we are managing cyber related risk.
Escalation	▪ Neither the Committee nor the Committee Chair has identified any issues requiring escalation to the Board.

Report

To: Wheatley Housing Group Board

By: Pauline Turnock, Group Director of Finance

Approved by: Steven Henderson, Group Chief Executive

Subject: Risk Management update

Date of meeting: 25 June 2026

Purpose:

This report asks the Board to:

- 1) Note the summary of risk management activity during 2025/26;
- 2) Approve the Group Risk Appetite Statements for 2026/27;
- 3) Approve the proposed changes to the Strategic risk register; and
- 4) Identify any further changes required to the Strategic risk register.

1. Executive Summary

- 1.1 This report summarises the Group's key risk management activity during 2025/26. It also summarises the results of our review of the Group risk appetite statements in line with the 2026-31 strategy, for consideration and approval by the Board.
- 1.2 This paper also provides the Board with the results of our biannual review of the Strategic risk register. This includes an update on risks above risk appetite and two proposed new risks for addition to the Strategic risk register.
- 1.3 In line with our agreed approach, the Board receives bi-annual updates of the Strategic risk register and completes a review of the full risk register annually. This is the annual review; therefore, the full Strategic risk register has been provided for Board consideration and approval.

2. Authorising Context

- 2.1 In accordance with its Terms of Reference, the Group Audit Committee is responsible for "monitoring, reviewing and advising the Group Board on the overall risk assessment and management system within the Group". At their most recent meeting on 13 May 2026, the Group Audit Committee recommended the Strategic risk register and the changes being proposed below, for approval by the Group Board.
- 2.2 In accordance with Group Standing Orders, the Group Board is responsible for managing and monitoring the Group risk appetite statements each year, while Subsidiary Boards are responsible for reviewing the Subsidiary Board risk appetite statements. The Subsidiary Boards have reviewed and approved their risk appetite statements at Board meetings in May and June 2026, and the Group risk appetite statements are included in this paper for approval.

3. Discussion

Risk Management Activities 2025/26

- 3.1 The Internal Audit team has co-ordinated the following activities during the current financial year:
 - **Directorate Management Team (DMT) risk sessions:** facilitated update sessions for each DMT during the year;
 - **Fraud risk review:** All fraud risks have been updated as part of the most recent review of all Group risks and an updated fraud risk heatmap was included in the Annual Fraud Report by the Group Audit Committee; and
 - **Risk horizon scanning:** During 2025/26 we benchmarked the Group Risk Profile against information published by the Institute of Internal Auditors, Institute of Risk Management, and the Inside Housing survey. An overview of this activity is set out at paragraph 3.2 below.

Risk Horizon scanning

- 3.2 In October 2025, Internal Audit shared the results of the European Confederation of Institutes of Internal Auditing's 'Risk in Focus 2025' report with the Executive Team. This annual survey asked Chief Audit Executives to rank 16 risk areas prioritising those of most concern to their organisations. Internal Audit mapped the Group's risks to these 16 areas and found only one category with no strategic or Board level risk recorded: 'mergers and acquisitions'. This reflects that the Group has no existing risks or activities in this area.
- 3.3 In January 2026, Inside Housing published the top ten risks that 100 of the UK's largest housing associations regard as the biggest threats to their operations. There were no new areas of risk highlighted that were not already included in the Group's risk profile.
- 3.4 In February 2026, the Institute of Risk Management published its 'Risk Trends 2026' report which provides a global view of future risk. The report identified five top emerging risks facing organisations in 2026.
- 3.5 Overall, these reports identified 19 top risk areas for 2026. The Group Risk Profile has existing risks in relation to all these identified risk areas except 'mergers and acquisitions', which, as mentioned above, is currently not applicable to the Group.

Risk appetite statements

- 3.6 We have used the Group's risk appetite definitions to propose risk appetite levels for each strategic objective within the Group's 2026-31 strategy. These risk appetite definitions are provided in Appendix 2.
- 3.7 As in prior years, the risk appetite levels have been set in relation to four key risk types: Financial or Value for Money; Reputation and Credibility; Operational Delivery; and Compliance: Legal/Regulatory, and the risk appetite levels range from Averse to Hungry.
- 3.8 The risk appetite statements include a high-level definition of what each risk appetite statement means in practice, and specific aspects that we should consider when assessing risk and making decisions in relation to each strategic objective.
- 3.9 The proposed risk appetite statements have been informed through a review of the Group 2026-31 strategy and discussion and agreement of Subsidiary risk appetite statements at Subsidiary Board meetings that took place in May and June 2026.
- 3.10 The proposed Group Board risk appetite statements are summarised in the table below. The full risk appetite statement is provided in Appendix 2.

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

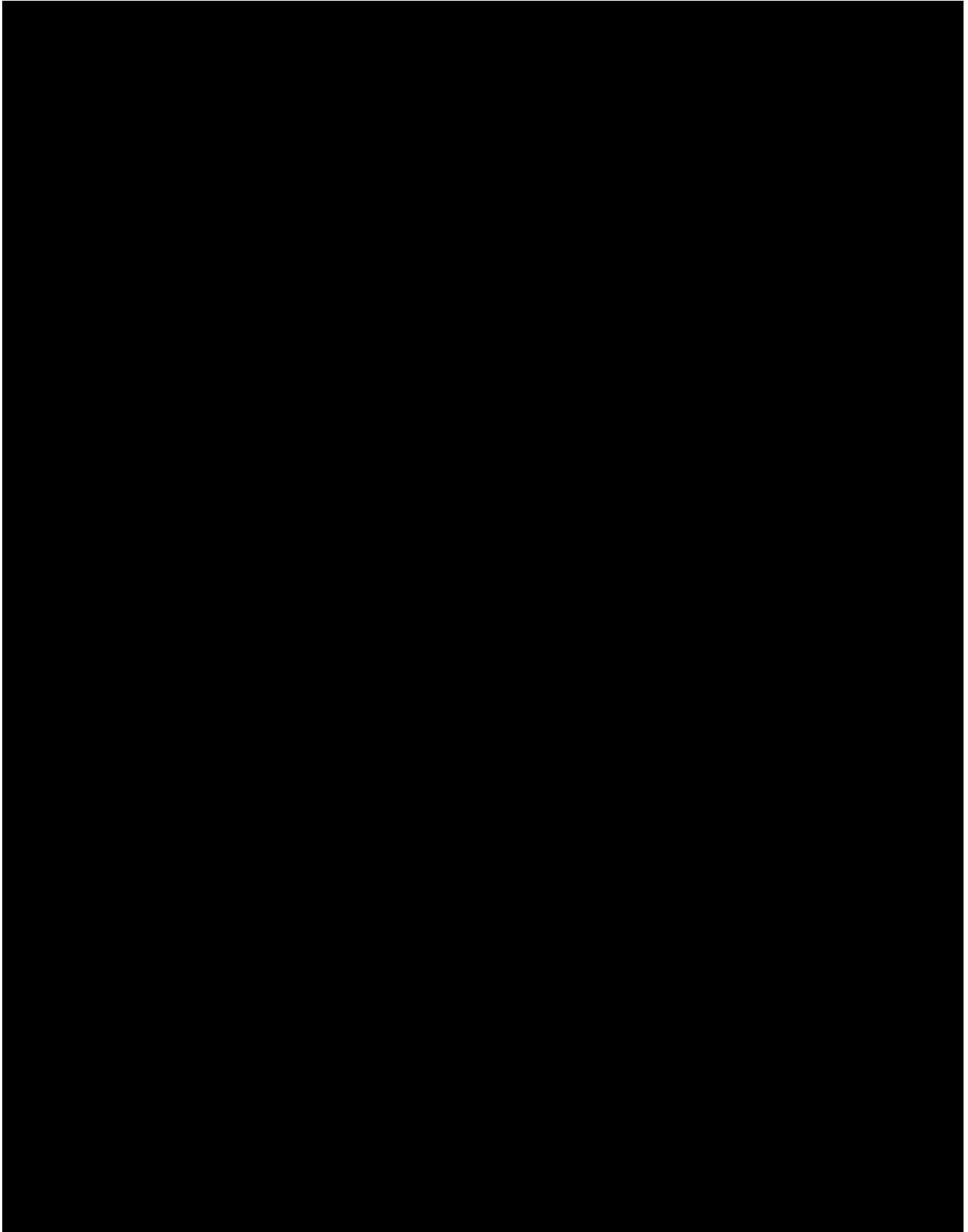
Strategic risk register

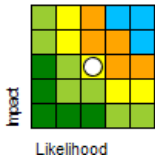
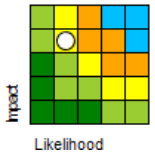
- 3.11 Our agreed risk management approach requires that the full Strategic risk register be reviewed by this Board annually. Accordingly, the full risk register is attached in Appendix 1.
- 3.12 As set out in the Group risk management approach, this update focuses on risks we wish to bring to the attention of the Board. This includes risks in the following categories:
- A. Risks above risk appetite;
 - B. Risks with a residual risk score of 12 or more or an inherent risk score of 20 or more, for which the Board has not received an update on the operation of the controls in the last 6 months; and
 - C. Risks highlighted for consideration. This will include new risks, risks to be removed from the Strategic risk register, or risks with a significant change in scoring. It also includes brief details of any significant changes to the external environment that may impact on the Board's risk profile ("Horizon Scanning").
- 3.13 The chart on the following page shows all risks within the Strategic risk register. The chart and the summary risk register at Appendix 1 are colour-coded as follows:
- Red font – risks highlighted for Member consideration (as set out in paragraph 3.13) and discussed further below;
 - Purple font – risks with a high residual risk or inherent risk score where Boards have received an update on the operation of the controls in the last 6 months; and
 - Black font – lower scoring risks that have remained stable within the current period.
- 3.14 A full description of each of these risks, and associated controls, is set out in Appendix 1. All risks are monitored, reported and reviewed by relevant Subsidiary Boards and this Board under separate cover. Risks are considered specifically by Boards within the updates and papers at each meeting which are scheduled accordingly in Board planners. Appendix 3 provides mapping of Board papers to the Strategic Risk Register.
- 3.15 The remainder of this section provides additional commentary on those risks highlighted in red font.

Impact	5				
	4	Large Panel System structural condition	- Financial viability of Care services (C) - Fire Event (A) - Ability to meet Scottish Government legislative requirements for energy efficiency	Reduced availability of financial support from S Gov't / Local Gov't	- Delayed recovery in the event of a cyber-attack (A) - Disruption following a cyber-attack on a key system provider (A)
	3	- Damp and Mould - Care and support services (C) - Business Continuity - Senior staff recruitment - Staff development and succession planning - Fire Safety - Group Credit Rating - Customer Satisfaction (tenants) - Rent arrears management - Governance Structure - Commercial Operations - New build contractor non-conformance with building standards	- Impact on our customers of reduced public funding - Laws and Regulations - Staff behaviour enables a cyber-attack - Radio Teleswitch switch off (A) - Impact of Care Structural Change Proposal (C) - UK political instability (C) - Geopolitical instability (C) - Compliance with funders requirements - Repairs supply chain disruption - Impact of CBG membership on Group - Securing new funding and adverse market changes - Political & Policy changes impact on strategic key partnerships - Responsibilities under Awaab's Law - Underperformance of main delivery partner against Investment Plans - Underperformance of Repairs delivery partner (West) - Non-achievement of sustainability targets		Climate change impact on Group Assets and Services
	2				Monitoring H&S arrangements
	1				
		1	2	3	4
					5
					Likelihood

A - Risks outwith risk appetite

- 3.16 There are four risks with a residual risk score that is greater than the approved risk appetite. These are set out in the table on the following page:



Risk	Residual Risk Score	Risk Appetite Level	Commentary
RISK 020 - Radio Teleswitch switch off		Minimal	The scoring of this risk reflects the continuing reduction in the number of the Group's customers affected which has reduced to c1400 and the staged approach to switching adopted by the energy companies. Overall, it remains outwith risk appetite as the Group is unable to directly resolve this issue on behalf of its customers. Engagement with third parties and awareness-raising communications to customers and staff continue. <u>Board Review:</u> Our Group and RSL Boards are monitoring progress and the risks of Radio Teleswitch off as a standing item at their meetings.
RISK 089 – Fire Event		Minimal	This is focused on the risk of a fire within a customer's property. It is outwith risk appetite due to the limited control the Group has over the actions of third parties to minimise fire risk. Despite best efforts, we cannot eliminate all risk of accidental dwelling fires. We have reduced these year-on-year, through proactive engagement with our customers and rigorous fire safety inspections of our assets on a rolling programme basis and mitigating measures, but we will continue to experience accidental dwelling fires. <u>Board Review:</u> Group Board, RSL and Lowther Boards monitor fire risk and progress against actions identified by Fire Risk Assessments through regular Board performance reporting. An annual update is provided to these Boards in the May/June cycle.

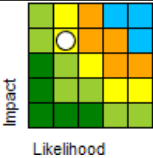
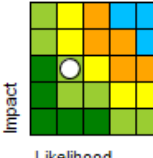
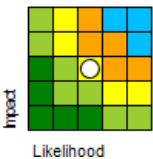
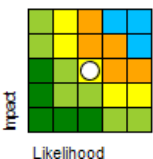
- 3.17 The implementation of any identified actions is monitored, and residual risk scores are reviewed as part of the scheduled quarterly review of all risks reported to the Group Audit Committee

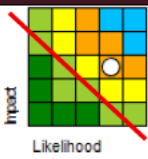
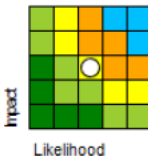
B - High scoring risks with controls due for review

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

C – Horizon scanning

- 3.19 Review of the Strategic risk register has identified five changes which are set out in the table below.

Risk	Residual Risk Score	Risk Appetite Level	Commentary
PROPOSED FOR DELETION: RISK 072 – Financial viability of Care services		Minimal (<i>Above risk appetite</i>)	As Wheatley Care now operates independently of the Group, this risk is no longer required.
PROPOSED FOR DELETION: RISK 005 – Care and Support services		Minimal	As Wheatley Care now operates independently of the Group, this risk is no longer required.
PROPOSED NEW RISK: RISK 064 – UK Economic and Policy Instability		Cautious	This new risk reflects the potential for domestic political and economic instability to increase financial and operational pressure on the Group. This instability could increase costs, affect borrowing, and reduce tenant affordability, impacting on the Group's financial resilience and ability to deliver plans.
PROPOSED NEW RISK: RISK 065 – Global Geopolitical Disruption		Cautious	This new risk reflects the risk of Geopolitical instability on the Group. It reflects the potential for external global shocks or conflict to increase costs through higher inflation, higher interest costs and specific price increases to raw materials limiting the Group's capacity to deliver development, increasing the cost of borrowing and ability and maintain services over the longer term.

Risk	Residual Risk Score	Risk Appetite Level	Commentary
PROPOSED CHANGE: RISK 048 – Impact of Care Structural Change Proposal	 Revised score: 	Open	This risk was added to the risk register in December 2025, to reflect the risk of disruption when Care started operating independently. While the risk of any adverse impact remains, the likelihood is lower as some key milestones have now passed with no issue and the risk has been well managed to date.

- 3.20 The Board is asked to note the proposed additions and consider whether any changes should be made to the Strategic risk register, or if any matters discussed elsewhere during the meeting result in additional risks to be captured in the risk register.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4. Customer Engagement

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

5. Financial and Value for Money implications

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

6. Recommendations

- 6.1 The Board is asked to:
- 1) Note the summary of risk management activity since the last update;
 - 2) Approve the risk appetite statements for 2026/27;
 - 3) Approve the proposed changes to the Strategic risk register; and
 - 4) Identify any further changes required to the Strategic risk register.

LIST OF APPENDICES:

Appendix 1 – Strategic risk register
Appendix 2 – Draft Board risk appetite statements
Appendix 3 – Board Risk Oversight map

7. Legal Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

The Scottish Housing Regulator includes specific guidance about risk management within the Regulatory Standards of Governance and Financial Management for RSLs. Standard 4.4 states 'The governing body identifies risks that might prevent it from achieving the RSL's purpose and has effective strategies and systems for risk management and mitigation, internal control and audit.'

Principle 3 of the Financial Conduct Authority's Principles for Businesses require a firm to "take reasonable care to organise and control its affairs responsibly and effectively, with adequate risk management".

Current level of compliance:

X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

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

Legal Compliance Assurance:

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

Legal advice received:

	Yes	X	No

8. Risk Assessment

Risk Appetite:

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

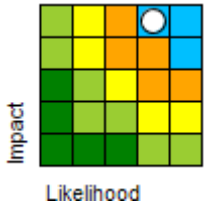
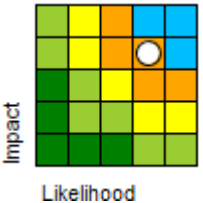
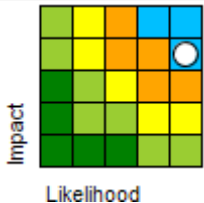
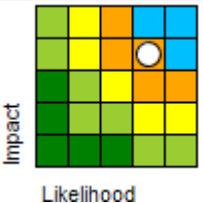
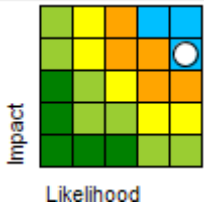
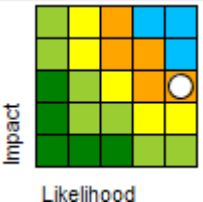
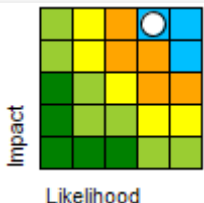
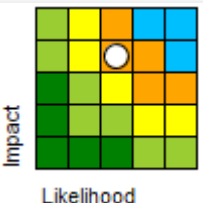
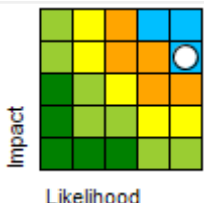
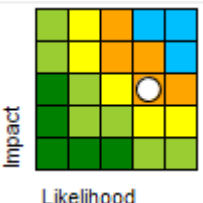
Relevant strategic risk(s):

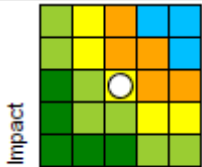
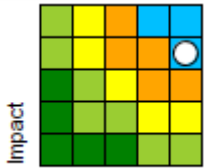
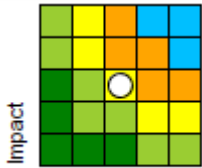
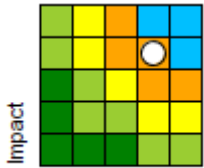
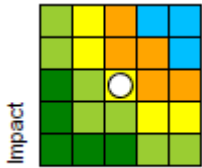
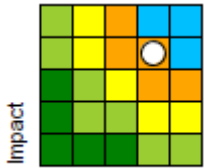
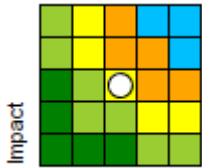
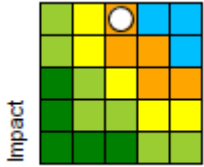
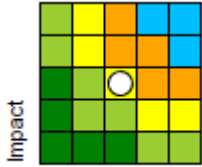
This paper includes the results of the biannual review of the Board risk register. A summary of the results of this exercise is provided. The full Board risk register is provided at Appendix 1.

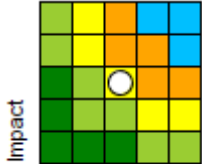
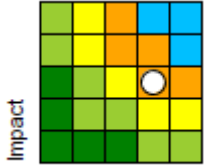
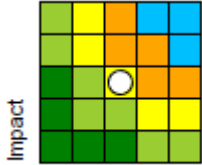
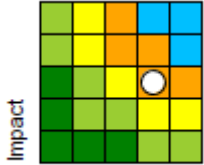
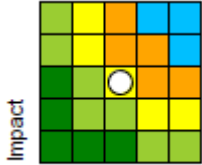
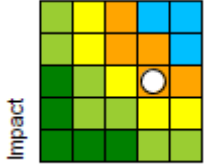
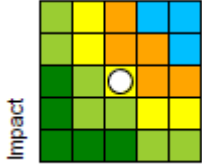
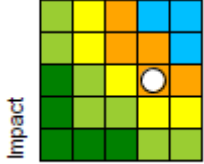
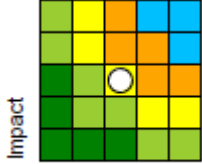
Relevant assessment and mitigation:

Section 3.16 identifies four risks which are currently above risk appetite, and the reasons for this. Full details of these risks are provided in Appendix 1.

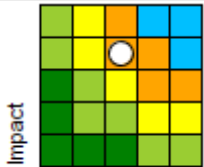
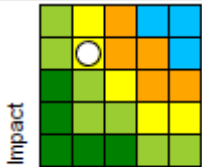
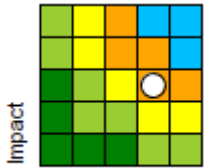
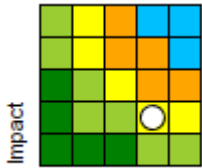
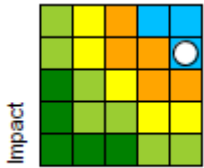
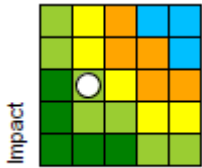
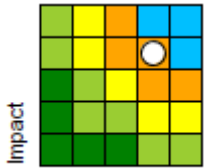
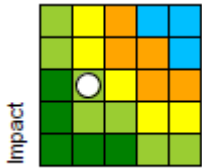
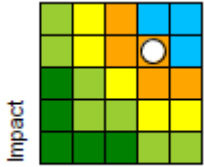
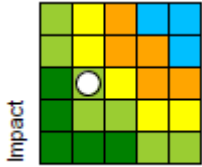
Appendix 1 – Wheatley Group Strategic Risk Register

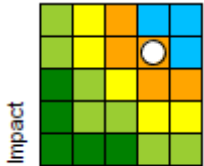
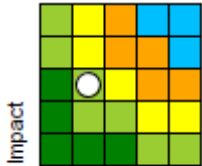
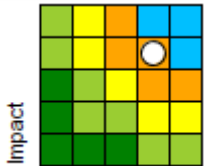
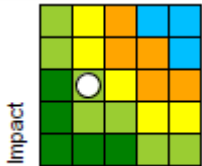
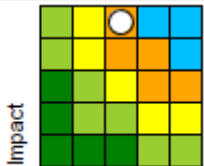
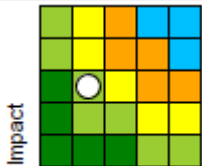
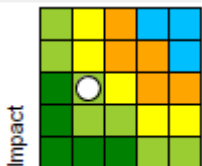
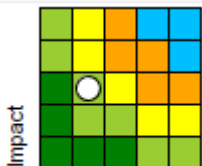
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RISK 019.2 F	Delayed recovery in the event of a cyber attack		Risk Appetite is CAUTIOUS (Yellow)		Group Director of Governance and Business Solutions	Maintaining a strong credit rating and managing financial risk	Page 22 Above risk appetite
RISK 019.3 F	Disruption following a cyber attack on a key system provider		Risk Appetite is CAUTIOUS (Yellow)		Group Director of Governance and Business Solutions	Maintaining a strong credit rating and managing financial risk	Page 23 Above risk appetite
RISK 023	Climate change impact on Group customers, assets and services		Risk Appetite is OPEN (Orange)		Group Director of Housing	Setting the benchmark for sustainability and reducing carbon footprint	Page 24
RISK 021	Reduced availability of financial support from Scottish Government and / or local government		Risk Appetite is OPEN (Orange)		Group Director of Finance	Raising the funding to support our ambitions	Page 25
RISK 048	Impact of Care Structural Change Proposal		Risk Appetite is OPEN (Orange)		Group Director of Communities	Shaping our Care Services for the future	Page 26 Proposed changes for agreement

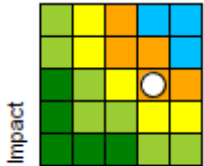
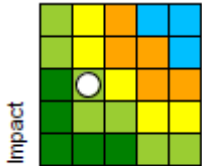
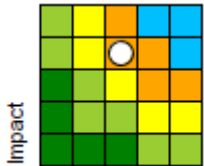
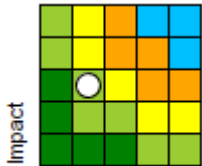
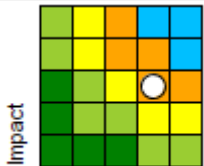
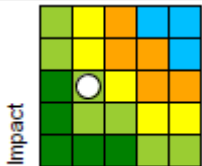
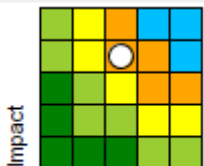
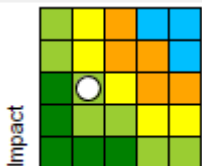
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RISK 001	Impact on our customers of reduced public funding	 Likelihood	Risk Appetite is OPEN (Orange)	 Likelihood	Group Director of Communities	Supporting economic resilience in our communities	Page 27
RISK 016	Laws and Regulations	 Likelihood	Risk Appetite is CAUTIOUS (Yellow)	 Likelihood	Group Director of Governance and Business Solutions	Progressing from Excellent to Outstanding	Page 28
RISK 019.1 F	Staff behaviour enables a cyber-attack	 Likelihood	Risk Appetite is CAUTIOUS (Yellow)	 Likelihood	Group Director of Governance and Business Solutions	Maintaining a strong credit rating and managing financial risk	Page 29
RISK 020	Radio Teleswitch switch off	 Likelihood	Risk Appetite is MINIMAL (Light Green)	 Likelihood	Group Director of Housing	Progressing from Excellence to Outstanding	Page 30 Above risk appetite
RISK 008	Compliance with funders' requirements	 Likelihood	Risk Appetite is OPEN (Orange)	 Likelihood	Group Director of Finance	Raising the funding to support our ambitions	Page 31

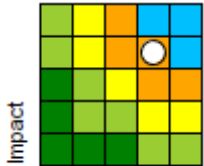
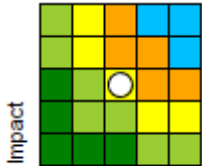
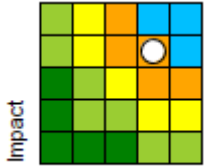
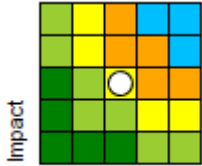
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RISK 018	Repairs supply chain disruption	 Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	 Likelihood	Group Director of Governance and Business Solutions	Investing in existing homes and environments	Page 32
RISK 002	Impact of CBG membership on Group	 Likelihood	Risk Appetite is <u>CAUTIOUS</u> (Yellow)	 Likelihood	Group Director of Finance	Maintaining a strong credit rating and managing financial risks	Page 33
RISK 011	Securing new funding and adverse market changes	 Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	 Likelihood	Group Director of Finance	Raising the funding to support our ambitions	Page 34
RISK 014	Political and Policy changes impact on strategic key partnerships	 Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	 Likelihood	Group Director of Governance and Business Solutions; Group CEO	Influencing locally and nationally to benefit our communities	Page 35
RISK 052	Responsibilities under Awaab's Law	 Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	 Likelihood	Group Director of Housing	Investing in existing homes and environments	Page 36

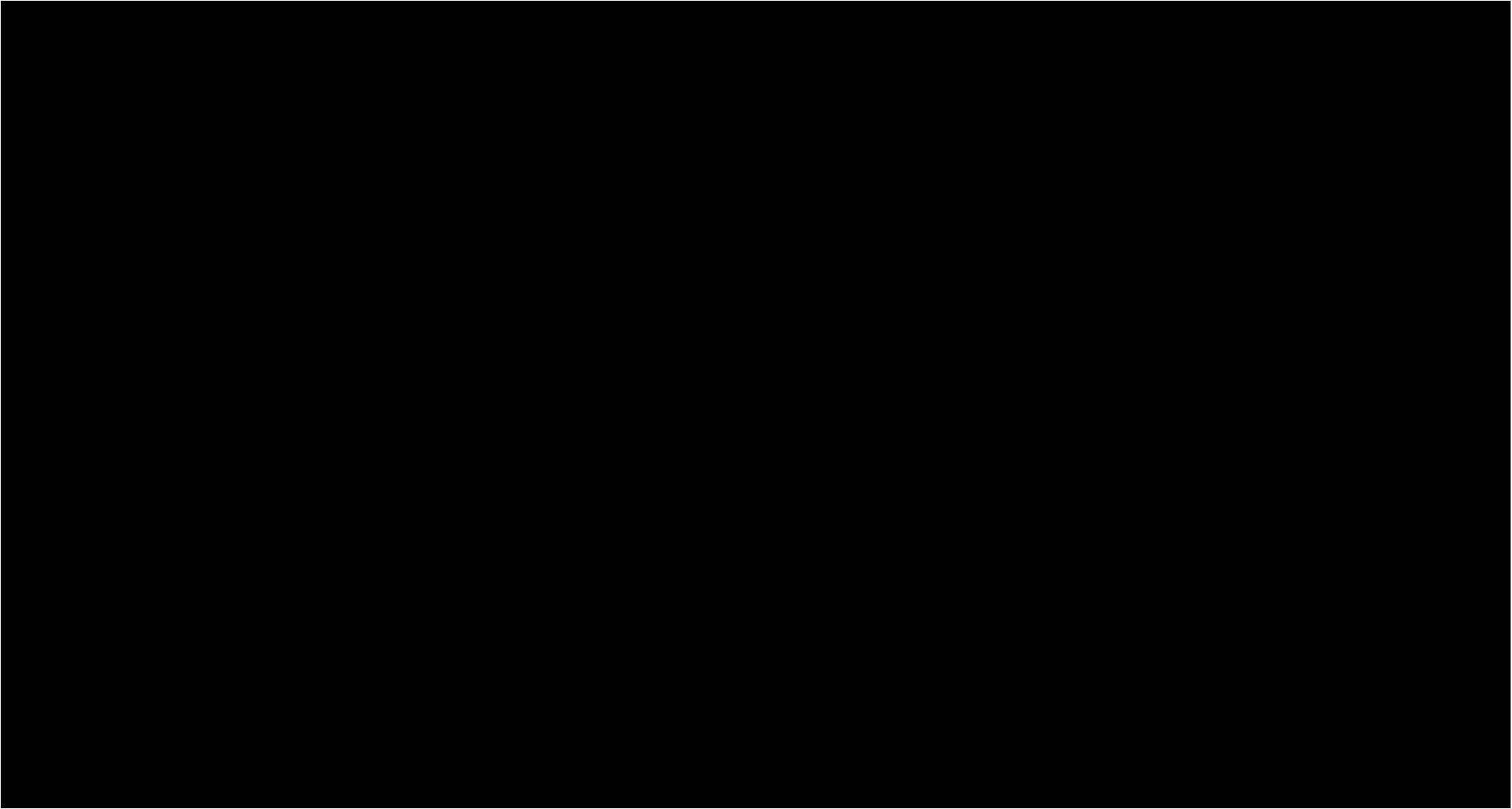
Code	Title	Original Score	Risk Appetite	Current Risk Score	Owner	Strategic Outcome	Page ref
RISK 100	Underperformance of main delivery partner against investment plans	Impact Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	Impact Likelihood	Group Director of Housing	Investing in existing homes and environments	Page 37
RISK 137	Non-achievement of sustainability targets	Impact Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	Impact Likelihood	Group Director of Housing	Setting the benchmark for sustainability and reducing carbon footprint	Page 38
RISK 182	Underperformance of Repairs delivery partner (West)	Impact Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	Impact Likelihood	Group Director of Housing	Developing a customer led Repairs Service	Page 39
RISK 072	Financial viability of Care services	Impact Likelihood	Risk Appetite is <u>MINIMAL</u> (Light Green)	Impact Likelihood	Group Director of Communities	Maintaining a strong credit rating and managing financial risks	Page 40 Proposed for Deletion
RISK 004	Ability to meet Scottish Government legislative requirements for energy efficiency	Impact Likelihood	Risk Appetite is <u>CAUTIOUS</u> (Yellow)	Impact Likelihood	Group Director of Housing	Investing in existing homes and environments	Page 41

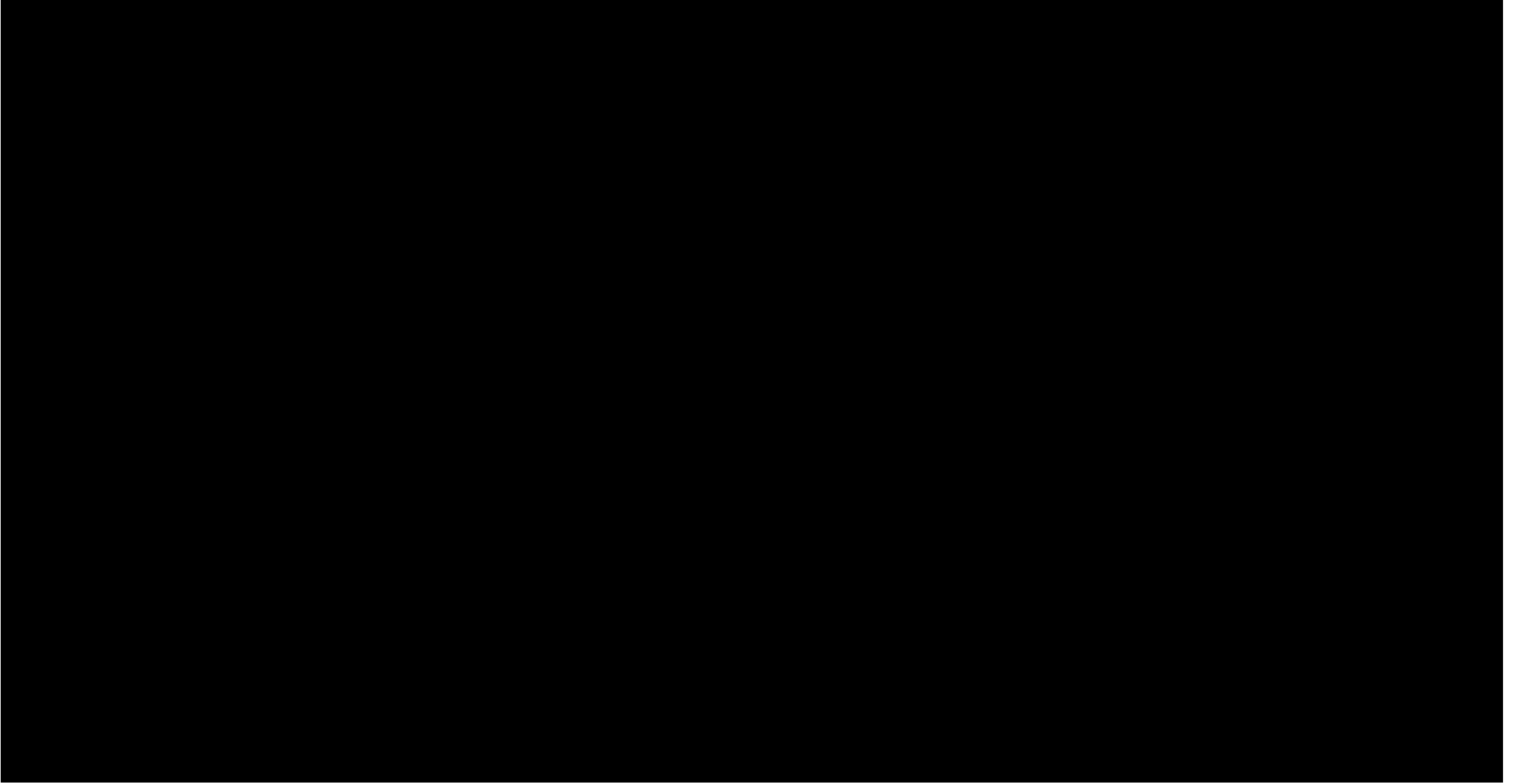
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RISK 089	Fire Event	 Likelihood	Risk Appetite is MINIMAL (Light Green)	 Likelihood	Group Director of Communities	Developing peaceful and connected neighbourhoods	Page 42 Above risk appetite
RISK 090	Monitoring H&S arrangements	 Likelihood	Risk Appetite is CAUTIOUS (Yellow)	 Likelihood	Group Director of Communities	W.E. Work – Strengthening the skills and agility of our staff	Page 43
RISK 005	Care and support services	 Likelihood	Risk Appetite is MINIMAL (Light Green)	 Likelihood	Group Director of Communities	Shaping Care Services for the future	Page 44 Proposed for deletion
RISK 012	Business Continuity	 Likelihood	Risk Appetite is OPEN (Orange)	 Likelihood	Group Director of Communities	Progressing from Excellent to Outstanding	Page 45
RISK 031	Senior staff recruitment	 Likelihood	Risk Appetite is HUNGRY (Blue)	 Likelihood	Group Director of Finance; Group Director of Governance and Business Solutions	W.E. Work – strengthening the skills and agility of our staff	Page 46

Code	Title	Original Score	Risk Appetite	Current Risk Score	Owner	Strategic Outcome	Page ref
RISK 032	Staff development and succession planning	 Likelihood	Risk Appetite is <u>HUNGRY</u> (Blue)	 Likelihood	Group Director of Finance; Group Director of Governance and Business Solutions	W.E. Work – strengthening the skills and agility of our staff	Page 47
RISK 053	Damp and Mould	 Likelihood	Risk appetite is <u>MINIMAL</u> (Light Green)	 Likelihood	Group Director of Housing	Investing in existing homes and environments	Page 48
RISK 003	Fire Safety	 Likelihood	Risk Appetite is <u>MINIMAL</u> (Light Green)	 Likelihood	Group Director of Communities	Investing in existing homes and environments	Page 49
RISK 010	Group Credit Rating	 Likelihood	Risk Appetite is <u>MINIMAL</u> (Light Green)	 Likelihood	Group Director of Finance	Maintaining a strong credit rating and managing financial risks	Page 50
RISK 006	Customer Satisfaction (tenants)	 Likelihood	Risk Appetite is <u>OPEN</u> (Orange)	 Likelihood	Group Director of Housing	Enabling customers to lead	Page 51

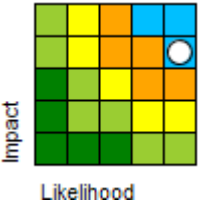
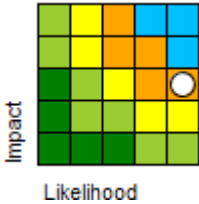
Code	Title	Original Score	Risk Appetite	Current Risk Score	Owner	Strategic Outcome	Page ref
RISK 007	Rent Arrears management	 Likelihood	Risk Appetite is OPEN (Orange)	 Likelihood	Group Director of Housing	Enabling Customers to Lead	Page 52
RISK 009	Governance Structure	 Likelihood	Risk Appetite is CAUTIOUS (Yellow)	 Likelihood	Group Director of Governance and Business Solutions; Group CEO	W.E. Work– strengthening the skills and agility of our staff	Page 53
RISK 013	Commercial Operations	 Likelihood	Risk Appetite is OPEN (Orange)	 Likelihood	Group Director of Communities	Supporting economic resilience in our communities	Page 54
RISK 204	New Build contractor non-compliance with building standards	 Likelihood	Risk Appetite is MINIMAL (Light Green)	 Likelihood	Group Director of Assets and Development	Increasing the supply of new homes	Page 55
RISK 036	Large Panel System structural condition	 Likelihood	Risk Appetite is MINIMAL (Light Green)	 Likelihood	Group Director of Housing	Investing in existing homes and environments	Page 56

Code	Title	Original Score	Risk Appetite	Current Risk Score	Owner	Strategic Outcome	Page ref
RISK 064	UK Economic and Policy Instability	 Likelihood	Risk Appetite is CAUTIOUS (YELLOW)	 Likelihood	Group Director of Finance	Maintaining a strong credit rating and managing financial risks	Page 57 New Risk
RISK 065	Geopolitical Disruption	 Likelihood	Risk Appetite is CAUTIOUS (YELLOW)	 Likelihood	Group Director of Finance	Maintaining a strong credit rating and managing financial risks	Page 58 New Risk

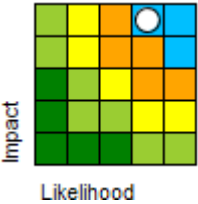
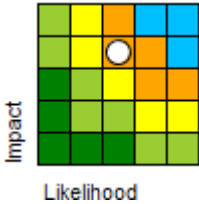




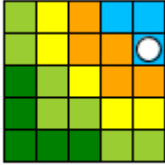
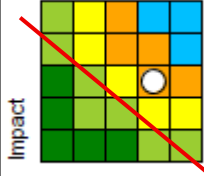
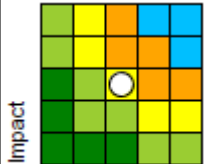
RISK 023 Climate change impact on Group customers, assets and services

Strategic Outcome	Setting the benchmark for sustainability and reducing carbon footprint	Risk type	Financial or VFM	Risk owner	Group Director of Housing
Description		Controls			
There is a risk that the impact of climate change consequences on Group customers, assets and services is not anticipated resulting in damage to the value of our assets and our ability to deliver services to our customers.		Further development of, and emphasis on, business continuity plans (both at Group and local level) and testing to provide for operational responses to extreme weather events such as flooding, wildfires and severe winter snow (e.g. "Beast from the East" type events). Group works in line with National Planning requirements, including the use of SEPA flood risk maps to assess New Build locations. Asset Management Strategy will ensure future investment maintains and improves condition of our asset including to mitigate any climate change related risks.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is OPEN (Orange)	Group Boards - Asset investment plans are approved in February each year. Wheatley Solutions Board updated on sustainability related matters at its meetings.		

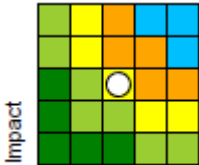
RISK 021 Reduced availability of financial support from Scottish Government and / or local government

Strategic Outcome	Raising the funding to support our ambitions	Risk type	Financial or VFM	Risk owner	Group Director of Finance
Description		Controls			
There is a risk that without sufficient Scottish Government financial support we may be unable to deliver Scottish Government targets in relation to the development of new homes and energy efficiency. Inflation will also impact on the Scottish Government and / or local authority financial support available for new build targets resulting in an inability to deliver strategic outcomes.		• Regular engagement with Scottish Government representatives to proactively present the case for housing investment directly and through our representative bodies. • Participate in the Scottish Government reviews of grant availability. • Pathway to Net Zero Group draws on independent expertise to support evolution of plans in this area. • Provision in the Business plan tested against the Asset Management Strategy to ensure sufficient provision within the Plan. • Financial planning sensitivities undertaken to understand the potential impact under a variety of grant scenarios. • Actively pursue external funding opportunities including those with the Scottish Government to support our investment in energy efficiency works.			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
		Risk Appetite is OPEN (Orange)		Group Board (Group Business Plan Financial Projections) (Annually in February). Group Board (5-Year Development Plan) (Annually). Group Board (Asset Management Strategy). Group Board (5-Year Investment Plan).	

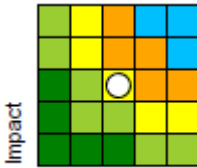
RISK 048 Impact of Care Structural Change Proposal (Proposed changes for agreement)

Strategic Outcome	Shaping our Care Services for the future	Risk type	Operational Delivery	Risk owner	Group Director of Communities
Description		Controls			
There is a risk that insufficient due diligence to inform the proposed changes to the Care structure changes made to enable Wheatley Care to operate as an independent company result in unintended outcomes for the Group which could cause operational challenges and reputational damage.		• External advisors appointed to provide independent advice to both Care and Group sides of the transaction. • Project management arrangements in place to manage required changes across the Group, including analysis of who Strategic Agreement in place setting out how the Group will provide services to the new Care company. • Agreements in place with RSLs for the delivery of Livingwell services provided by Wheatley Care. • Staff consultation process supported by People Services. • Business Planning assumptions have been revised. under review.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood  Impact Likelihood	Risk Appetite is OPEN (Orange)	Updates to each meeting of Group Board. and Care Board. Care Board meetings being held more frequently to consider progress		

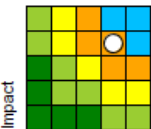
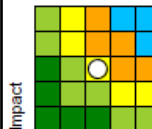
RISK 001 Impact on our customers of reduced public funding

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

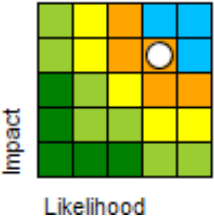
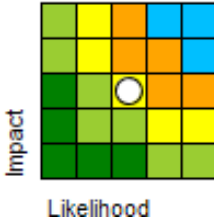
RISK 016 Laws and Regulations

Strategic Outcome	Progressing from Excellent to Outstanding	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Governance and Business Solutions
Description		Controls			
There is a risk of non-compliance with statutory laws and regulations, including but not limited to: • Scottish Housing Regulator regulations; • Financial Conduct Authority (FCA) regulations; • Compliance with Health and Safety Building Regulations; • Freedom of Information (Scotland) Act; • General Data Protection Regulations; and • OSCR, the Scottish Charities Regulator, caused by a lack of awareness of the requirements, resulting in adverse feedback and loss in confidence from regulators, funders, customers and potential partners, as well as potential fines and penalties.		A Group-wide self-assessed assurance review is carried out against the SHR's regulatory framework and the Lowther regulatory framework each year. These help to ensure we meet the requirements of the SHR and other regulatory entities. The self-assessments are independently verified by internal audit or a third-party at least once every three years. The Group Standing Orders, which set out roles and responsibilities in relation to key legislative and regulatory requirements, are reviewed every three years. The Group has on-going relationship management with the Scottish Housing Regulator. Changes to existing legislation are identified and implemented by identified responsible officers across the Group. A Group-wide approach to how the Group manages information is overseen by a specialist Information Governance team, with Privacy Impact Statements implemented across the Group. Annual training on DPA and FOI requirements is mandatory for all staff. Legislative compliance maps are in place for all teams, documenting key legislative requirements and the detective controls that have been put in place to confirm ongoing compliance. These maps are reviewed and updated biannually. Compliance with FCA regulatory requirements is overseen through regular reporting to the Wheatley Solutions Board and specialist legal advice is available, as required.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is CAUTIOUS (Yellow)	Annual reporting to RSLs, Care and Lowther (Aug-Oct) each year. Confirmation of Annual Assurance Statement (August 2026). Quarterly reporting on FCA compliance.		

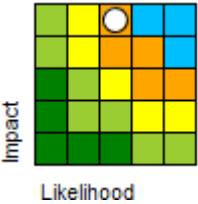
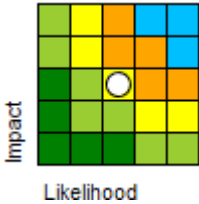
RISK 019.1 F Staff behaviour enables a cyber-attack

Strategic Outcome		Risk type	Operational Delivery	Risk owner	Group Director of Governance and Business Solutions
Maintaining a strong credit rating and managing financial risk					
Description		Controls			
There is a risk that the Group is subject to a cyber-attack such as ransomware or data theft caused by risky or malicious staff behaviour, resulting in an inability to deliver services, regulatory censure and financial loss.		Staff are required to complete mandatory, annual training provided by a specialist cyber training provider. Completion rates for the training are monitored by MyAcademy and reported to senior management. SIEM technical logging approaches include behavioural analysis metrics - alerts generated lead to actions including account suspension and remediation. Cyber behavioural metrics are reviewed to inform training and communications. Phishing campaigns inform additional behavioural insight to cyber risks and incidents - these are performed across Group 2-3 times per year. Phishing reporting available per-campaign. Staff/manager engagement across 'risky behaviours' identified across failed Phishing Campaigns, includes manager escalation and staff retaining options. Routine testing of the external environment is provided by the Group's security consultants. Group tenancy includes 'user risk scoring' to identify accounts with higher risk of compromise or low security behaviours – these alerts are monitored 24 hours per day via SIEM service provider and infrastructure team. Security Forum review of training/phishing/SIEM (account attack) activity. All staff accounts (including office/concierge staff) must use MFA for account access to services. Conditional Access controls have reduced the 'trusted account' duration to 5 days. Password controls now include 3 random words/longer password complexity. Additional optional training identified and is available on WeConnect. Removal of SMA MFA and Cisco applications. Planned controls: Senior (LBM) Cyber Security CPD/engagement August 26 via NCC. Windows Hello (Biometric login) pilot is due to commence May-Aug 26). SIEM Review (MDR/XDR) is underway to assess improving behavioural datasets and predictions across staff service usage profiles (due to complete Aug 26).			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
 Likelihood	 Likelihood	Risk Appetite is CAUTIOUS (Yellow)		Audit Committee updates on CyberSecurity/DR twice per year. Wheatley Solutions (quarterly) – standing item on progress with digital transformation programme and CyberSecurity programme. Group Boards are updated annually – Group IT Cyber Assurance Update includes details of Group incidents, training completions and business engagement.	

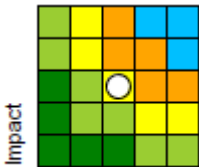
RISK 020 Radio Teleswitch switch off (Above risk appetite)

Strategic Outcome	Progressing from Excellence to Outstanding	Risk type	Reputation and Credibility	Risk owner	Group Director of Housing
Description		Controls			
There is a risk that customers with Radio Teleswitch (RTS) electricity meters (c.1400 customers) do not engage with their energy suppliers to have these meters updated in advance of the RTS switch off resulting in these customers' storage heaters being left permanently switched on or off depending on the last signal received. Either outcome could have a negative impact on customer experience and satisfaction, particularly as the Group is unable to directly resolve this issue on the behalf of its customers.		• UK Government has refined the approach to Switch Off, which is now progressing by meter code. • Continuing to engage with SFHA, OFGEM, Scottish and UK Government, energy companies to raise awareness of the issue from an RSL perspective; • Continuing to work with Scottish Power including through regular updates that allow progress to be tracked, data sharing to support proactive contact with affected RTS customers to encourage switching and meetings with senior staff to address issues identified; • Communications campaign including letters to customers, at various times, to encourage contact with their energy company to arrange to switch; posters in MSF blocks; outbound calling from CFC and engagement with impacted customers through housing staff; • Staff awareness campaign; • Internal project team formed to monitor progress with switching and coordinate the listed control activities; and • Business continuity arrangements to provide any impacted customer with temporary heating and support to switch.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is MINIMAL (Light Green)	RSL Board updates at every meeting until not required.		

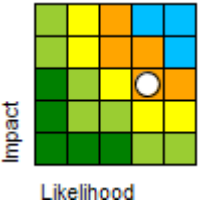
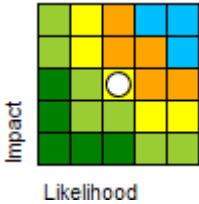
RISK 008 Compliance with funders' requirements

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

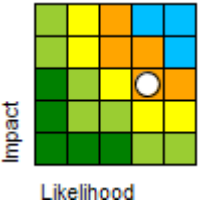
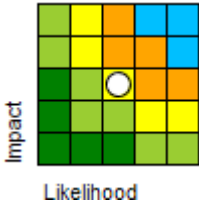
RISK 018 Repairs supply chain disruption

Strategic Outcome	Investing in existing homes and environments	Risk type	Operational Delivery	Risk owner	Group Director of Governance and Business Solutions
Description		Controls			
There is a risk that the Group faces disruption to its Repairs supply chain (including delays to supply deliveries, increased costs of supplies, or supplier business failure) due to global events such as the war in Ukraine / Mid East, and manufacturing challenges such as shipping, the UK cost of living crisis and rising inflation, resulting in delays or an inability to deliver operational targets and potential financial loss or reputational damage.		Utilisation of Group and 3rd party frameworks to minimise price increase risk. Procurement procedures include assessment of suppliers' financial health. Use of Contract Management System which contains system generated alerts to flag risk. Integrated Repairs Management software (Civica Servitor) in WHS /WHE to manage van stock levels including and where possible, advance purchase of components and materials. Engagement with key suppliers on stock levels. Specific contingency plans for key services e.g. lifts. Local staff directly employed by CBG, WHE or WHS. Identified lead for Repairs monitors supply chain materials contract. In the event of supplier insolvency, procurement frameworks / approved supplier listings would be used to identify alternative suppliers.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is OPEN (Orange)	Wheatley Development Scotland - tenders/ programme performance/ Contractor financial exposure. These are standing items at each meeting. (Ongoing) Annual Procurement strategy and policy updates presented to Boards for approval (February 2026). All Boards receive procurement performance, finance and development updates (Ongoing standing items).		

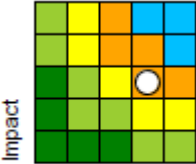
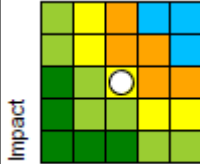
RISK 002 Impact of CBG membership on Group

Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Operational Delivery	Risk owner	Group Director of Finance
Description		Controls			
There is a risk that the closer relationship with CBG with it becoming a subsidiary results in adverse implications to the Group and reputational damage as we are seen as being more responsible for the organisation. There is also a risk of delays to the implementation of CBG change management programme affecting the ability to consolidate CBG within the Group accounts, resulting in potential delays to Group financial statements and reputational damage.		Progress monitored by a Senior Officers Group comprised of representatives from WHG/GCC and CBG including both WHG and GCC Chief Executives. Regular meetings with CBG Senior Management Team. Oversight of CBG internal control framework through membership of CBG Board. CBG management attend Group joint management meetings.			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
		Risk Appetite is CAUTIOUS (Yellow)		GCC internal audit provides quarterly updates to Group Audit Committee. Updates to Group Board from CBG Board attendees.	

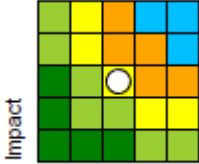
RISK 011 Securing new funding and adverse market changes

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

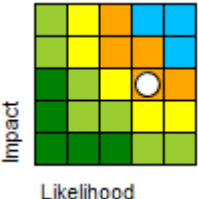
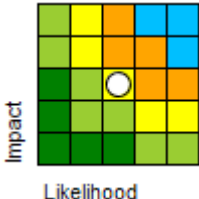
RISK 014 Political and Policy changes impact on strategic key partnerships

Strategic Outcome	Influencing locally and nationally to benefit our communities	Risk type	Reputation and Credibility	Risk owner	Group Director of Governance and Business Solutions; Group CEO
Description		Controls			
The risk that political and policy changes (within Scotland and the UK) lead to less effective working relationships with key strategic partners, including elected members, and affect the ability of the Group to deliver its strategic objectives resulting in significant adverse reputational impact.		The Group has an established national approach to stakeholder management led by the Executive Team and Communications Team. We have ongoing engagement with senior officials and policy leads within the Scottish Government and key local Authority partners. We are also part of national policy working groups and actively look for opportunities to engage with key politicians. Annual MSP survey carried out to track progress, with plan put in place to address negative comments. Strategic Agreements in place with GCC and DGC. Partnership agreements in place with WLC (in respect of a shared understanding amongst WLC and other RSLs in relation to new build housing development) and work closely with CEC. We hold Board workshops on key policy areas, including annual strategy workshops and standalone Board/CPD events where required. The Group's policy of not building homes for sale also mitigates potential property market risk. At a community level, good stakeholder and partnership relations, including with elected members, are carried out by Executive Team, Managing Directors, Locality Housing Directors and the Director of Communications and Marketing. We actively look for opportunities to engage with key politicians to promote partnership working and projects highlighting the work of the Group and subsidiaries in 'Making Homes and Lives Better'.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is OPEN (Orange)	Group CEO update to group Board as standing item includes update on political engagements. (Ongoing) Senior political presence at all WH-G Board meetings through GCC drawn appointments. (Ongoing)		

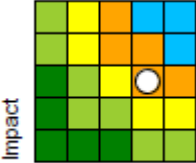
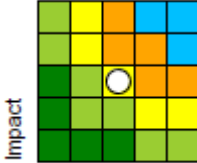
RISK 052 Responsibilities under Awaab's Law

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

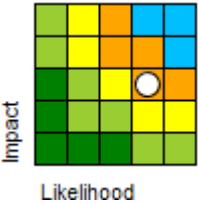
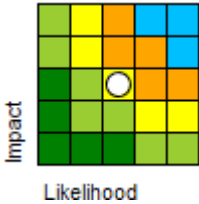
RISK 100 Underperformance of main delivery partner against investment plans

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

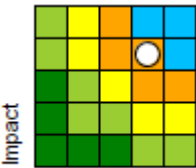
RISK 137 Non-achievement of sustainability targets

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

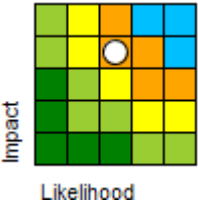
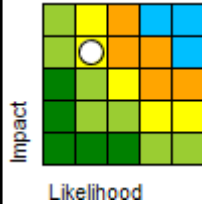
RISK 182 Underperformance of Repairs delivery partner (West)

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

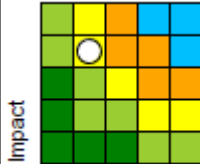
RISK 072 Financial viability of Care services (Proposed for deletion)

Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Financial or VFM	Risk owner	Group Director of Communities
Description		Controls			
Reduction in income or increased expenditure, unnecessary capital commitments, poor debtor control, reductions in housing benefit, or poor cash flow forecasting result in a reduced cash balance, threatening Wheatley Care's ability to pay staff or creditors and deliver services.		• Care Business Framework includes triggers to flag concerns and associated actions. Potential actions include decision to invoke exit clause, giving 3- 6 month notice. • Scrutiny of monthly finance reports at performance meeting and finance meetings. • Increased financial monitoring and controls implemented across services in March/April 2025 and reported against regularly. • Care viability matrix in place. • Strategic priorities linked to growth and maintenance, and operational growth plans target income maximisation. • Care business planning process allows us to manage costs and maximise income and assess the financial implications across a variety of scenarios and stress tests. • Target for reserves in place and reported quarterly to the Care Board. • Twice monthly monitoring of Unprocessed Invoice Reports to reduce potential for debt accumulation and non-compliance with 30-day payment terms. • Approved Group overdraft facility for use in event of emergencies. • Finance team manage debtors and is scrutinised by Board at each meeting. • Review and refinement of protocols linked to overtime and agency use and AL allocation. • Review of all service rotas to ensure maximising available hours.			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
 Impact Likelihood	 Impact Likelihood	Risk Appetite is MINIMAL (Light Green)		• Finance Update paper to each W Care Board. • Quarterly performance and business development report to each W Care Board. • Strategic Care Review Update paper to Care Board (June 2024 / October 2024). • Strategic Care Review Update paper to Group Board (November 2024). • Business Plan paper (Feb 2025, next due Feb 2026).	

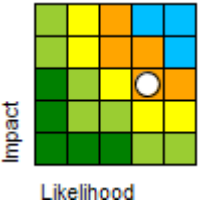
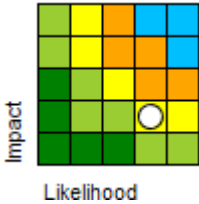
RISK 004 Ability to meet Scottish Government legislative requirements for energy efficiency

Strategic Outcome	Investing in existing homes and environments	Risk type	Financial/VFM	Risk owner	Group Director of Housing
Description		Controls			
There is a risk that the combined cost impact of several years of high inflation and increasing regulatory / statutory compliance requirements results in assets which require significant investment in order to meet required standards and expectations.		Five-year business plan is reviewed annually 6 months in advance. Plan is developed through consultation with Locality Housing Directors and after consideration of external regulations and environment. Group Asset strategy has been developed, and subsidiary strategic asset investment plans have been developed to clearly articulate investment need and priorities and ensure that our available investment is focused where it has greatest impact. Funding considerations are also re-assessed annually and inform the rent proposals. The Finance team has reviewed financial plans against a variety of assumptions and undertaken stress testing of these assumptions. Financial projections are regularly reviewed and updated as additional information becomes available. Group Board approves the financial projections including key assumptions including those around funding and investment in existing homes and environments. Planned Control Development of Wheatley Standard.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is CAUTIOUS (Yellow)	Group Board asset strategy approved (June 2024). RSL Boards strategic asset investment plans (Autumn 2024). These will be reviewed and refreshed as needed. Wheatley Standard for Subsidiary and Group Board consideration (May/June 2026). 5-year investment plans refreshed each year and considered by Boards annually in February. All Boards receive an update on financial performance at each meeting.		

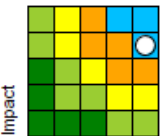
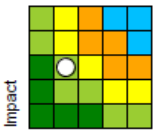
RISK 089 Fire Event (Above risk appetite)

Strategic Outcome	Developing peaceful and connected neighbourhoods	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Communities
Description		Controls			
There is a risk that actions and behaviours of customers or third parties which are outwith the Group's control lead to a fire within our buildings, resulting in the injury or fatality of individuals, damage to Group property, and reputational damage.		• Fire Prevention and Mitigation Framework, including our approach to high rise block inspections and Livingwell. • Fire Risk Assessments are completed on a rolling cycle and include assessment of Wilful Fire Raising. • Person Centred Risk Assessments (Home Fire Safety Visits) undertaken by Fire Safety Officers where vulnerable customers identified. • Daily, weekly, monthly and 6 monthly inspections of high-rise domestic premises maintained by Environmental Teams in between Fire Risk Assessments being completed. • Statutory maintenance of Domestic Properties undertaken to include Gas Safety Installations, Electrical Installations and the provision of Heat and Smoke Detection. • New Build properties are built with Water Suppression Systems as per new Building Standards requirements. Flats are designed to prevent the spread of fire through compartmentalisation. • Extensive compliance and investment regime to achieve compliance with building safety regulations (as required) and best practice guidance. • Fire Working Group attended by Snr Mgt Teams every 2 months that feeds into a Group Fire Strategy Meeting chaired by Executive Lead and attended every 3 months by Leadership Directors to review performance, emerging issues and escalate matters as required. • Weekly report of FRA & PCRA Outstanding Actions issued to Managing Directors, Locality Housing Directors, Heads of Housing and NETs ESDLs for action.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is MINIMAL (Light Green)	Annual report to RSL Boards on Fire Prevention and Mitigation Framework. Group, RSL and Lowther Boards - Fire safety performance related KPIs (ADFs and FRAs) as part of standing performance updates. (Ongoing) Board updates (Annually - May).		

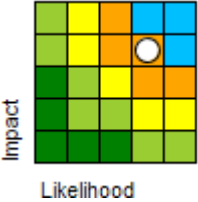
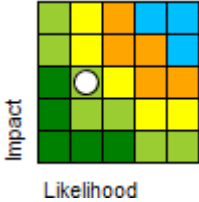
RISK 090 Monitoring H&S arrangements

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

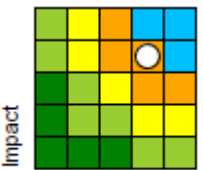
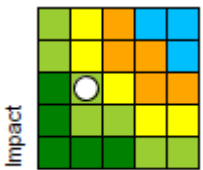
RISK 005 Care and support services (Proposed for deletion)

Strategic Outcome	Shaping Care Services for the future	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Communities
Description	Controls				
A failure in the care of an individual could result in serious personal harm, leading to risk to life and limb, financial liability and loss of future work due to reputational damage.	• 3 yearly cyclical reviews of care operational policy and procedure (or more frequently where error requires further mitigatory instruction). • Annual Self-Assurance demonstrating, through evidence gathering, compliance with legislation, regulation and operational policy. • Monthly performance monitoring cycles demonstrate that incidents are being recorded in-line with the Care OSM and escalated as directed within policy and protocol, this includes, health, wellbeing concerns and adult protection cause for concern. These cycles also allow us to examine complaints, investigations and outcomes. This will be replicated in 25/26. • As per process, financial errors are reported to the Assurance Team to demonstrate that necessary enquiries/investigations have taken place with mitigating controls put in place. • Care and support services governance arrangements, including the authorising environment, are clear and have been approved, including the Care Business Framework. • Customer sentiment surveys are deployed annually to seek formal feedback on customer satisfaction with the service they receive. • The Care Inspectorate, in the main, conduct inspections either annually or ever 2 years producing reports that evidence outcomes from inspection (which includes monitoring the results from Care Inspectorate service visits and Group Assurance inspections) in place which assesses the quality of care and adherence to Care policies and procedures across Group. • The Protecting People Policy Framework sets out arrangement for protecting the people we work for, including those considered to be vulnerable. Work to deliver against the Framework is reported to the Wheatley Care Board. • Mandatory and service specific training is in place to give staff the knowledge to identify additional support needs in relation to the people we work for. A training needs analysis is completed for each service annually to identify any additional training requirements in relation to the specific needs of people using that service. Dynamic risk assessments are completed for service users where risk has been identified and revisited on an ongoing basis to ensure the care and support arrangements in place continue to meet their needs. • The BCP and local Service Contingency Plans are invoked where necessary and remain updated to ensure that priority frameworks inform the scheduling of care to the most vulnerable customers.				
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is MINIMAL (Light Green)	• Care business plan and ongoing care performance reporting to Group and Wheatley Care Board (minimum quarterly). • Strategic Care Review Update paper to Group Board (May 2025). • Strategic Care Review Update paper taken to Group Board (April 2025). • Annual Self Assurance audit by external consultant taken to Care Board (February 2025). • Customer Sentiment 24/25 update report at Care Board (February 2025).		

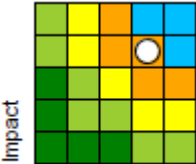
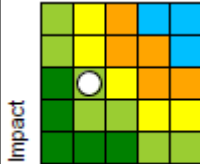
RISK 012 Business Continuity

Strategic Outcome	Progressing from Excellent to Outstanding	Risk type	Operational Delivery	Risk owner	Group Director of Communities
Description		Controls			
The Wheatley Housing Group does not have adequate or tested Business Continuity / Disaster Recovery Plans in place for key business activities and may rely on the provision of technology provided by third parties(for example: repairs service, staff cover, customer payment systems/technology, CFC telephony), resulting in significant disruption to service and avoidable reputational damage.		Business Continuity Plans are in place across all business subsidiaries and functional areas and reviewed annually. The Business Continuity Implementation Working Group meets quarterly and overseas all aspects of business continuity contained within the annual actions plans. The business continuity framework and Business Continuity Policy are now embedded across the Group and in all business areas, in line with the Group's business operating model. Regular testing and exercising of the Business Continuity Plans will continue to be implemented across all business areas. Additional Business Continuity Crisis Management documents have been developed to provide managers with guidance in respect of the development of Business Continuity Plans.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is OPEN (Orange)	Update on progress provided to Solutions Board annually. Annual update due for Group Board May. Health & Safety annual report to Group Board(June 2026)		

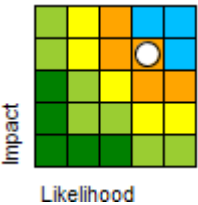
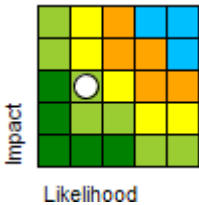
RISK 031 Senior staff recruitment

Strategic Outcome	W.E. Work – strengthening the skills and agility of our staff	Risk type	Operational Delivery	Risk owner	Group Director of Finance; Group Director of Governance and Business Solutions
Description		Controls			
The Group cannot attract candidates for senior roles with the desired qualities, skills or experience due to competing demand for staff in the sector, resulting in reduced levels of service provision.		HR policies on recruitment and selection. Leadership Development Programme to bring in new talent across Group RSLs and Wheatley Solutions. Use of specialist recruitment agencies for senior posts. Targeted advertising via CIH/ Inside Housing/ similar publications used to attract professionally trained staff. Benchmarking of starting salaries/benefits offered to ensure these remain sector leading/competitive.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is HUNGRY (Blue)	RAAG is kept informed of senior recruitment activity. People Services annual report to Group Board (June 2026)		

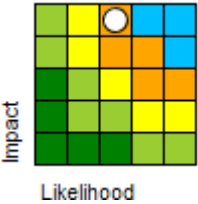
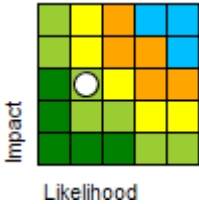
RISK 032 Staff development and succession planning

Strategic Outcome	W.E. Work – strengthening the skills and agility of our staff	Risk type	Operational Delivery	Risk owner	Group Director of Finance; Group Director of Governance and Business Solutions
Description		Controls			
Failure to succession plan and develop staff leads to there being a lack of internal talent available with the relevant skills, knowledge and experience to fill business critical roles as required, resulting in a loss of expertise, disruption to operating activity while posts are vacant and additional costs for temporary or new staff joining the Group.		Career Pathways provide opportunities to develop and expand on knowledge and experience The Workforce Plan My Appraisal has been reviewed, and new annual is called “Right Conversation at the Right Time”. Annual review process for all staff and integrated with MyAcademy. Training records for all staff and training courses at the Academy and Leadership Development Programme, succession planning and talent management programme. Aspiring Leaders/Leading with Impact to support the succession of Executive and senior leadership roles. IGNITE graduate training programme. Bursary Programme. Create opportunities for staff to apply for internal roles and external secondments which allow them to grow and develop. Planned Controls Review and update Leadership programmes to ensure they align with the new strategy.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is HUNGRY (Blue)	People Services Annual report to RAAG (April) and Group Board (June) each year		

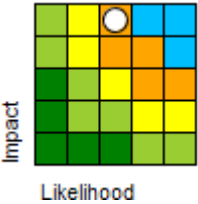
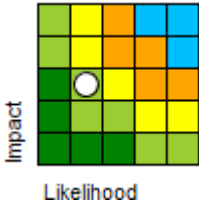
RISK 053 Damp and Mould

Strategic Outcome		Investing in existing homes and environments	Risk type	Compliance - Legal / Regulatory	Risk owner	Group Director of Housing
Description		Controls				
There is a risk that we do not address all damp and mould hazards that present a significant risk of harm to tenants within legislative timeframes because either we do not identify the hazards, or we do not take appropriate action to triage, investigate and complete relevant safety work to make the property safe, resulting in harm to tenants' health, property damage and reputational damage.		The Group has a Damp and Mould Policy, which is supported by detailed procedures. Information about reporting signs of mould and damp, factsheets and guidance videos are available to tenants on Group websites. All frontline staff who work with tenants or have reason to visit customer homes (including housing, wraparound services, CFC and care staff, and CBG trade operatives) are trained to recognise signs of damp and mould and raise repair jobs to address any issues identified. CFC staff have specific script for probing when someone raises concern about damp or mould to help clarify the extent of the issue. Trades staff are trained to identify condensation and its causes, and in the application of products to manage it. Annual Tenant visit process in place for RSLs and annual visits to properties as part of technical compliance programme, with those in attendance required to report any issues noted while in a property, including damp and mould. Specialist teams are in place for mould repairs with arrangements in place to provide specialist external support to this team as and when required. There are specific work order descriptions for mould and damp, with agreed timescales for completion of the works. All damp and mould jobs include a full inspection within target of 2 working days. Where mould or damp is found, jobs are categorised as mild, moderate or severe. No Access Policy enables us to force access where repeated issues of damp and mould are raised but access is refused. A process is in place to contact tenants with completed mould and damp jobs to determine whether the reported issue has been resolved. <u>Planned control</u> Introduce a right for tenants to request a report by an independent expert to verify that the damp and mould have been effectively treated.				
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:		
		Risk appetite is MINIMAL (Light Green)		Damp and Mould measures included in regular performance reporting to RSL and Group Boards. From 2025/26, ARC measures on damp and mould will be reported to RSL and Group Boards as part of established ARC reporting before submission to SHR. Damp and Mould update to Group Board February 2026.		

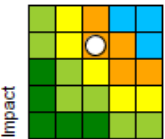
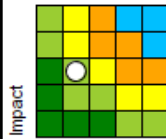
RISK 003 Fire Safety

Strategic Outcome	Investing in existing homes and environments	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Communities
Description		Controls			
There is a risk that a failure to comply with relevant fire safety standards for our buildings results in harm to the health or safety of our customers and/or staff, leading to injuries or fatalities, enforcement action and reputational damage.		Group H&S and Fire Safety Team focuses on identification of fire preventions actions for implementation by responsible manager through implementation of the Fire Risk Assessment Programme. Fire Working Group attended by Snr Mgt teams every 2 months feeds into a Group Executive Fire Strategy meeting chaired by Executive Lead and attended by Directors to review performance, emerging issues and escalate matters as required. Bi-annual reporting of implementation of actions to Group Audit Committee. Outwith relevant premises, Fire Prevention and Mitigation Framework, including our approach to high rise block inspections and Livingwell, and Fire Risk Assessments are completed on a rolling cycle. Daily, weekly, monthly and 6 monthly inspections of high-rise domestic premises maintained by Environmental Teams in between Fire Risk Assessments being completed. Extensive compliance and investment regime to achieve compliance with building safety regulations (as required) and best practice guidance.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is MINIMAL (Light Green)	Annual Report to RSL and Lowther Boards on Fire Prevention and Mitigation Framework. Group, RSL and Lowther Boards - Fire safety performance related KPIs (ADFs and FRAs) as part of standing performance updates. (Ongoing)		

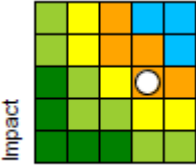
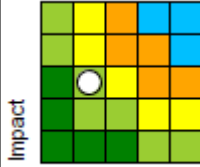
RISK 010 Group Credit Rating

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

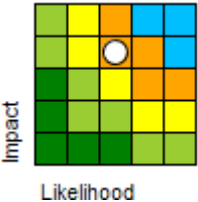
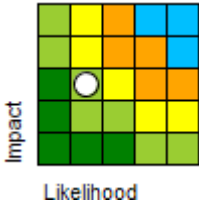
RISK 006 Customer Satisfaction (tenants)

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

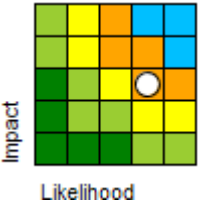
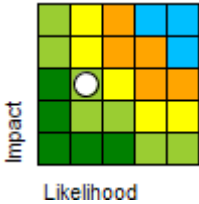
RISK 007 Rent Arrears management

Strategic Outcome	Enabling Customers to Lead	Risk type	Financial or VFM	Risk owner	Group Director of Housing
Description		Controls			
There is a risk that the Group does not collect expected levels of income, caused by arrears management processes not being implemented effectively, resulting in financial loss for the Group and negative impacts for customers, with increasing financial hardship. This includes processes put in place to support tenants during the continued migration to universal credit.		Our small housing patch sizes provide a key mitigation, allowing staff to work proactively with customers before their debts become unmanageable. Joint working with Wheatley Foundation colleagues to deliver our full range of wrap around services to help customers sustain their tenancy and address issues of debt and financial exclusion. Helping Hand fund is also available to support customers who are struggling, and this has been extended into 2025/2026. Performance against key indicators is monitored closely at Local, SLT, DMT and ET performance meetings including close scrutiny of overall performance in relation to gross debit and top quartile benchmarks. The Rents Matters Toolkit is regularly updated, with training delivered for all staff. The toolkit is available for staff on WeConnect and supported by Business Improvement Teams. Our annual rent campaign mitigates against Christmas spike in arrears. Universal Credit managed migration approach has been developed, including a comprehensive staff and customer communication plan and staff training. Comprehensive UC action plan in place and implemented with RSL presence on UC Subgroup of Rents COE. Group Rents COE monitors performance and action plan includes delivery of Group Rent and Income Framework. The Group business plan also contains a significant buffer within its assumptions for risk in relation to bad debts and rent arrears. In addition, arrears performance is reviewed by Boards.			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
 Impact Likelihood	 Impact Likelihood	Risk Appetite is <u>OPEN</u> (Orange)		The Group, RSL and Lowther Boards consider this on a quarterly basis through performance report. (Ongoing) RSL/Lowther Five-year financial projections and management accounts. (Ongoing)	

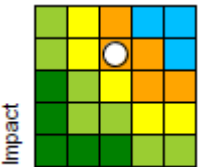
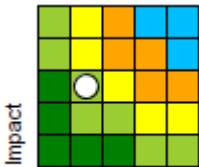
RISK 009 Governance Structure

Strategic Outcome	W.E. Work- strengthening the skills and agility of our staff	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Governance and Business Solutions; Group CEO
Description		Controls			
There is a risk of service or financial failures within the Group caused by governance arrangements that are not clearly defined, or overly complex; and/ or a lack appropriate skills at Board and Committee levels to govern the Group effectively, resulting in regulatory censure, potential fines and loss of reputation.		We carry out an annual assurance review and complete an Annual Assurance Statement each year. This is reviewed by the Assurance Team and by external consultants every three-years. Formal succession planning for Board members is in place. The Group Standing Orders include Terms of Reference for each Board and Committee, outlining the respective responsibilities of each body. These are reviewed every three years to confirm they remain up to date. Governance arrangements are regularly reviewed by the Scottish Housing Regulator, external consultants, internal and external audit functions. The most recent external review was completed November 2025. A Board induction and CPD programme help us to ensure that Board members are equipped with the skills to govern our business. There is horizon-scanning of changes to corporate governance aspects of the Group's regulatory world and the potential impact on the Group's structure.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is CAUTIOUS (Yellow)	Our Boards receive regular reports that cover succession planning, skills and Board appraisal. RAAG receives regular updates on succession planning. (Ongoing) Completion of the actions arising from the Campbell Tickell Governance review will be reported to each meeting of the RAAG Committee until they are all complete. (Quarterly from February 2026)		

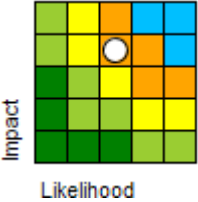
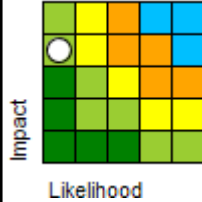
RISK 013 Commercial Operations

Strategic Outcome	Supporting economic resilience in our communities	Risk type	Financial or VFM	Risk owner	Group Director of Communities
Description		Controls			
Failure to achieve financial growth returns in our commercial operations. This results in reduced surpluses available to support the Group's charitable activity, in particular through the Wheatley Foundation.		• Performance against agreed targets are reported to Divisional Management Teams (DMTs), Executive Team (ET) and the relevant Boards as well as Group Board. • Quarterly performance reports are presented to the Lowther Board, including financial KPIs and strategic project updates. • Monthly meetings are held between the Managing Director and Finance, and the Executive Lead and Finance, to review financial performance. • Annual Business Planning process sets financial targets and assumptions aligned to strategic objectives. • Business Case approval is required for new projects or unplanned spend to confirm financial viability and alignment with the Business Plan.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is OPEN (Orange)	Lowther business plan report. (Annually in February) Finance reports are a standing item at all Board meetings, which highlight any variances against projected financial growth to allow necessary intervention. (Ongoing)		

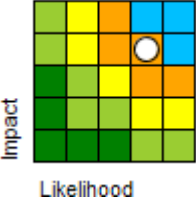
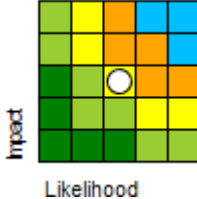
RISK 204 New Build contractor non-compliance with building standards

Strategic Outcome	Increasing the supply of new homes	Risk type	Compliance: Legislative/Regulatory	Risk owner	Group Director of Assets and Development
Description		Controls			
There is a risk that a supplier provides properties that do not meet required build quality, including building standards, which leads to additional project cost, properties that are not fit for habitation, reputational risks or potential harm to tenants.		Clerk of Works monitoring quality of work produced Employers agent employed to manage the construction contract. Proactive contract management and regular contractor engagement. Suppliers selected from procurement framework. Revised Development Team Structure enhances focus on quality and construction.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
 Impact Likelihood	 Impact Likelihood	Risk Appetite is MINIMAL (Light Green)	Project monitoring and contractor engagement update including updated financial assessment provided to each meeting of the Wheatley Development Scotland Board.		

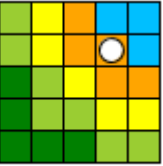
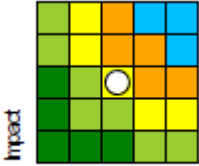
RISK 036 Large Panel System structural condition

Strategic Outcome	Investing in existing homes and environments	Risk type	Compliance: Legal/Regulatory	Risk owner	Group Director of Housing
Description		Controls			
There is a risk of building structural damage or fire damage if we do not meet the Large Panel System (LPS) criteria set by the UK Government; resulting in potential harm to customers, staff and/or members of the public, prosecutions and reputational damage.		• High-Rise Inventory 2020, published by Scottish Government, lists the multi-storey blocks (MSFs) across Scotland which have been constructed using LPS (12 are owned by Wheatley Homes Glasgow). • A regular inspection and survey programme is in place in line with the Building Research Establishment (BRE) guidelines. • Structural surveys for the 12 MSF blocks with LPS are scheduled for every 5 years (most recently completed 2024). • Intrusive surveys are scheduled over the coming years in line with recommended practice from BRE and will be completed in the next 3-5 years.			
Inherent risk	Residual risk	Risk Appetite level:	Previous / Next detailed Board update on operation of controls listed above:		
		Risk Appetite is MINIMAL (Light Green)	An update on Large Panel Systems and our approach to surveying was provided to WH-Glasgow Board and Group Board in August 2025. Further updates will be provided once the surveying programme is complete and through Board stock condition reporting.		

RISK 064 UK Economic and Policy Instability (Proposed new risk)

Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Operational	Risk owner	Group Director of Finance
Description		Controls			
There is a risk of increased financial and operational pressure on the Group due to UK economic volatility (including inflation, interest rate risk, weak growth and public finance constraints) and political instability (including policy uncertainty and changing government priorities), resulting in increased costs, higher funding costs and investment capacity, pressure on tenant affordability and demand for services, and disruption to long-term planning and delivery of outcomes.		Subsidiary and Group Business Plans are updated annually. Stress-testing of the business plan against adverse scenarios, including prolonged high inflation, increased borrowing costs and reduced income. Financial performance monitored monthly and covenant compliance reviewed quarterly by the Group Board. Golden Rules subject to annual board approval, with performance monitored quarterly and any anticipated breaches requiring board approval. Utilisation of Group and 3rd party frameworks to minimise price increase risk. Ongoing engagement with senior officials and policy leads within the Scottish Government and key local Authority partners. Part of national policy working groups and actively look for opportunities to engage with key politicians.			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
		Risk Appetite is CAUTIOUS (Yellow)		Business plan projections in Feb and Aug. Finance reports, including covenant compliance and Golden Rules, are a standing item for all Boards. (Ongoing) Quarterly forecast out-turn. Treasury update reports are presented quarterly to Group and WFL1 Boards. (Quarterly)	

RISK 065 Global Geopolitical Disruption (Proposed new risk)

Strategic Outcome	Maintaining a strong credit rating and managing financial risks	Risk type	Operational	Risk owner	Group Director of Finance
Description		Controls			
There is a risk of disruption to the Group's development, asset management, and long-term financial stability, caused by escalating global geopolitical instability which could impact energy markets, global supply chains, and investor confidence. This has a risk of increasing costs, creating material and labour shortages, development programme delays, and reduced capacity to deliver strategic objectives.		Utilisation of Group and 3rd party frameworks to minimise price increase risk. New build contractor engagement framework including proactive monitoring of financial standing Procurement procedures include assessment of suppliers' financial health. Identified lead for Repairs monitors supply chain materials contract. In the event of supplier insolvency, procurement frameworks / approved supplier listings would be used to identify alternative suppliers. Subsidiary and Group Business Plans are updated annually. Stress-testing of the business plan against adverse scenarios, including prolonged high inflation, increased borrowing costs and reduced income. Financial performance monitored monthly and covenant compliance reviewed quarterly by the Group Board. Golden Rules subject to annual board approval, with performance monitored quarterly and any anticipated breaches requiring board approval.			
Inherent risk	Residual risk	Risk Appetite level:		Previous / Next detailed Board update on operation of controls listed above:	
 Impact Likelihood	 Impact Likelihood	Risk Appetite is CAUTIOUS (Yellow)		Business plan projections in Feb and Aug. Finance reports, including covenant compliance and Golden Rules, are a standing item for all Boards. (Ongoing) Quarterly forecast out-turn. Treasury update reports are presented quarterly to Group and WFL1 Boards. (Quarterly) Performance report to WDSL (May 2026) included updates on the impact of conflict in the Middle East on projects under construction, projects in pre-development, and the results of engagement with consultants and contractors.	

Wheatley Group Board Risk Appetite

2026/27

DRAFT

Ranald Brown
Director of Assurance
25 June 2026

This document sets out the level of risk the Board is willing to accept in delivering the 2026-31 strategy. It provides clear boundaries to support decision making and ensure consistency across the Group.

How it is structured:

Risk appetite levels have been set for each strategic objective within the Board's 2026-31 strategy and are aligned to the Group's risk appetite definitions (*Appendix 1*).

Appetite levels cover four risk types as shown in the example layout below.

Management will apply the appetite by identifying which strategic objective and risk type their risk/decision relates to. To support effective implementation, we will introduce a Copilot agent to help colleagues identify and apply the appropriate risk appetite in practice.

Example risk appetite format:

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

Summary risk appetite

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

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

Theme 1: Homes and Neighbourhoods to be proud of

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

Theme 1: Homes and Neighbourhoods to be proud of

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

Theme 2: Personalised Services

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

Theme 2: Personalised Services

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

Theme 3: Better Lives

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

Theme 4: Delivering sustainable value

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

Theme 4: Delivering sustainable value

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

Appendix 1: Risk Appetite Definitions

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



Appendix 3 – Board Risk Oversight Map

Risk	Board Review	Boards	Last update/next planned update	Frequency
Cyber Attack (Risk 019)	Cyber security update	RSLs, Lowther, Group	March 2026	Annually
		Group Audit Committee	February 2026	Bi-annually
Fire Event (Risk 089)	Fire Prevention & Mitigation annual update	RSLs, Lowther & Group	May/June 2026	Annually
Climate change (Risk 023)	Stock Condition Assurance update	RSLs, Lowther, Group	August 2026	Annually
Reduced SG financial support (Risk 021)	26/27 Financial Projections/investment & development plans	RSLs, Group	February 2026	Annually
	Development Mid-year review	RSLs, Group	September 2026	Annually
Reduced public funding (Risk 001)	Neighbourhood plan	WH Glasgow	February 2026	Quarterly
	Rent & Service charge increase	RSLs, Lowther, Group	February 2026	Annually
	Group Hate Crime policy	RSLs, Group	March/April 2026	Triennially*
	Group Homelessness policy	RSLs, Group	March/April 2026	Triennially*
	Group Protection & Safeguarding policy	RSLs, Group	March/April 2026	Triennially*

Risk	Board Review	Boards	Last update/next planned update	Frequency
Reduced public funding (Risk 001)	Group Suicide Prevention Framework	RSLs, Group	March/April 2026	Triennially*
	Wheatley Foundation Annual Report	RSLs, Group	May /June 2026	Annually
	Rent setting 2027/28	RSLs, Lowther, Group	November 2026	Annually
Laws and Regulation (Risk 016)	Strategic Governance review	All RSLs, Lowther & Group	February 2026	Triennially*
	Home Safety building compliance update	All RSLs, Lowther & Group	March- May 2026	Annually
	Gender Pay gap	All employing subsidiaries	March 2026	Annually
	Group Hate Crime policy	RSLs, Group	March/April 2026	Triennially*
	Group Complaints policy	RSLs, Lowther, Group	March-May 2026	Triennially*
	Group Protection & Safeguarding policy	RSLs, Group	March/April 2026	Triennially*
	Group Customer Reasonable Adjustment policy	RSLs, Group	March/April 2026	Triennially*
	Governance Update	RSLs, Lowther, Solutions, Group	May/June 2026	Bi-annually

Risk	Board Review	Boards	Last update/next planned update	Frequency
Laws and Regulation (Risk 016)	Fire Prevention & Mitigation annual update	RSLs, Lowther, Group	May/June 2026	Annually
	Health & Safety Annual Report	RSLs, Lowther, Group	May/June 2026	Annually
	Annual Complaints Handling review	RSLs, Lowther, Group	May/June 2026	Annually
	Group Anti-social Behaviour Framework	RSLs, Lowther, Group	November 2026	Triennially*
	EDI Action Plan & Annual Equalities Report	RSLs, Group	November 2026	Annually
RTS switch off (Risk 020)	CEO Update – standing Item	RSLs, Group	June 2026	Every meeting – as required
Funder compliance (Risk 008)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Funding Update	All	February/April 2026	Quarterly WFLs, Group. RSLs dependant on activity
	Finance Report	All	May/June 2026	Every meeting
	Financial Statements	All	August 2026	Annually

Risk	Board Review	Boards	Last update/next planned update	Frequency
Repairs supply chain (Risk 018)	Group procurement annual strategy and policy updates	All	March 2026	Annually
CBG Group membership (Risk 002)	Performance Report	RSLs, Lowther, Group	May/June 2026	Every meeting
	Annual Delivery Plan	RSLs, Lowther, Solutions, Group	April/May 2026	Annually
New funding (Risk 011)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Funding Update	All	February/April 2026	Quarterly WFLs, Group. RSLs dependant on activity
Strategic Partnerships (Risk 014)	2026-31 Strategy	All	February 2026	Annually
	Annual Delivery Plan	RSLs, Lowther, Solutions, Group	April/May 2026	Annually
Awaab's Law (052)	Paper on landlord responsibilities	RSLs, Lowther & Group	February 2026	Triennially*
	Performance Report	RSLs, Lowther & Group	May/June2026	Every meeting

Risk	Board Review	Boards	Last update/next planned update	Frequency
Investment partner under-delivery (Risk 100)	26/27 Financial Projections/investment & development plans	All RSLs, Lowther & Group	February 2026	Annually
	Finance Report	All RSLs, Lowther & Group	May/June 2026	Every meeting
Sustainability targets (Risk 137)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Stock Condition Assurance Update	RSLs, Lowther, Group	August 2026	Annually
	Development Mid-year review	RSLs, Group	September 2026	Annually
Repairs partner (west) under-delivery (Risk 182)	Finance Report	WH Glasgow, Loretto & Group	May/June 2026	Every meeting
	Home Safety building compliance update	WH Glasgow, Loretto & Group	March – May 2026	Annually
	R&M Policy Framework & policy	WH Glasgow, Loretto & Group	August 2026	Annually

Risk	Board Review	Boards	Last update/next planned update	Frequency
Energy efficiency compliance (Risk 004)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Stock Condition Assurance Update	RSLs, Lowther, Group	August 2026	Annually
Monitoring H&S arrangements (Risk 090)	Health & Safety Annual Report	RSLs, Lowther, Group	May/June 2026	Annually
Business Continuity (Risk 012)	Cyber security update	RSLs, Solutions, Foundation, Lowther & Group	March 2026	Bi-annually
	Business Continuity Update	Solutions	August 2026	Annually
Senior staff recruitment (Risk 031)	People Services Annual Report	Group	June 2026	Annually
	EDI Action Plan & Annual Equalities report	RSLs, Group	November 2026	Annually
Succession planning (Risk 032)	Gender Pay gap	All employing subsidiaries	March 2026	Annually
	People Services Annual Report	Group	June 2026	Annually
Damp & Mould (Risk 053)	Performance Report	All RSLs & Lowther, Group	May/June 2026	Every meeting

Risk	Board Review	Boards	Last update/next planned update	Frequency
Fire Safety (Risk 003)	Performance Report	All RSLs, Solutions & Lowther, Group	May/June 2026	Every meeting
	Fire Prevention & Mitigation annual update	RSLs, Lowther, Group	May/June 2026	Annually
Group Credit Rating (Risk 010)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Funding Update	All	February/April 2026	Quarterly WFLs, Group. RSLs dependant on activity
	Finance Report	All	May/June 2026	Every meeting
	Financial Statements	All	August 2026	Annually
Customer Satisfaction – tenants (Risk 006)	Neighbourhood plan	WH Glasgow	February 2026	Triennially*
	Group Complaints policy	RSLs, Lowther, Group	March – May 2026	Triennially*
	Annual Complaints Handling Review	RSLs, Lowther, Group	May/June 2026	Annually
	Independent Tenant Satisfaction Survey	RSLs, Group	September 2026	Triennially*

Risk	Board Review	Boards	Last update/next planned update	Frequency
Rent arrears (Risk 007)	Rent & Service charge increase	All RSLs & Lowther, Group	February 2026	Annually
	Performance Report	All RSLs & Lowther, Group	May/June 2026	Every meeting
	Lock Ups/Garages policy	RSLs	March 2026	Triennially*
	Group Arrears, Debtors Framework policy	RSLs, Group	March/April 2026	Triennially*
	Group homelessness policy	RSLs, Group	March/April 2026	Triennially*
	Rent Setting 2027/28	RSLs, Lowther, Group	November 2026	Annually
Governance Structure (Risk 009)	Strategic Governance review	All RSLs, Lowther & Group	February 2026	Triennially*
	Governance Update	RSLs, Solutions, Foundation, Lowther & Group	May 2026	Bi-annually
Commercial operations (Risk 013)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Finance Report	All	May/June 2026	Every meeting
	Lock ups/Garages policy	RSLs	March 2026	Triennially*

Risk	Board Review	Boards	Last update/next planned update	Frequency
Commercial operations (Risk 013)	Rent setting 2027/28	Lowther	November 2026	Annually
New build contractor compliance (Risk 204)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Development Mid-year review	RSLs, Group	September 2026	Annually
LPS – structural condition (Risk 036)	Home Safety building compliance update	All RSLs, Lowther & Group	March – May 2026	Annually
	Stock Condition Assurance Update	All RSLs, Lowther & Group	August 2026	Annually
UK Economic & political instability (Risk 064)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Funding Update	All	February /April 2026	Quarterly WFLs, Group. RSLs dependant on activity
	Rent setting 2027/28	RSLs, Lowther, Group	November 2026	Annually

Risk	Board Review	Boards	Last update/next planned update	Frequency
Geopolitical disruption (Risk 065)	26/27 Financial Projections/investment & development plans	All	February 2026	Annually
	Funding Update	All	February /April 2026	Quarterly WFLs, Group. RSLs dependant on activity
	Rent Setting 2027/28	RSLs, Lowther , Group	November 2026	Annually
Care structural change (Risk 048)	Strategic Governance review	All RSLs, Lowther & Group	February 2026	Triennially*
General	Group Assurance Update	All	February 2026	Bi-annually
	Risk Register	All	May/June2026	Bi-annually
	Internal Audit Annual Report	RSLs, Lowther, Solutions, Foundation, Group	August 2026	Annually

* Updated at least every three years or more frequently if required

Report

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: 2025/26 Annual Charter Returns and year-end update

Date of meeting: 25 June 2026

Purpose:

- 1) To present the draft Annual Return on the Charter (“**Charter**”) results for 2025/26 for our four RSLs;
- 2) To provide the Board with our outturn year-end performance against non-Charter measures and strategic projects.

1. Executive Summary

- 1.1 Overall, we ended 2025-26 in a strong position, with sustained performance against both strategic and operational priorities. Our RSLs achieved or exceeded both available sector benchmarks for 94% of Charter results and 76% of RSL targets. In addition, Lowther has delivered sustained performance improvement across several key indicators, and the Foundation has met all targets, supporting significant numbers of customers and households.
- 1.2 Where performance pressures emerged during the year, such as income collection challenges due to Universal Credit migration and increasing demand in complaints handling, these were actively managed to minimise impact on performance.
- 1.3 A small number of areas will be key priorities to improve performance in 2026/27, in particular, average days to let, voids and repairs satisfaction.

2. Authorising Context

- 2.1 Under our Group Standing Orders, the Board has an ongoing role in monitoring the performance of subsidiaries against the agreed measures. Individual RSL Boards are responsible for monitoring their performance against agreed targets and approving their Charter submissions. The measures, targets and projects for 2025/26 were agreed by this Board and RSL Boards in April/May 2025.
- 2.2 Each subsidiary Board has reviewed its own performance, the drivers of performance and areas of specific focus for 2026/26 in detail during the May meeting cycle. The figures reported for the Charter were submitted to the Scottish Housing Regulator (“SHR”) ahead of the 31st May deadline. As for all RSLs they remain subject to further validation and checks by SHR, with final validated figures published by SHR in the autumn.

3. Discussion

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

Charter Returns

Summary of Charter Performance

- 3.2 We have achieved or exceeded the 2024/25 Scottish average for 94% of applicable measures (79 of 84) and over 76% of our own targets for applicable measures (73 of 96). As shown below in Table 1, a further 6% and 14% are amber, respectively, within 10% of the available benchmark and our own targets.

Table 1

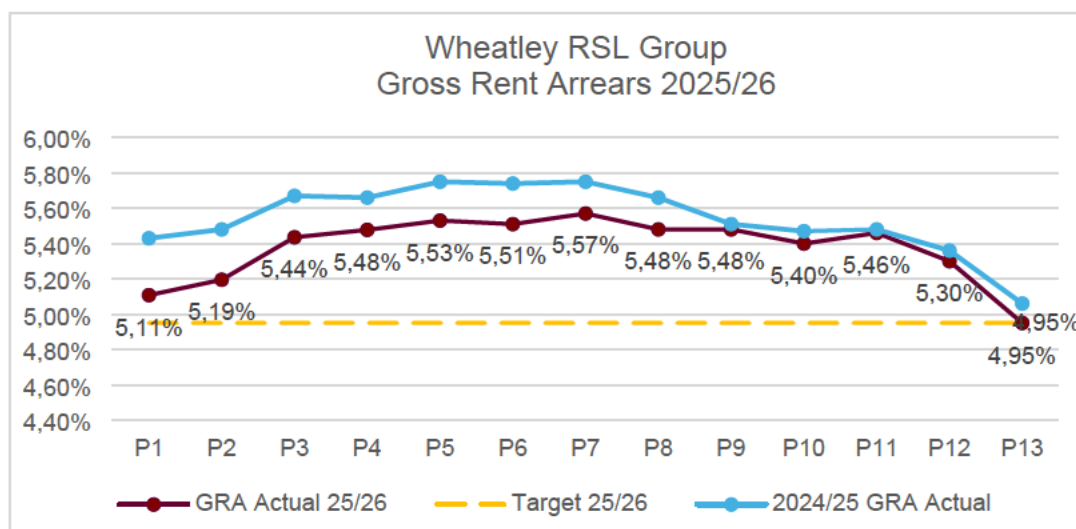
	Green (achieved or exceeded)	Amber	Red	Total
Group RSLs - Summary by 2024/25 Scottish average	94% (79)	6% (5)	0% (0)	100% (84)
Group RSLs - Summary by our targets	76% (73)	14% (13)	10% (10)	100% (96)

- 3.3 The remainder of this section presents an overview of key Charter measures, highlighting where they contributed to strategic results for 2021–26. A full set of Charter results for each RSL against targets is provided in Appendix 1.

Gross Rent Arrears (“GRA”)

- 3.4 Gross Rent Arrears for our RSL group at the end of 2025/26 were 4.95%, meeting our ambitious target for the year and the 2021-26 strategy (Chart 1). Our performance was an improvement from 5.40% at the end of quarter three and 5.06% at the end of 2024/25. We continue to outperform the SHR published 6.2% 2024/25 Scottish average.

Chart 1



- 3.5 All RSLs showed improvement in the final month of reporting, with results provided in Table 2. WHS and Loretto surpassed their respective year-end targets and their previous year's performance. WHG improved from last year, and WHE improved from 5.70% in quarter three to 5.36% at year-end.
- 3.6 For all RSLs, the Department for Work and Pensions' (“DWP”) accelerated programme of migrating our customers onto Universal Credit (“UC”) had an impact on our arrears performance. At the end of 2024/25, we had 27,523 UC customers, which has now increased to 35,504 or 56.98% of our customers.

- 3.7 Within both WHG and WHE, there has been sustained work to drive performance improvements, focusing on customer contact to offer support as well as escalating arrears cases where necessary. At all stages, we seek to engage customers and support resolution, as well as referring to our wraparound services where appropriate.

Table 2

Gross Rent Arrears	2025/26		2025/26 target	2024/25 Result
WHG	5.33%		5.00%	5.44%
WHS	3.55%		3.90%	3.97%
WHE	5.36%		4.50%	4.99%
Loretto	2.91%		3.60%	3.38%
RSL Group	4.95%		4.95%	5.06%

Turnover

- 3.8 The percentage of lettable homes that became vacant (turnover) at the RSL group level was 6.53% in 2025/26, better than our 8% target and an improvement from 6.84% in 2024/25. We remain better than the 2024/25 Scottish average of 7.1%. Details are set out below in Table 3.

Table 3

% lettable homes that became vacant	2025/26		2025/26 Target	2024/25
WHG	6.47%		8%	6.62%
WHS	7.64%		8%	8.51%
WHE	5.54%		8%	6.31%
Loretto	5.82%		8%	5.39%
RSL Group	6.53%		8%	6.84%

Average Days to Re-Let (Charter and non-Charter Revised)

- 3.9 Our Charter average days to re-let performance for 2025/26 was 20.37 days. This includes days lost to health and safety-related meter issues where we consider the property unsafe or unfit to occupy due to the failure of energy suppliers to repair tampered meters or restore power supply. We remain well within the 2024/25 Scottish average of 60.6 days.
- 3.10 In contrast, our 2024/25 Charter performance excluded such meter issues and was 17.53 days. Our performance, excluding meter issues, continues to be monitored and is therefore now referred to as 'Revised'. For 2025/26, this has improved to 17.03 days. All figures are shown in Table 4.
- 3.11 For WHG, since Period 5, there has been an improving trend overall, with a slight seasonal increase over the festive period, consistent with previous years. Improving our void management is a key priority for 2026/27, particularly in the West, working closely with City Building (Glasgow). This is being closely monitored by the Wheatley Homes Glasgow and City Building (Glasgow) Boards, and we anticipate that this will drive improved performance in 2026/27.

Table 4

Average calendar days to re-let	ARC 2025/26 (inc. meter issues)	2025/26 Target	2024/25 (inc. meter issues)	Revised 2025/26 (exc. meter issues)	Revised 2024/25 (exc. meter issues)
WHG	24.91	16	33.49	20.79	21.38
WHS	8.75	16	9.48	7.89	8.31
WHE	15.39	16	17.56	12.09	14.20
Loretto	13.70	16	9.72	11.46	9.72
RSL Group	20.37	16	26.05	17.03	17.53

Rent lost due to properties being empty

- 3.12 Rent lost due to properties being empty for the RSL group increased from 0.45% in 2024/25 to 0.48% in 2025/26 (Table 5). All our RSLs are better than the target and the 2024/25 Scottish average of 1.3%.

Table 5

% Void Lost Rent (Charter)	2025/26	2025/26 Target	2024/25	£ Void Lost Rent (Charter) 2025/26	£ Void Lost Rent (Charter) 2024/25
WHG	0.52%	0.6%	0.53%	£1,215,569	£1,140,301
WHS	0.25%	0.6%	0.25%	£132,339	£123,315
WHE	0.58%	0.6%	0.39%	£256,038	£149,896
Loretto	0.27%	0.6%	0.16%	£43,013	£23,945
RSL Group	0.48%	0.6%	0.45%	£1,646,959	£1,437,457

Tenancy Sustainment (Charter and non-Charter Revised)

- 3.13 Our RSL group Charter tenancy sustainment for 2025/26 is 92.94% remaining better than our target of 90%. Our revised measure (excluding deaths and transfers to another home within Group) is 94.64%, again better than our target of 91%. We continue to perform better than the 2024/25 Scottish average of 91.6%.
- 3.14 As shown in Table 6 below, WHG, WHE and Loretto are all ahead of this benchmark. WHS did not achieve the target for the Charter measure, ending the year at 88.84% compared to 90.81% last year, the equivalent of only 11 of the 941 new lets. WHS have, however, shown improvement in this measure throughout the strategy period, from 84.98% in March 2021.
- 3.15 WHS has been working to understand the reasons for tenancy failure and has identified that a significant proportion were homeless customers. They have further identified factors including rural location, allocation suitability, employability, transport, and access to essential services. WHS has initiated discussions with Dumfries & Galloway Council's Homeless Team to explore collaborative action to boost sustainment, including pre-tenancy assessment and sustainment likelihood before an allocation is made. This is in addition to internal analysis to identify recurring themes and potential early warning indicators for non-sustainment to minimise this going forward.

Table 6

Tenancy Sustainment	Charter – All lets	2025/26 Target - Charter		Charter – Homeless Lets		Revised (Non-Charter)	2025/26 Target - Revised
WHG	93.99%	90%		94.38%		95.16%	91%
WHS	88.84%	90%		87.04%		91.35%	91%
WHE	94.43%	90%		95.15%		96.70%	91%
Loretto	92.68%	90%		92.62%		95.36%	91%
Group 25/26	92.94%	90%		93.23%		94.64%	91%
Group 24/25	93.27%	90%		93.60%		94.83%	91%

Reducing Homelessness (Charter and Relevant Lets)

- 3.16 Our RSL Group has provided homes to 2,574 homeless households in 2025/26, taking the cumulative total to 12,315 over the 5 years of the strategy, well ahead of the strategic objective of 11,000 (increased from 10,000 during the life of the strategy). Table 7 below shows the number of lets by RSL reported in this year's Charter return, followed by Table 8 showing the number of lets made in each of the 5 years from 2021/22. The RSL group has also made 60.68% of relevant lets to homeless applicants this year (non-Charter).

Table 7

RSL	2025/26 Number of lets to homeless applicants (Charter)	2025/26 Target	% relevant lets to homeless applicants (non-Charter)	2024/25 Number of lets to homeless applicants (Charter)
WHG	1,657	N/A	61.56%	1,707
WHS	437	N/A	55.74%	432
WHE	369	N/A	61.97%	412
Loretto	111	N/A	66.23%	122
Total	2,574	2,000	60.68%	2,673

Table 8

Strategy Year	Reporting Year	Total No. ARC HL Lets
1	2021/22	2,455
2	2022/23	2,207
3	2023/24	2,406
4	2024/25	2,673
5	2025/26	2,574
Total		12,315
Strategic Goal		11,000

Scottish Housing Quality Standard (“SHQS”)

- 3.17 Our RSL Charter 2025/26 results for SHQS and the Energy Efficiency Standard for Social Housing (“EESH”) by RSL are shown in Table 9 below, alongside the figures for the previous year.

Table 9

RSL	% of properties meeting the SHQS		% of properties meeting the EESSH	
	2024/25	2025/26	2024/25	2025/26
WHG	99.59%	99.59%	100% (99.998%)	100% (99.998%)
WHS	88.47%	90.67%	91.79%	93.82%
WHE	99.43%	99.57%	99.71%	99.76%
Loretto	99.93%	99.93%	100%	100%

- 3.18 Properties which do not meet SHQS and/or EESSH either fail the criteria or are subject to exemption or abeyance. Our exemptions and abeyances for SHQS and EESSH are detailed in Table 10 below.

Table 10

RSL	SHQS Exemptions 2025/26	SHQS Abeyances 2025/26	% of total stock with SHQS Exemption or Abeyance 2025/26	EESSH Exemptions 2025/26	% of total stock with EESSH Exemption 2025/26
WHG	22	151	0.35%	0	0.00%
WHS	638	317	9.33%	632	6.18%
WHE	0	13	0.18%	0	0.00%
Loretto	0	2	0.07%	0	0.00%

- 3.19 For the properties in abeyance, the majority are where we have been unable to complete works due to the non-participation of owners. Across our Group RSLs, we have 18 SHQS failures (WHG 1, WHS 0, WHE 17, Loretto 0), driven primarily (17 of the 18) by access issues.

Repairs

- 3.20 The average time taken to complete emergency and non-emergency repairs is detailed in Table 11 below.

Table 11

Times to deliver repairs (Charter)	Emergency (hours)		Non-emergency (days)	
	Target	2025/26	Target	2025/26
WHG	3.00	2.85 	7.50	7.26 
WHS	3.00	2.68 	7.50	9.05 
WHE	3.00	2.84 	7.50	9.02 
Loretto	3.00	2.93 	7.50	8.06 
Group	3.00	2.83 	7.50	7.67 

- 3.21 At year-end, the Group average time to complete emergency repairs was 2.83 hours, with all subsidiaries' year-end results better than the target of 3 hours. This is an improvement compared to the Group average of 3.25 hours for 2024/25.
- 3.22 The Group average time to complete non-emergency repairs was 7.67 days at year-end for 2025/26. This is an improvement from 8.25 days for 2024/25. For the year ahead, we agreed that timescales will become a contextual measure, with more weight being given to the enhanced customer satisfaction measures, which also include satisfaction with the time taken to complete the repair.
- 3.23 SHR has redefined the right first-time measure for 2025/26. Previously, repairs which were overdue were not considered as Right First Time, however, this is no longer the case. Under the updated guidance, the only repairs which are now not Right First Time are those repairs completed during the reporting year where the repair is 'reported again' within the same reporting year.
- 3.24 The percentage of repairs completed right first time in 2025/26 across Group RSLs is 99.02%, an improvement compared to 2024/25, with all RSLs exceeding the 90% target. Our enhanced customer satisfaction measures seek to give us a better understanding of the customer perspective through measuring satisfaction with the quality of work.

Table 12

Percentage of repairs right first time (Charter)	2024/25	2025/26	Target	
WHG	90.17%	98.90%	90.0%	■
WHS	89.49%	99.81%	90.0%	■
WHE	88.11%	98.92%	90.0%	■
Loretto	86.83%	98.80%	90.0%	■
Group	89.76%	99.02%	90.0%	■

Damp and Mould

- 3.25 The SHR introduced damp and mould measures for the 2025/26 Charter, focused on end-to-end cases. This includes the full process from the customer reporting potential damp and mould, through the inspection, and all remedial repair(s) being completed. Appendix 1 includes the RSL-specific results, which show some variation across our regions. The following section provides a Group-wide overview, with RSL level performance having been comprehensively reviewed by RSL Boards.
- 3.26 We have completed 9,766 cases during 2025/26. These have an average end-to-end time of 14.20 days, better than our target for this year of 17 days and within our new 20-day target for 2026/27 that takes into account forthcoming Awaab's law requirements.
- 3.27 Where mould was identified, 96.84% were Category Three (lowest severity), typically involving small, localised areas. We anticipate that a substantial proportion of these would not meet the Awaab's Law threshold of "substantial".

Table 13

By Severity Category (Non-Charter)		
Cat 3 – Mild	Cat 2 – Moderate	Cat 1– Severe
96.84%	3.04%	0.13%

- 3.28 As noted in Table 14 below, condensation is our largest causation reason, with 65.74% of cases categorised as being caused by condensation. A smaller proportion relates to structural causes or other factors, including leaks and external issues. Of those categorised as ‘Other’, this has included issues caused by leaks, external flooding, or where additional technical support may be required to understand the issue.

Table 14

Damp and mould cases	Condensation	Structural	Other	Total
Group – Number	6,414	257	3,095	9,766
Group – Average days	15.26	10.63	12.60	14.20
Group (excl. Lowther) – Reopened	593 (9.25%)	9 (3.50%)	339 (10.95%)	941 (9.64%)
Group – Open at year-end	N/A	N/A	N/A	1,055

- 3.29 Structural cases are generally resolved more quickly due to clearly identifiable causes. In contrast, condensation cases typically require more detailed investigation and, in some instances, more comprehensive solutions, such as ventilation improvements. This also contributes to higher rates of case re-opening within this category.
- 3.30 At the year-end, we had 1,055 open damp and mould cases. Open cases at year-end proceed into the current year, 2026/27, until complete and will be reflected in Q1 results presented at the next Board cycle. So far during 2026/27, where mould has been identified, 97.10% is Category Three (lowest severity), typically involving small, localised areas.

Gas Safety

- 3.31 At year-end, the number of gas safety checks not met during the year across the Group was five which related to gas properties in WHS where the gas safety certificate had gone beyond its date for renewal. Although all five now have a valid gas safety certificate, we are required to report to SHR the number of times in the reporting year we did not meet our statutory obligations to complete a gas check within 12 months.

Medical Adaptations

- 3.32 By the year-end 2025/26, we completed 1,761 adaptations in total, with the Group average time within the 25-day target at 17.61 days. The table below shows the number of households waiting, completions and the average time to complete adaptations by RSL.

Table 15

Medical Adaptations	Households Waiting 2025/26	Number Completed 2025/26	Average Days to Complete	Target
WHG	54	1,137	15.78	25 
WHS	12	477	21.56	25 
WHE	11	105	19.13	25 
Loretto	6	42	18.74	25 
Group	83	1,761	17.61	25 

Electrical Installation Condition Reports (“EICR”)

- 3.33 At year-end, we have 54 properties without an EICR up to 5 years old, an improvement on 59 reported at the end of quarter three. Our housing teams continue to liaise with colleagues to support access to all required customers’ homes and to remind customers of their legal requirements set out in the tenancy agreement where required.
- 3.34 We completed 7,043 (99.32%) inspections of properties with electrical installation certificates due to expire before the end of 2025/26.

Complaints

- 3.35 Table 16 shows that performance on the Charter measure, average time for a full response to complaints, has once again achieved the target for the year for both Stage 1 and Stage 2 complaints.

Table 16

Charter - average time for a full response to complaints (working days)				
Subsidiary	2024/25		2025/26	
	Stage 1 (5-day target)	Stage 2 (20-day target)	Stage 1 (5-day target)	Stage 2 (20-day target)
WHG	3.71 	14.85 	3.98 	15.90 
WHS	3.47 	12.81 	3.56 	15.00 
WHE	3.89 	15.35 	3.98 	16.45 
Loretto	3.59 	15.66 	3.64 	16.43 
Lowther (ARC equivalent measure)	4.10 	13.60 	3.71 	14.11 

- 3.36 The Charter measure for complaints responded to in full, reported only annually, is based solely on complaints received or carried forward vs closed. It is important to note that this does not take into account complaint timescales to respond; rather, it is a snapshot in time of what is open.
- 3.37 All subsidiaries are above 95% target for Stage 1 complaints responded to within 5 days. While not all have met the 100% target for Stage 2 complaints responded to in full, each subsidiary is exceeding the 2024/25 Scottish average of 90.08%. Given this measure is influenced by the timing of customer complaints, from 2026/27 the Stage 2 target will be 92%, accounting for complaints received in March.

Table 17

	Stage 1 Target – 95%			Stage 2 Target – 100%		
	2024/25	2025/26		2024/25	2025/26	
WHG	95.44%	96.77%		93.93%	92.10%	
WHS	96.88%	97.65%		89.33%	93.42%	
WHE	97.00%	96.96%		93.96%	93.75%	
Loretto	96.04%	97.72%		92.11%	94.59%	
Lowther (ARC equivalent measure)	96.38%	95.79%		100%	100%	

- 3.38 In addition to the Charter measures, we also report Scottish Public Sector Ombudsman (“SPSO”) measures. The key performance measures for the end of 2025/26 for SPSO are summarised in Table 18 below. Between 93.65% and 98.67% of complaints were fully closed within the timescale of 5 days, compared to the 2024/25 Scottish average of 97.1%.
- 3.39 With the exception of WHG, all RSLs and Lowther achieved 100% of direct Stage 2 and escalated Stage 2 complaints fully closed within the 20-day timescale in 2025/26. Where complaints have exceeded these targets, factors such as customer-agreed extensions to support further engagement, the complexity of the complaint and the desire for a thorough investigation are acknowledged.

Table 18

SPSO Indicator 2 - number and % of complaints at each stage that were fully closed within timescales of 5 and 20 working days						
	Stage 1 - responded to within 5 working days		Stage 2 - responded to within 20 working days		Escalated complaints - responded to within 20 working days	
	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
WHG	96.48%	93.65%	100%	98.68%	100%	99.29%
WHS	95.92%	98.19%	100%	100%	100%	100%
WHE	97.35%	94.37%	100%	100%	100%	100%
Loretto	99.66%	98.67%	100%	100%	100%	100%
Lowther	96.38%	95.79%	100%	100%	100%	100%

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

Non-Charter Key Performance Measures

- 3.41 The following sections present year-end performance against non-Charter strategic and compliance measures by strategic theme. The dashboards for Board-level measures are shown in Appendix 3.

Strategic theme: Delivering Exceptional Customer Experience

Customer First Centre (“CFC”)

- 3.42 The year-end results for 2025/26 are presented in Table 19 below and show the CFC's performance against key measures.

Table 19

	2024/25	2025/26		
	Value	Value	Target	Status
Group – CFC CSAT score (customer satisfaction)	4.46/5	4.49/5	4.5/5	
Group - Call abandonment rate - those waited over 30secs and abandoned	5.12%	6.32%	Group - 5.4%	
Group - % of contacts to CFC resolved within CFC	89.79%	89.85%	95%	

- 3.43 Customer satisfaction (known as “**CFC CSAT**”) remains the primary performance measure for the Customer First Centre, ensuring customer experience remains central to service delivery. CSAT data was available to the end of November 2025, reflecting the temporary pause in survey collection across all regions. Performance remained strong, with a rolling 12-month CSAT score of 4.49/5, marginally below the 4.5/5 target.
- 3.44 The CFC continues to focus on resolving customer enquiries at the first point of contact, balancing resolution quality with call handling times and wait times. At year-end, 89.85% of contacts were resolved within the CFC, an improvement on 89.79% in 2024/25, although below the 95% target.
- 3.45 Call abandonment (calls abandoned after 30 seconds) was 6.32% at year-end, above the 5% target but reflecting sustained improvement across the year, reducing from 9.83% in April 2025.
- 3.46 Reducing repeat contact remains a key priority. Repeat call rates improved significantly during the year, falling from 19.79% to 15.01%, supported by ongoing analysis of demand drivers and targeted service improvements.

Allocations CSAT

- 3.47 Our Allocations MyVoice survey measures customer satisfaction with the process of getting a new home. As previously reported to the Board, Satisfaction to November was 4.44/5 against a target of 4.5/5.

Annual Tenant Visits (“ATVs”)

- 3.48 We ended the year at 81.77% of Annual Tenant Visits completed, an increase from 75.02% at the end of quarter three and 71.54% at the end of 2024/25. Across the Group, only 1,250 (1.94%) of tenancies have had no recorded visit over the 2 years since this measure was introduced. Our housing teams can and do make use of our forced access procedures to support access, and these are a priority for the coming months.
- 3.49 The breakdown by subsidiary is provided in Table 20 below. WHG has improved their ATV performance from 69% in March 2025 to 79% in March 2026. WHE have improved from 70% in March 2025 to 74% in March 2026. WHE ATV completions have, however, been severely impacted by over 3,700 no-access cases and 6 vacant patches due to long-term sickness (non-work-related).
- 3.50 Learning from this year is now shaping earlier planning, more targeted scheduling of summer visits and using patch capacity more effectively, while ensuring ATVs align with arrears visits.

Table 20

Subsidiary	No. ATV	No. Tenancies	% ATV completed 2025/26	No. with no recorded visit in two years	% tenancies no visit
WHG	31,911	40,366	79.05%	837	2.07%
WHS	9,246	9,968	92.76%	71	0.71%
WHE	5,219	7,011	74.44%	243	3.47%
Loretto	2,369	2,627	90.18%	32	1.22%
Lowther	2,791	3,056	91.33%	38	1.24%
Group	51,536	63,028	81.77%	1,221	1.94%
Group RSLs	48,745	59,972	81.28%	1,183	1.97%

Strategic theme: Making the Most of our Homes and Assets

Development Programme

- 3.51 With a total of 696 homes completed in 2025/26 (458 social rent and 238 MMR), we exceeded our target of 621 (440 social rent and 181 MMR). Table 21 below shows the variance overall and by tenure and subsidiary:

Table 21

		Social						MMR			
		All	WHG (Acquisitions)	WHG	LH	WHE	WHS	All	WHG	WHE	Lowther
Target	621	440	20	70	85	232	33	181	58	107	16
Actual	696	458	40	68	61	269	20	238	118	108	12
Variance	75	18	20	-2	-24	37	-13	57	60	1	-4

- 3.52 Further information on the acquisitions in 2025/26 is included in a more detailed update on acquisitions and disposals under a separate agenda item.

Compliance

- 3.53 All of our relevant properties are compliant with Legionella assessment requirements. We completed safety inspections on all domestic lifts and on all passenger lifts except for two passenger lifts in Glasgow. Both lifts are currently being upgraded via our investment programme and are not in use.

Health and Safety

- 3.54 During 2025/26, there have been nine reportable Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (“**RIDDOR**”) incidents. We investigate all RIDDOR incidents to identify relevant causation factors and highlight corrective actions where necessary to prevent a recurrence. We lost 319 days due to work-related accidents. Both figures include Care for 2025/26.
- 3.55 There have been no Health and Safety Executive or Local Authority environmental team interventions this year. This is the same position we have maintained since 2021.
- 3.56 We have not had any workplace fires for the year and have not recorded any since the measure started in 2021.

Strategic theme: Changing Lives and Communities

Peaceful Neighbourhoods

- 3.57 Our Group strategic measure was for over 80% or more of our customers to live in neighbourhoods classified as “Peaceful” by 2026. Peaceful tenancies are defined as those where customer-reported incidents of anti-social behaviour (“**ASB**”) to Police Scotland are reducing, and social deprivation indicators (“**SIMD**”) in the tenancy’s associated data zone are improving.
- 3.58 At year-end 2025/26, the Group-wide percentage of tenancies categorised as Peaceful was 77.55%. This is an improvement from 74.05% in 2024/25. Further details are shown in Table 22 below.

Table 22

RSL	Peaceful Score
WHG (NE)	76.88%
WHG (S)	78.61%
WHG (NW)	59.49%
WHS	86.63%
WHE	87.52%
Loretto	96.12%
Group	77.55%

Anti-Social Behaviour (“ASB”)

- 3.59 Overall, the number of ASB incidents reported in this year’s Charter return was 5,754. All cases were resolved by year-end, resulting in a resolution rate of 100%. Resolved is defined as where the landlord has taken appropriate measures, as set out in its ASB policies and procedures, to address the cause of the anti-social behaviour complaint and has advised the complainant of the outcome or where the landlord does not have the authority or powers to resolve and it has provided a full explanation of the landlord’s position to the complainant.
- 3.60 Repeat ASB cases are defined as the number of addresses where two or more ASB complaints have been made over the course of the rolling year. Across the Group, there have been 1,021 repeat ASB cases in 2025/26, equating to a 5.72% reduction from 1,083 repeat cases in 2022/23. Although below our target of a 20% reduction, it is important to note that only around 1% of our properties have issues with repeat incidences of ASB.

Accidental Dwelling Fires

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

Table 23

Number of recorded accidental dwelling fires	2025/26	2024/25
WHE	24	22
WHS	12	11
WHG	76	57
Loretto	3	5
Group	115	95

- 3.62 As part of our focus on preventing Accidental Dwelling Fires, we set a target of 42 Person-Centred Risk Assessments (“PCRA’s”) per month during 2025/26. In total, 646 PCRA’s were completed, exceeding the target of 504.

Flat Entrance Fire Door Checks

- 3.63 We have a rolling programme for carrying out flat entrance door checks in all of our properties, six floors and higher. We visit all flat entrance doors in properties at and above 18m in each six-month period (April – September and October – March).
- 3.64 During the second phase of this year (which began on the 20th of October 2025) to the end of March, we visited and completed a visual inspection of the outside of the door on all 10,714 properties and gained access to 6,646 of these to complete successful inspections.
- 3.65 This programme continues to present challenges in gaining access to properties. The Board previously agreed that we would force access to complete the check where there is “clear evidence that the flat entrance door has no qualities of fire resistance, or there is clear evidence that the fire resistance of the door has been compromised due to a repair.” We have had none that fit these criteria in the second phase.

Fire Risk Assessments

- 3.66 Our strategy aims to ensure that 100% of applicable properties have a current fire risk assessment in place. The target of 100% continues to be achieved for this measure.

Jobs and Opportunities

- 3.67 As set out in Table 24 below, the Wheatley Foundation performed strongly in 2025/26 against all measures, which focus on alleviating poverty and creating opportunities for young people and other customers.

Table 24

Strategic Results	2025/26 Target	Year-end Performance 2025/26	
10,000 children and young people benefiting from targeted Foundation programmes in Wheatley communities	1,000 – Group	3,245 – Group	
4,000 jobs, training places or apprenticeships created for customers and communities	800 – Group	1,283 – Group	
20,000 people accessing services which help alleviate poverty in Wheatley communities	8,970 – Group	11,556 – Group	

- 3.68 The number of children supported through Foundation programmes in 2025/26 is 3,245 and significantly exceeds our target. The Foundation also supported over 1,000 employment and training opportunities, exceeding the target of 800. The number of people accessing services which help alleviate poverty in Wheatley Communities has all exceeded subsidiary-specific targets including customers being supported by our financial wellbeing service.

Strategic theme: Developing our Shared Capability

People development and retention

- 3.69 We have met all 5-year strategic targets for our four key staffing measures. This year, we also met our annual targets for three out of the four key strategic staffing measures.
- 3.70 Progress this year and for the 5-year period is summarised for each measure as follows:
- 71% of promoted posts this year were successfully filled by internal candidates (compared to a target of 40%). The 5-year average is 66.7%, which also exceeds the target of 40%.
 - Staff voluntary turnover (i.e. resignations) was 6.2% this year (compared to a target of 7%). The 5-year average is 6.02%, better than the target of 7%.
 - 91 young people have been provided with structured opportunities to build their skills within the business this year (compared to a target of 55). This includes 43 new apprentices (all aged 25 or under), 18 Changing Lives Trainees aged 25 or under and 30 summer work programme participants. The 5-year target was 250 and our 5-year total is 347.
 - The number of graduates provided with opportunities to work and gain experience in our sectors was 4 this year (compared to a target of 10). However, we had already exceeded our 5-year target early last year and have now further increased this to a total of 60 graduates since the start of the strategy, significantly exceeding our strategic target of 50.

Sickness Absence

- 3.71 Our sickness absence is split into two - Care, NETs and repairs and the remainder of staff. This is to reflect the nature of those staffing groups and types of roles. For Care, NETs and repair staff sickness was at 6.21% for the year, with the remainder at 3.66%. This meant overall the absence rate for the whole organisation was 5.1%.
- 3.72 The key drivers for absence were stress/anxiety (69% of which was non-work related) and minor illness. Maximising attendance sessions are being rolled out in 2026/27 as part of our HR Essentials training for managers and supporting staff through our health and wellbeing initiatives.

Strategic theme: Enabling our Ambitions

[REDACTED]

[REDACTED]

3.74

3.77

Summary of Strategic Project Delivery

- 3.79 The full update on progress with strategic projects is attached in Appendix 4. We have completed all nine strategic projects in 2025/26. All nine strategic projects were delivered, except where revised milestones were agreed to reflect external interdependencies or our requirements, such as the loan note programme.

4. Customer Engagement

- 4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers. Several of the 2025/26 strategic projects were informed and shaped by customer engagement. This focus will continue into 2026/27.
- 4.2 Our Group Scrutiny Panel considered the draft Charter returns during May in advance of the submission deadline. Work will now commence on the Charter based RSL Report to Tenants, required to be published by the end of October.

5. Financial and Value for Money implications

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

6. Recommendations

- 6.1 The Board is asked to:

- 1) Note the draft Annual Return on the Charter results now submitted to the Scottish Housing Regulator; and
- 2) Note the outturn year-end performance against non-Charter measures and strategic projects.

LIST OF APPENDICES:

- Appendix 1: Draft Annual Return on the Charter 2025/26 for all RSLs
- Appendix 2: SPSO measures 2025/26
- Appendix 3A: Strategic Measures Dashboard 2025/26
- Appendix 3B: Other Key Measures Dashboard 2025/26
- Appendix 4: Strategic Projects Dashboard 2025/26

7. Legal Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

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

Current level of compliance:

X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

N/A

Legal Compliance Assurance:

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

Legal advice received:

	Yes	X	No
N/A			

8. Risk Assessment

Risk Appetite:

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

Relevant strategic risk(s):

The key related risk ("177") is Overstated ARC performance: RSLs and the Group manipulates performance information to overstate ARC performance to SHR. We mitigate this risk through:

- Segregation of duties;
- Monthly DMT and ET cycle, and Quarterly RSL and Group Board reporting;
- Scrutiny by Group Scrutiny Panel;
- Multiple checks and external validation through Scotland's Housing Network Verification Service;
- Enhanced checks on new damp and mould data and results, led by the Group Data team; and
- Our year-end RSL Board items.

Additional related risks are Lowther letting performance ("164"), factoring service income collection ("169"), and target improvements to the Lowther repairs service are not delivered ("181"). We mitigate these risks through:

- Clear performance management arrangements, supported by accurate and timely data;
- Regular review through monthly DMT and Executive Team cycles, and quarterly Board reporting;
- Structured oversight of income performance, including escalation of complex arrears cases to the Group Debt Recovery Team;
- Ongoing focus on repairs performance and customer outcomes through SLT and Group forums; and
- Established governance and assurance arrangements to monitor delivery, identify improvement actions and ensure sustained performance

Relevant assessment and mitigation:

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

	Appendix 1	Wheatley Homes Glasgow			SHR All Scottish Average	Wheatley Homes South			SHR All Scottish Average	Wheatley Homes East			SHR All Scottish Average	Loretto			SHR All Scottish Average
	Charter Indicators	2024/25 Results	Draft 2025/26 Results	2025/26 Target	2024/25 Benchmark	2024/25 Results	Draft 2025/26 Results	2025/26 Target	2024/25 Benchmark	2024/25 Results	Draft 2025/26 Results	2025/26 Target	2024/25 Benchmark	2024/25 Results	Draft 2025/26 Results	2025/26 Target	2024/25 Benchmark
01	Percentage of tenants satisfied with the overall service provided by their landlord	86,70 %	89,73 %	90 %	87 %	94,74 %	94,74 %	90 %	86,8%	95,58 %	95,58 %	90 %	86,8%	92,75 %	92,75 %	90 %	86,8%
02	Percentage of tenants who feel their landlord is good at keeping them informed about their services and decisions	93,64 %	95,57 %	90 %	90 %	98,42 %	98,42 %	90 %	90,0%	98,07 %	98,07 %	90 %	90,0%	97,89 %	97,89 %	90 %	90,0%
03a	Percentage of complaints responded to in full at Stage 1	95,44 %	96,77 %	95 %	97,1%	96,88 %	97,65 %	95 %	97,1%	97,00 %	96,96 %	95 %	97,1%	96,04 %	97,72 %	95 %	97,1%
03b	Percentage of complaints responded to in full at Stage 2	93,93 %	92,10 %	100 %	90,8%	89,33 %	93,42 %	100 %	90,8%	93,96 %	93,75 %	100 %	90,8%	92,11 %	94,59 %	100 %	90,8%
04a	Average time in working days for a full response at Stage 1	3,71	3,98	5	5,4	3,47	3,56	5	5,4	3,89	3,98	5	5,4	3,59	3,64	5	5,4
04b	Average time in working days for a full response at Stage 2	14,85	15,90	20	21,3	12,81	15,00	20	21,3	15,35	16,45	20	21,3	15,66	16,43	20	21,3
05	Percentage of tenants satisfied with the opportunities given to them to participate in their landlord's decision making processes	97,63 %	98,11 %	90 %	86,3%	99,74 %	99,74 %	90 %	86,3%	99,45 %	99,45 %	90 %	86,3%	98,49 %	98,49 %	90 %	86,3%
06	Percentage of stock meeting the Scottish Housing Quality Standard (SHQS)	99,59 %	99,59 %	99,63 %	87,2%	88,47 %	90,67 %	90,74 %	87,2%	99,43 %	99,57 %	100 %	87,2%	99,93 %	99,93 %	100 %	87,2%
07	Percentage of tenants satisfied with the quality of their home	86,32 %	89,92 %	90 %	84,7%	93,16 %	93,16 %	90 %	84,7%	95,03 %	95,03 %	90 %	84,7%	94,26 %	94,26 %	90 %	84,7%
08	Average time to complete emergency repairs (hours)	3,26	2,85	3	3,9	2,65	2,68	3	3,9	3,80	2,84	3	3,9	3,50	2,93	3	3,9
09	Average time to complete non-emergency repairs (working days)	7,90	7,26	7,5	9,1	8,87	9,05	7,5	9,1	9,97	9,02	7,5	9,1	9,06	8,06	7,5	9,1
10	Percentage of reactive repairs carried out in the reporting year completed right first time.	90,17 %	98,90 %	90 %	88,0%	89,49 %	99,81 %	90 %	88,0%	88,11 %	98,92 %	90 %	88,0%	86,83 %	98,80 %	90 %	88,0%
11	How many times in the reporting year did you not meet your statutory obligations to complete a gas safety check within 12 months of a gas appliance being fitted or its last check?	0	0	0	409	0	5	0	409	0	0	0	409	0	0	0	409
12	Percentage of tenants who have had repairs or maintenance carried out in last 12 months satisfied with the repairs and maintenance service	92,58 %	83,45 %	90 %	86,7%	96,93 %	96,93 %	90 %	86,7%	96,77 %	96,77 %	90 %	86,7%	85,51 %	85,51 %	90 %	86,7%
13	Percentage of tenants satisfied with the landlord's contribution to the management of the neighbourhood they live in	91,07 %	91,71 %	90 %	84,2%	94,47 %	94,47 %	90 %	84,2%	93,09 %	93,09 %	90 %	84,2%	94,56 %	94,56 %	90 %	84,2%
14	Percentage of anti-social behaviour cases which were resolved	100 %	100 %	100 %	93,4%	100 %	100 %	100 %	93,4%	100 %	100 %	100 %	93,4%	100 %	100 %	100 %	93,4%
15	Percentage of new tenancies sustained for more than a year - overall	93,61 %	93,99 %	90 %	91,6%	90,81 %	88,84 %	90 %	91,6%	94,42 %	94,43 %	90 %	91,6%	96,23 %	92,68 %	90 %	91,6%
16	Percentage of lettable houses that became vacant in the last year	6,62 %	6,47 %	8 %	7,1%	8,51 %	7,64 %	8 %	7,1%	6,31 %	5,54 %	8 %	7,1%	5,39 %	5,82 %	8 %	7,1%
17	Percentage of rent due lost through properties being empty during the last year	0,53 %	0,52 %	0,6%	1,3%	0,25 %	0,25 %	0,6%	1,3%	0,39 %	0,58 %	0,6%	1,3%	0,16 %	0,27 %	0,6%	1,3%
18	Number of households currently waiting for adaptations to their home	73	54	Contextual	4 297	1	12	Contextual	4 297	10	11	Contextual	4 297	0	6	Contextual	4 297
19	The average time to complete adaptations (calendar days)	16,11	15,78	25	44,4	55,19	21,56	25	44,4	20,15	19,13	25	44,4	17,13	18,74	25	44,4
20	Percentage of court actions initiated which resulted in eviction - overall	33,55 %	34,21 %	Contextual	26,6%	41,98 %	37,10 %	Contextual	26,6%	51,92 %	31,11 %	Contextual	26,6%	76,92 %	52,63 %	Contextual	26,6%
21	Percentage of tenants who feel the rent for their property represents good value for money	89,36 %	89,63 %	85 %	81,7%	97,11 %	97,11 %	85 %	81,7%	95,86 %	95,86 %	85 %	81,7%	93,05 %	93,05 %	85 %	81,7%
22	Rent collected as percentage of total rent due in the reporting year	99,28 %	99,00 %	Contextual	100,2%	99,82 %	99,56 %	Contextual	100,2%	98,81 %	97,99 %	Contextual	100,2%	99,54 %	98,96 %	Contextual	100,2%
23	Gross rent arrears (%)	5,44 %	5,33 %	5,00 %	6,20 %	3,97 %	3,55 %	3,90 %	6,20 %	4,98 %	5,36 %	4,52 %	6,20 %	3,38 %	2,91 %	3,60 %	6,20 %
24	Average annual management fee per factored property.	£222,99	£231,54	Contextual	£118,77	£124,63	£154,53	Contextual	£118,77	£231,00	£204,49	Contextual	£118,77	£222,98	£90,55	Contextual	£118,77
26	Average length of time taken to re-let properties in the last year (calendar days)	21,38	24,91	16,00	60,60	8,31	8,75	16,00	60,60	14,20	15,39	16,00	60,60	9,72	13,70	16,00	60,60

Appendix 2 – Year-end 2025/26 SPSO measures

- 1.1 This appendix provides SPSO measures to the end of 2025/26.
- 1.2 SPSO measures include all customers who raise a complaint. For Group RSLs, SPSO measures include all complaints relating to the RSL, irrespective of the source of the complaint.
- 1.3 We are required to record our performance against the SPSO indicators and report these to the board and senior managers. On request the SPSO can ask that we provide them with details of our complaint handling performance in line with their indicators.
- 1.4 A summary of the year-to date figures for each of the indicators are included below.

Indicator 1 - total number of complaints received.

- 1.5 Both Stage 1 and Stage 2 numbers have increased compared to the same period in 2024/25. To the end of 2024/25, the Group had received 7,119 Stage 1 and 61 Stage 2 complaints. For 2025/26, the Group has received 7,381 Stage 1 complaints (3.68% increase) and 115 Stage 2 complaints (88.52% increase).
- 1.6 Escalated complaints are not counted in the number received but do impact the service, in that they still must be dealt with as a Stage 2 complaint.

SPSO Indicator 1 - total number of complaints received						
	2024/25			2025/26		
	Stage 1	Stage 2 (Direct)	Escalated Complaints	Stage 1	Stage 2 (Direct)	Escalated Complaints
WHG	4,848	37	622	5,014	81	728
WHS	478	5	70	505	5	63
WHE	929	12	130	948	16	151
Loretto	297	2	34	304	7	27
Lowther	567	5	98	610	6	128
Group by Stage YTD	7119	61	954	7,381	115	1,097
Group - All Complaints YTD	7,180			7,496		

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

1.7 All subsidiaries are achieving target of 95% for stage 1 and 100% for stage 2 for 2025/26 with the following exceptions:

- Stage 1 – WHG at 93.65% and WHE at 94.37% are performing under the 95% target
- Stage 2 – WHG at 98.68% is under the 100% target.
- Escalated complaints – WHG at 99.29% is under the 100% target.

SPSO Indicator 2 - number and % of complaints at each stage that were fully closed within timescales of 5 and 20 working days						
Subsidiary	Stage 1 - responded to within 5 working days		Stage 2 - responded to within 20 working days		Escalated complaints - responded to within 20 working days	
	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
WHG	96.48%	93.65%	100.00%	98.68%	100.00%	99.29%
WHS	95.92%	98.19%	100.00%	100.00%	100.00%	100.00%
WHE	97.35%	94.37%	100.00%	100.00%	100.00%	100.00%
Loretto	99.66%	98.67%	100.00%	100.00%	100.00%	100.00%
Lowther	96.38%	95.79%	100.00%	100.00%	100.00%	100.00%

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

1.8 All subsidiaries are achieving target of 5 days for stage 1 and 20 days for stage 2 for 2025/26.

SPSO Indicator 3 - the average time in working days for a full response to the complaints at each stage – 2025/26			
Subsidiary	Stage 1 - responded to within 5 working days	Stage 2 - average time in working days to respond to complaint	Escalated complaints - Average time to respond to complaints after escalation from Stage 1 to Stage 2
WHG	3.98	16.86	15.80
WHS	3.56	14.67	15.03
WHE	3.98	17.35	16.34
Loretto	3.64	16.60	16.40
Lowther	3.72	17.60	14.33

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

SPSO Indicator 4 - the outcome of complaints as a % of overall complaints 2025/26				
Subsidiary	Stage 1 - upheld	Stage 1 - partially upheld	Stage 1 - not upheld	Stage 1 - resolved
WHG	38.04%	14.05%	31.51%	16.40%
WHS	30.52%	13.86%	42.37%	13.25%
WHE	43.72%	15.80%	27.92%	12.55%
Loretto	41.00%	10.67%	29.00%	19.33%
Lowther	47.49%	12.64%	24.96%	14.91%
	Stage 2 - upheld	Stage 2 - partially upheld	Stage 2 - not upheld	Stage 2 - resolved
WHG	32.89%	35.53%	25.00%	6.58%
WHS	0.00%	16.67%	66.67%	16.67%
WHE	35.29%	52.94%	11.76%	0.00%
Loretto	0.00%	0.00%	100.00%	0.00%
Lowther	40.00%	60.00%	0.00%	0.00%
	Escalated complaints - upheld	Escalated complaints - partially upheld	Escalated complaints - not upheld	Escalated complaints - resolved
WHG	44.54%	24.68%	27.52%	3.26%
WHS	16.92%	16.92%	63.08%	3.08%
WHE	56.08%	29.73%	12.84%	1.35%
Loretto	40.00%	33.33%	26.67%	0.00%
Lowther	58.91%	20.16%	20.16%	0.78%

Appendix 3A Group Strategic Results Dashboard – Q4 2025/26

✓ Delivering Exceptional Customer Experience

Measure	2024/25	2025/26		
	Value	Value	Target	Status
CFC CSAT (Group)	4.46	4.49	4.5	
WHG	4.55	4.59	4.5	
Loretto	4.58	4.53	4.5	
WHE	4.22	4.30	4.5	
WHS	4.58	4.65	4.5	
Lowther Letting	4.35	4.34	4.5	
Lowther Owner	4.06	4.09	4.5	
% of contacts to CFC resolved within CFC	89.79%	89.85%	95%	
Call abandonment rate - those waited over 30secs and abandoned (Group)	5.12%	6.32%	5.40%	
WHG	3.5%	6.33%	5%	
Loretto	5.34%	8.02%	5%	
WHE	6.09%	7.41%	5%	
WHS	3.29%	4.28%	5%	
Lowther	7.25%	8.50%	6.5%	
Allocations CSAT (Group)	4.4	4.4	4.5	

Measure	2024/25	2025/26		
	Value	Value	Target	Status
WHG	4.0	4.2	4.5	
Loretto	4.8	4.8	4.5	
WHE	4.6	4.6	4.5	
WHS	4.6	4.7	4.5	
Lowther Letting	4.6	4.5	4.5	



Making the Most of Our Homes and Assets

Measure	2024/25	2025/26		
	Value	Value	Target	Status
New build completions (total for Group)	852	736	601	
WHG - Social Housing	87	108	70	
WHG - Social Housing (market acquisitions)	8	40	0	
WHG - Mid-market	91	118	58	
Loretto - Social Housing	63	61	85	
WHE - Social Housing	312	269	232	
WHE - Mid-market	138	108	107	
WHS - Social Housing	101	20	33	
Lowther - MMR	52	12	16	
Reduce the volume of emergency repairs by 10% by 2025/26 (Group average)	92,817	102,915	-3.34%	

Measure		2024/25	2025/26		
		Value	Value	Target	Status
	WHG	66,165	75,419	-3.34%	
	Loretto	4,509	4,854	-3.34%	
	WHE	10,063	10,374	-3.34%	
	WHS	12,080	12,268	-3.34%	



Changing Lives and Communities

Measure		2024/25	2025/26		
		Value	Value	Target	Status
Percentage of Care services graded very good (5) or better by the Care Inspectorate		83.33%	76.47%	90%	
Over 80% of customers live in neighbourhoods categorised as peaceful by 2025/26 (Group average)		74.05%	72.67%	75%	
Number of accidental dwelling fires recorded by Scottish Fire and Rescue (Group RSLs)		95	115	193 (Annual upper limit)	
	WHG	57	76	Contextual	
	WHS	11	12	Contextual	
	WHE	22	24	Contextual	
	Loretto	5	3	Contextual	
100% of relevant properties have a current fire risk assessment in place (HMOs) (Group)		100%	100%	100%	
Percentage of relevant lets to homeless applicants (Group RSL)		60.49%	60.68%	Contextual	
	WHG	64.62%	61.56%	Contextual	

Measure	2024/25	2025/26		
	Value	Value	Target	Status
WHS	45.91%	55.74%	Contextual	
WHE	65.55%	61.97%	Contextual	
Loretto	62.50%	66.23%	Contextual	
Percentage of lets to homeless applicants (Group Charter)	58.61%	58.01%	Contextual	
WHG	63.29%	60.19%	Contextual	
WHS	45.91%	55.74%	Contextual	
WHE	57.38%	52.87%	Contextual	
Loretto	59.51%	54.95%	Contextual	
Number of lets to homeless applicants - 11,000 for Group by 2025/26 (Group RSL Charter)	2,673	2,574	2,000	✓
WHG	1,707	1,657	Contextual	
WHS	432	437	Contextual	
WHE	412	369	Contextual	
Loretto	122	111	Contextual	
% planned jobs, training places or apprenticeships created which are secured by our customers (Group)	73.19%	70.30%	60%	✓
Percentage of Community Benefit job and training opportunities arising through the spend associated with new home construction and our investment programme that have been secured by Wheatley customers (Group)	69.77%	53.73%	30%	
4,000 jobs, training places or apprenticeships created for customers and communities (Group)	1,037	1,283	800	✓
WHG	533	795	518	✓
Loretto	27	29	5	✓
WHS	119	134	100	✓
Lowther	73	162	70	✓

Measure	2024/25	2025/26		
	Value	Value	Target	Status
WHE	216	138	100	✓
Care	69	25	7	✓
10,000 children and young people benefiting from targeted Foundation programmes in Wheatley Communities (Group)	3,090	3,245	1,000	✓
20,000 Wheatley customers accessing services which help alleviate poverty (Group)	11,439	11,556	8,175	✓



Developing our Shared Capability

Measure	2024/25	2025/26		
	Value	Value	Target	Status
Group - % Sickness rate excluding Care, Repairs and NETs	3.27%	3.66%	3%	✗
Group Repairs Staff - % Sickness rate	4.11%	4.71%	5%	✓
Group NETS - % Sickness rate	5.87%	6.56%	5%	✗
Group CFC - % Sickness rate	5.59%	6.09%	5.5%	✗



Enabling our Ambitions

Measure	2024/25	2025/26		
	Value	Value	Target	Status
Reduce gross rent arrears to below 5% by 2026 (Group RSL Charter)	5.06%	4.95%	4.95%	✓
WHG Combined	5.44%	5.33%	5.00%	⚠
WHG A	5.47%	5.37%	Contextual	
WHG B	4.94%	4.68%	Contextual	
WHS	3.97%	3.55%	3.90%	✓
WHE Combined	4.98%	5.36%	4.50%	✗
WHE A	4.88%	5.22%	Contextual	
WHE B	5.78%	6.55%	Contextual	
Loretto Combined	3.38%	2.91%	3.60%	✓
Loretto A	3.60%	3.23%	Contextual	
Loretto B	3.08%	2.44%	Contextual	
Lowther Letting	3.07%	2.83%	3.00%	✓
Average time to re-let properties Group RSL Charter – includes meter issues from 2025/26. (2024/25 results including meter issues)	17.53 (26.05)	20.37	16	✗
WHG	21.38 (33.49)	24.91	16	✗
WHS	8.31 (9.48)	8.75	16	✓
WHE	14.20 (17.56)	15.39	16	✓
Loretto	9.72 (9.72)	13.70	16	✓
Proportion of Care services breaking even (after management fee)	70.37%	88.89%	100%	✗
Percentage of Lowther rental customers actively using their online account to make transactions with us	29.21%	27.87%	Contextual	
Percentage of Lowther rental customers with an online account	73.17%	81.02%	80%	✓
£15 million generated in Gift Aid to Wheatley Foundation and reinvested in communities	£3,400,000	£3,248,000	£3,248,000	✓

Appendix 3B
Other Key Measures Dashboard 2025/26 (includes Compliance)



Measure	2024/25 Value	Value	2025/26 Target	Status
Percentage of new tenancies sustained for more than a year – all lets (Group RSL Charter)	93.27%	92.94%	90%	✓
WHG	93.61%	93.99%	90%	✓
WHS	90.81%	88.84%	90%	⚠
WHE	94.42%	94.43%	90%	✓
Loretto	96.23%	92.68%	90%	✓
Percentage of new tenancies sustained for more than a year – statutory homeless lets (Group RSL Charter)	93.60%	93.23%	Contextual	
WHG	94.57%	94.38%	Contextual	
WHS	89.06%	87.04%	Contextual	
WHE	93.07%	95.15%	Contextual	
Loretto	96.97%	92.62%	Contextual	
Percentage of new tenancies sustained for more than a year – all lets revised (Group RSL non-Charter)	94.83%	94.64%	91%	✓
WHG	95.03%	95.16%	91%	✓
WHS	93.01%	91.35%	91%	✓
WHE	96.15%	96.70%	91%	✓
Loretto	96.20%	93.36%	91%	✓

Measure	2024/25 Value	Value	2025/26 Target	Status
Average time taken to complete emergency repairs (hours) – make safe (Group RSL Charter)	3.25	2.83	3	✓
WHG	3.26	2.85	3	✓
WHS	2.65	2.68	3	✓
WHE	3.80	2.84	3	✓
Loretto	3.50	2.93	3	✓
Average time taken to complete emergency repairs (hours) – make safe (Group including Lowther)	3.31	2.87	3	✓
Lowther Residential	3.81	2.84	3	✓
Lowther Factoring	4.38	3.51	3	✗
Average time taken to complete non-emergency repairs (working days) (Group RSL Charter)	8.25	7.67	7.5	⚠
WHG	7.90	7.26	7.5	✓
WHS	8.87	9.05	7.5	✗
WHE	9.97	9.02	7.5	✗
Loretto	9.06	8.06	7.5	✗
Average time taken to complete non-emergency repairs (working days) (Group [REDACTED])	8.96	8.39	Contextual	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	✗
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Average time to complete approved applications for medical adaptations (calendar days) (Group RSL Charter)	24.53	17.61	25	✓

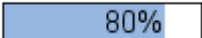
Measure		2024/25 Value	Value	2025/26 Target	Status
	WHG	16.11	15.78	25	✓
	WHS	55.19	21.56	25	✓
	WHE	20.15	19.13	25	✓
	Loretto	17.13	18.74	25	✓
Percentage of reactive repairs completed right first time (Group RSL Charter)		89.76%	99.02%	Contextual	
	WHG	90.17%	98.90%	Contextual	
	WHS	89.49%	99.81%	Contextual	
	WHE	88.11%	98.92%	Contextual	
	Loretto	86.83%	98.80%	Contextual	
Number of times in the reporting year the RSL did not meet the statutory obligation to complete a gas safety check within 12 months of a gas appliance being fitted or its last check (Group RSL Charter)		0	5	0	✗
	WHG	0	0	0	✓
	WHS	0	5	0	✗
	WHE	0	0	0	✓
	Loretto	0	0	0	✓
Percentage of ASB incidents resolved (Group RSL Charter)		100%	100%	100%	✓
	WHG	100%	100%	100%	✓
	WHS	100%	100%	100%	✓

Measure		2024/25 Value	Value	2025/26 Target	Status
	WHE	100%	100%	100%	✓
	Loretto	100%	100%	100%	✓
Repeat antisocial behaviour cases in period – number of repeat addresses (Group)		935	1,021	866	✗
Percentage of lettable homes that became vacant (Group RSL Charter)		6.84%	6.53%	8%	✓
	WHG	6.62%	6.47%	8%	✓
	WHS	8.51%	7.64%	8%	✓
	WHE	6.31%	5.54%	8%	✓
	Loretto	5.39%	5.82%	8%	✓
Number of accidental fires in workplace		0	0	0	✓
Number of RIDDOR incidents reported		11	9	Contextual	
Number of Health and Safety Executive or local authority environmental team interventions		0	0	0	✓
Number of new employee liability claims received		3	2	Contextual	
Number of open employee liability claims		10	10	Contextual	
Number of days lost due to work related accidents		438	319	Contextual	
[REDACTED]		■	■	■	
[REDACTED]		■	■	■	■
[REDACTED]		■	■	■	

Compliance Programme Delivery

2025/26	WHG	Status	Loretto	Status	WHE	Status	WHS	Status
Legionella - percentage of applicable properties with a valid risk assessment in place	100%		100%		100%		100%	
Percentage of domestic stair and through floor lifts with valid safety inspection	100%		100%		100%		100%	
Percentage of passenger lifts with a valid safety inspection	99.26%		100%		100%		100%	
Percentage of EICR certificates due to expire by end of financial year now renewed	99.07%		99.56%		97.30%		100%	
Percentage of properties with an EICR certificate up to 5 years old	99.91%		99.93%		99.86%		99.94%	

Appendix 4 - Wheatley Group Board - Delivery Plan 25/26 - Strategic Projects

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
Asset Compliance and Data Strategy Programme (b)	31-Mar-2026			01. PIMSS Platform - Architecture and SAAS review	31-May-2025	Yes	Following ET update on 27 March, project complete for the year.
				02. 2 (FRA + Lifts) - process map and to-be design	30-Jun-2025	Yes	
				03. PIMMS/Group 3-year roadmap - review and define with vendor input	31-Aug-2025	Yes	
				04. Group business and Assurance approach review	31-Oct-2025	Yes	
				05. ET end of Programme Update	31-Mar-2026	Yes	
MSF strategic asset investment plans (b)	28-Feb-2026			01. External consultants appointed to carry out building pathology pathway project	30-Apr-2025	Yes	This project is being carried forward into 2026/27 and MSF site specific asset investment plans will be developed throughout the course of the year and concluded by March 2027.
				02. Building pathology pathway project concludes and in-house team in place	31-May-2025	Yes	
				03. Desktop analysis and surveys undertaken of MSFs by in-house building pathology team	30-Sep-2025	Yes	
				04. MSF Strategic Investment and Management plan developed from analysing the findings from asset data, building surveys and qualitative feedback	31-Dec-2025	Yes	
				05. Group Board approval of MSF Strategic Investment and	28-Feb-2026	No	

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
				Management Plan and Five-year capital investment plan			
Providing safe, secure tenancies to support independent living (external interdependency) (b)	28-Feb-2026			01. Complete the build and allocation of the 19 West Craigs properties	31-Jul-2025	Yes	As part of our strategic partnership with Wheatley Care we will continue to explore opportunities to work together to promote and support independent living.
				02. Engage with Glasgow and Dumfries and Galloway Health and Social Care Partnerships to showcase the potential for new build supporting hospital discharges into independent living	31-Oct-2025	Yes	
				03. Engage with Glasgow and Dumfries and Galloway Health and Social Care Partnerships and Councils to explore the potential for a similar approach	31-Jan-2026	Yes	
				04. Update to the Group Board on the engagement and any associated implications for our future development programme	28-Feb-2026	Yes	
Wyndford regeneration (external interdependency) (b)	31-Mar-2026			01. PAN Community Engagement Event	31-May-2025	Yes	The planning application was made on 26th February 2026 and the main works demolition contract is coming to an end.
				02. Identify preferred contractor of 380 new homes	30-Jun-2025	Yes	
				03. Submission of detailed planning application	31-Jan-2026	Yes	
				04. Complete demolition contract	31-Mar-2026	Yes	
Lochside regeneration (external)	31-Dec-2025			01. Community Engagement Event	31-May-2025	Yes	The detailed planning application was submitted

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
interdependency) (b)				02. Submission of Masterplan	30-Jun-2025	Yes	on 31 March 2026.
				03. PAN Community Engagement Event (Development Site)	30-Sep-2025	Yes	
				04. Submission of detailed planning application (Development Site)	31-Dec-2025	Yes	
Glasgow Regeneration incl. TC:G and TRAs (b)	31-Dec-2025			01. Red Road Site Investigation findings & Land Use Proposals to TC:G Board	30-Jun-2025	Yes	Brighton Street site at Govan/Ibrox has been out to market.
				02. Govan/Ibrox TRA activated and Brighton Street site to market (as agreed by TC:G Board)	30-Sep-2025	Yes	
				03. Review empty or underused assets within our communities (Milton, Cranhill, Drumchapel) and agree a strategy to deliver new homes working with Glasgow City Council	30-Sep-2025	Yes	
				04. Sighthill (affordable homes) on site	30-Nov-2025	Yes	
				05. Red Road remediation and regeneration strategy to TC:G Board	31-Dec-2025	Yes	
Engagement 2.0: Maturing customer engagement and performance measures as part of our customer insight approach (b)	31-Dec-2025			01. Trial a new method of managing engagement - MS Dynamics in WHG South area - and evaluate its impact	30-Jun-2025	Yes	Framework now agreed for consultation by both RSL Boards, during March, and Group Board, during April.
				02. Undertake a review of the existing Stronger Voices framework and operation of	31-Jul-2025	Yes	

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
				the existing structures			
				03. Gather customer perspective and ideas on how our approach to engagement could evolve through the 2026-31 strategy development phase 2	30-Sep-2025	Yes	
				04. Review the existing framework based on the review of its effectiveness to date and feedback from customers	31-Oct-2025	Yes	
				05. Recommendations for Stronger Voices Framework 2.0 in support of our emerging Strategy 2026-31 agreed by RSL and Group Boards	31-Dec-2025	Yes	
letting growth strategy (b)	31-Dec-2025						

Delivery Plan Project	Delivery Date	Status	% Progress	Milestone	Due Date	Completed	Progress Note
Loan note programme (b)	31-Mar-2026		50%	01. Procure advisors for establishment of programme	31-Jul-2025	Yes	As agreed by the Group Board in February, this project will remain at 50% and be considered complete due to a change in our funding strategy based on market conditions.
				02. Draft documentation prepared	30-Nov-2025	No	
				03. Secure FCA approval	31-Dec-2025	Yes	
				04. Loan note programme established	31-Mar-2026	No	

Report

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: Group Complaints Policy and Annual complaints handling

Date of meeting: 25 June 2026

Purpose:

- 1) To seek the Board's approval on the proposed updates to the Group Complaints Policy and a new supplementary Heat Network Complaint Policy; and
- 2) To provide the Board with an update on complaint handling during 2025/26 and plans for 2026/27.

1. Executive Summary

- 1.1 This report presents updated Group Complaints Policy arrangements, including a supplementary Heat Network Complaints Policy. The updates ensure continued compliance with Scottish Public Services Ombudsman (“SPSO”) requirements and reflect key legislative developments, including the UNCRC (Incorporation) (Scotland) Act 2024, the Data (Use and Access) Act 2025, and new heat network regulation. They strengthen our person-centred, rights-based approach to complaints handling and support consistent, effective outcomes for all customers.
- 1.2 Complaint volumes in 2025/26 have increased slightly but remain below previous peak levels. Performance against SPSO timescales remains strong despite increased complexity and a rise in Stage 2 complaints. The increase in escalation highlights the need to strengthen early resolution, communication, and ownership. A targeted improvement programme for 2026/27 is in place to address these areas and enhance staff capability.

2. Authorising Context

- 2.1 Under the Group Standing Orders, the approval of certain Group policies is reserved to the Group Board. The Group Complaints Policy is one of the Group policies reserved to the Group Board. As part of the recent strategic governance review, we agreed that Group policies should, by default, seek subsidiary Board feedback and endorsement before being presented to the Group Board for approval. Our subsidiary Boards considered and agreed to recommend the policies for approval at their last meeting.
- 2.2 Under their Terms of Reference, our subsidiary Boards are responsible for the scrutiny of operational performance, including complaints handling and performance. Each subsidiary Board reviewed its own complaint handling performance, associated insights and lessons learned.

3. Discussion

- 3.1 Through our four Registered Social Landlords, we fall within the jurisdiction of the SPSO. The SPSO Statement of Complaint Handling Principles is the foundation for the Model Complaints Handling Procedures (“**MCHP**”). All public service organisations within the SPSO’s jurisdiction must have complaints policy and procedures which comply with these.
- 3.2 The Group Complaints Policy (“**the Policy**”) and Procedures (“**the Procedures**”) set out how complaints are received, managed, escalated and learned from, ensuring compliance and consistency across all Group partners.
- 3.3 Our review of the Policy and Procedures has reflected on four key areas: child friendly complaint handling, heat network complaints, data protection complaint handling, and our annual review of complaints. The updated Policy, showing track changes, is available at **Appendix 1**. Further detail on each of these review areas is set out below, followed by our plans for implementation of the updated Policy and other complaint handling areas of focus for 2026/27.

Statement of Principles and Child friendly complaints

- 3.4 The UNCRC (Incorporation) (Scotland) Act 2024 incorporates children's rights into domestic law and is reflected in updated SPSO principles, which place greater emphasis on person-centred, rights-based and child-friendly complaints handling. The SPSO now expects public service organisations, including Registered Social Landlords, to align their complaints handling with these principles.
- 3.5 We have reviewed and updated our Policy and Procedures to align with this guidance, ensuring that complaints involving children are handled appropriately and consistently, while recognising that, in practice, most cases will involve adults raising issues on behalf of children. Our approach aligns with SPSO guidance while allowing flexibility based on individual circumstances. In practice, this will be supported by evolving sector experience and legal advice where required.
- 3.6 We have taken external legal advice from Brodies to ensure our approach is robust. This confirms the requirement to align with SPSO child-friendly principles, while also recognising that the UNCRC Act compatibility duty will not apply uniformly across all Group functions. Our updated Policy and Procedures reflect this position by incorporating proportionate, practical arrangements to identify and manage complaints involving children.

Heat network complaints

- 3.7 Heat networks are now subject to a new statutory regulatory framework, including access to the Energy Ombudsman from April 2025 and regulation by Ofgem from January 2026, strengthening consumer protection requirements.
- 3.8 We operate approximately 120 heat networks serving over 5,200 customers, and these changes therefore represent a significant extension of regulatory requirements to part of our service provision.
- 3.9 The new framework introduces requirements relating to customer information, billing accuracy, service standards and complaints handling. We are progressing a detailed action plan to support registration and compliance with these requirements.
- 3.10 As part of this, we have updated our Policy and Procedures and developed a supplementary Heat Network Complaints Policy (Appendix 2) to ensure alignment with the Energy Ombudsman scheme and Ofgem's consumer protection framework, supported by external legal advice.

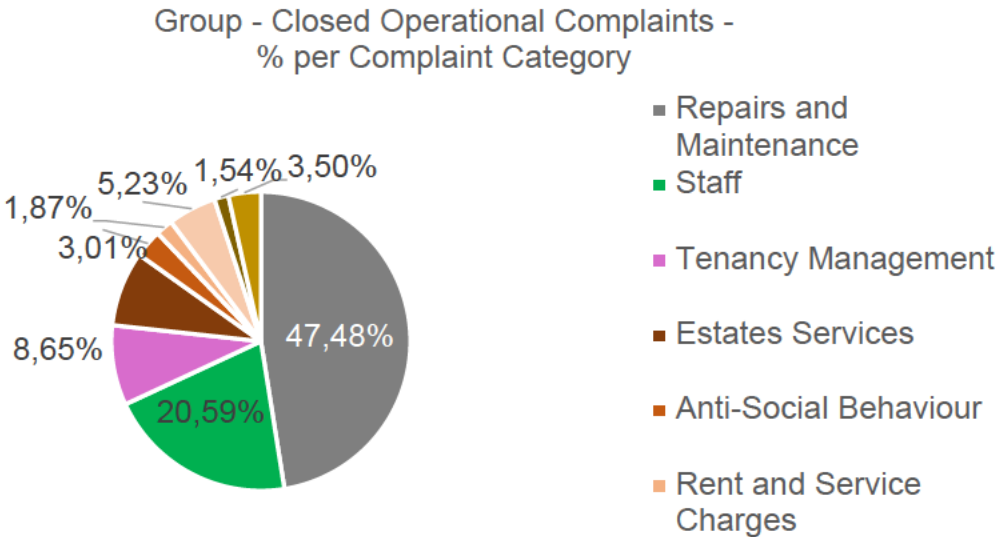
Data protection complaints and the Data (Use and Access) Act 2025

- 3.11 The Data (Use and Access) Act 2025 introduces new requirements for organisations to maintain and operate a process for handling complaints relating to alleged breaches of data protection legislation.

- 3.12 We have updated the Group Complaints Policy to reflect these requirements, formally recognising data protection complaints within our framework and clarifying how customers can raise concerns about the handling of their personal information. This builds on existing arrangements, with complaints managed by relevant service areas with support from the Information Governance Team.
- 3.13 A key distinction from other complaint types is that individuals may raise concerns directly with the Information Commissioner's Office without first completing our internal complaints process, and our Policy reflects this.

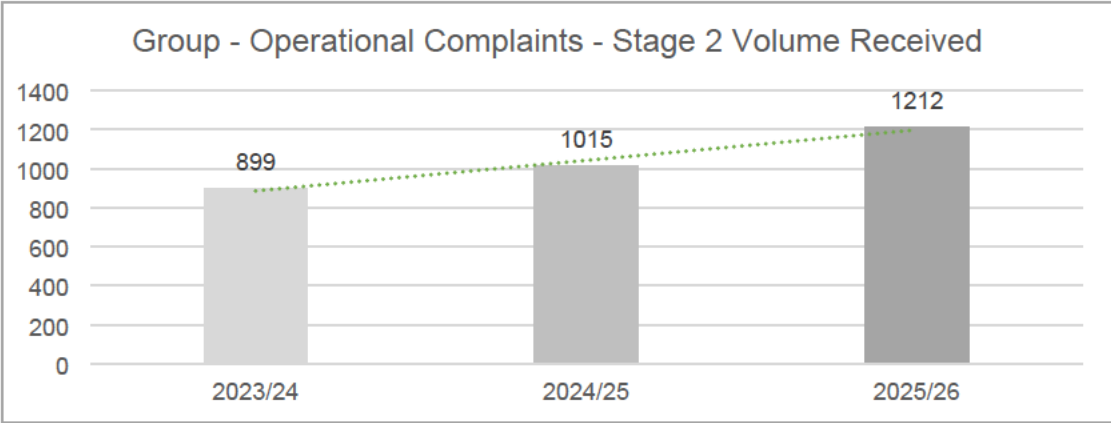
Annual review of complaints

- 3.14 We received 8,593 operational complaints in 2025/26, which is a relatively modest 5.64% increase on 2024/25 when complaints volumes had remained static from the previous year.
- 3.15 The chart below shows our operational complaints broken down for complaint category. Operational complaints related to repairs and maintenance remain the largest category, consistent with 2023/24 (48.5%). This is within the context of the volumes of repairs undertaken in the same time period have increased by 7.3%.

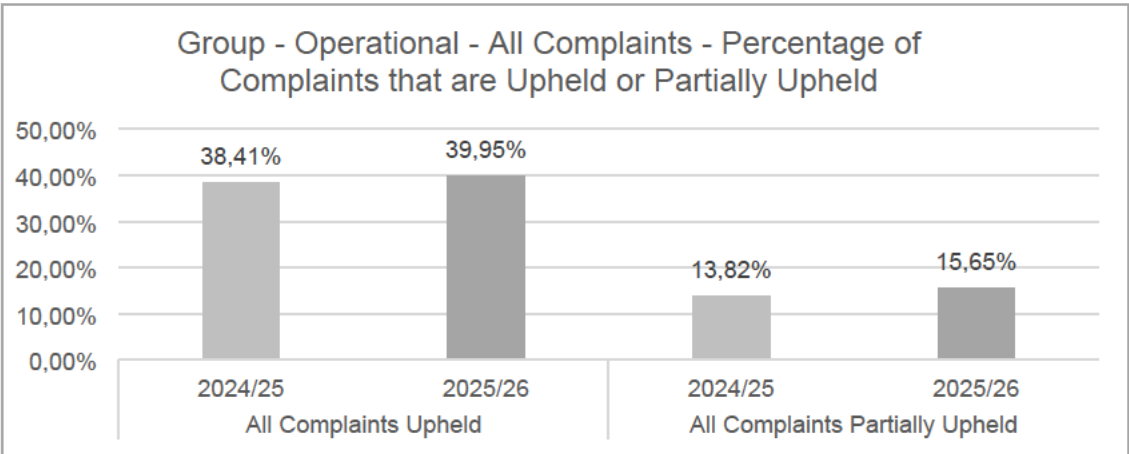


- 3.16 The SPSO and associated Complaint Handlers Network have acknowledged a sustained increase in complaint activity across the sector (up approximately 40% from 22/23 to 24/25, and anecdotally reported as similar for 2025/26), including use of Artificial Intelligence (“AI”) in complaint submissions to landlords, which is adding complexity to complaint investigations and responses.
- 3.17 Despite the increased complexity and a modest increase in volumes compared to last year, we continue to perform strongly for operational complaints against SPSO timescale requirements, with an average of less than four days against the Stage 1 five-day target and less than 16 days against the Stage 2 20-day target. Where timescales have been exceeded, factors such as customer-requested extensions to support further engagement, the complexity of the complaint and the desire for a thorough investigation are acknowledged.

3.18 An increase in Stage 2 complaints has in part driven the increase in numbers recorded in the last year, with an additional 197 complaints being received at Stage 2. This is in keeping with a more general trend of customers seeking to progress through the full process. Additionally, the SPSO continues to report receiving elevated volumes of requests for reviews, with a requirement for them that the Stage 2 process has been completed to consider a case.



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



3.20 Complaints continue to be driven primarily by repairs, communication, and service coordination issues, with escalation often linked to delays, unclear ownership, and failure to meet commitments. These themes reflect customer priorities identified through our strategy. They also align with our focus on reducing hand-offs, improving collaborative working, and strengthening staff ownership of issues.

3.21 Overall, performance remains strong; however, the increase in Stage 2 complaints indicates a need to further strengthen early resolution and consistency of customer experience.

- 3.22 Our strategy sets out an expectation that this will result in a reduction in the level of complaints escalating to Stage 2. This new measure will be reported to the Board quarterly throughout 2026/27. Housemark advises that the national average of complaints escalating to Stage 2 is around 20%. While improvement is required, our current position remains comparatively strong.

Key learning from 2025/26

- 3.23 Our review and analysis of complaints, both Stage 1 and Stage 2, have identified the following key drivers which are broadly consistent across Wheatley:

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

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

- Introducing a new customer communication framework to address the current gaps, particularly in areas where there are hand offs;
- We have a strategic project to explore transitioning to an area-based model for repairs in Glasgow with a focus on reducing the need for hand offs and having teams working and communicating together;
- We are reviewing our approach to ASB communication and introducing ASB specific complaints training for all housing staff; and
- Introducing more structured complaints resolution performance monitoring, led at Executive level, assessing performance on qualitative areas such as taking ownership, collaborative working and customer engagement.

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

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

- 3.26 We are also working to enhance our collection of case studies and using these to demonstrate learning and customer impact. This relates to our strategic ambitions to listen, learn and act, ensuring customer insight-driven service improvement.

4. Customer Engagement

- 4.1 Our strategy has a very clear focus on enhancing our customer engagement and a significant element of co-development and co-design with our customers. Given the legislative and regulatory nature of the updates, engagement has focused on legal compliance and equality impact assessment, with customer insight informing implementation.
- 4.2 In terms of heat network regulations, a separate programme of customer engagement is being developed to support all aspects of compliance and will include complaints handling as appropriate.

5. Financial and Value for Money implications

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

6. Recommendations

The Board is asked to:

- 1) Approve the updated Group Complaints Policy and supplementary Heat Network Complaints Policy; and
- 2) Note the annual complaints performance for 2025/26 and endorse the improvement priorities for 2026/27.

LIST OF APPENDICES:

Appendix 1: DRAFT Group Complaints Policy - track changed
Appendix 2: DRAFT Heat Network Complaint Policy

7. Legal Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

Scottish Public Services Ombudsman Act 2002

United Nations Convention on the Rights of Children (UNCRC) (Incorporation)(Scotland) Act 2024

Heat Networks (Market Framework) (Great Britain) Regulations 2025

Data (Use and Access) Act 2025

Current level of compliance:

	Compliant		Not Compliant
X	Partially Compliant		Not yet in force

Implications:

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

The updated Group Complaints Policy also supports compliance with the emerging statutory requirements and ICO guidance relating to data protection complaints introduced under the Data (Use and Access) Act 2025.

Legal Compliance Assurance:

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

We are also implementing updated arrangements to support compliance with the Data (Use and Access) Act 2025 and associated ICO guidance relating to data protection complaints. This includes updates to privacy notices.

Legal advice received:

X	Yes		No
Brodies provided independent legal advice on child friendly, heat network and data protection complaints as detailed in this report.			

8. Risk Assessment

Risk Appetite:

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

Relevant strategic risk(s):

The key complaint related risk is at an operational level, Complaints management: complaints not being managed in line with the Group Policy or SPSO guidance. We mitigate this risk through:

- Our Group Complaints Policy and Procedures;
- E-learning available to staff;
- Routine complaints performance monitoring and sample checks; and
- Regular ET oversight of performance, quarterly board performance and year-end review of complaint handling.

Relevant assessment and mitigation:

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

Wheatley Group Complaints Policy

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

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

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

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

یمکننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. یمکننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیروشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

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

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

1. Introduction

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

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

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

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

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

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

1.54 Wheatley uses all customer feedback, including complaints, to inform service delivery and has specifically put the following processes in place to ensure that lessons are learned from customers' complaint experiences:

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

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

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

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

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

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

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

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

2. Background

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

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

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

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

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

3. Objectives of the policy

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

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

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

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

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

4. **Roles and Responsibilities**

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

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

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

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

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

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

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

5. **Group benefits**

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

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

- Greater focus by theProviding insight to our leadership, Executive Team and Group Board(s) on the key business issues and to focusinform our objectives;

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

6. Regulatory and Legal requirements

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

- SPSO Statement of Principles, most recently updated and published in 2025;
- Aassociated SPSO specific guidance on complaint handling, including the
- SPSO child friendly complaints handling principles and associated guidance; and
- the Scottish Housing Regulator's Framework that sets out their approach to gathering information about complaints.

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

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

6.3 Wheatley Group recognises that individuals have the right to raise concerns about how their personal information has been collected, used, shared, stored or otherwise processed. In accordance with data protection law, Wheatley Group maintains arrangements for handling data protection complaints.

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

7. Related policies

7.1 This policy is supported by the:

- ~~Operational Complaints Handling Procedure;~~
- ~~the Social Media Policy;~~
- ~~Group Equity, Diversity, Inclusion and Human Rights Policy;~~
- ~~Group Protecting People suite of policies, including our Child Protection Policy;~~
- ~~Group Data Protection Policy;~~
- ~~Unacceptable Actions Policy; and~~
- ~~Heat Networks Complaints Policy.~~

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

8. Policy Review and Compliance

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

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

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

8.4 We will publish this policy on our website. A hard copy is available ~~on~~upon request. Customers can also get a copy of the policy on tape, in Braille, in large print or in translation on request. ~~Information about how to raise a data protection complaint will also be made available within Wheatley's privacy notices and other customer-facing information.~~

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

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

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

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

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

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

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

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

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

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

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

10. Operational Arrangements

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

Raising Complaints

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

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

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

10.54 Data protection complaints may relate to the handling of a subject access request, concerns about data sharing, alleged unlawful disclosure of personal information, concerns about the accuracy or retention of personal data, concerns about how personal information has been used, or any other alleged infringement of data protection legislation.

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

- A first-time request for a service;
- A request for compensation only;
- Issues that occurred more than six months previously, unless there are special circumstances for considering complaints beyond this time ~~is evidence that this has been raised to staff and no action has been taken.~~
- Concerns that have already been investigated through the Group's Complaints Policy and a final response has been given.
- ~~Matters are being considered through the relevant legal process such as a Small Claims Court or First Tier Tribunal that are at court or have already been heard by a court or tribunal~~
- ;

- Complaints about the behaviour of tenants, ~~and~~ their households ~~or visitors to their home~~ – these are handled in line with the Group's ~~Anti-Social~~ Antisocial Behaviour Policy and Procedure;
- Reports of a hate crime – these are handled in line with the Group's Hate Crime Policy;
- Disagreement with a decision where there is a statutory process for challenging that decision or an established process, such as our Housing Appeals procedure;
- Abuse of staff or unsubstantiated allegations about the Group or staff where such actions would be covered by our Unacceptable Actions Policy;
- Dissatisfaction with the Group's policy or procedure – these are recorded as policy feedback and passed to the policy owner to be considered in the next review; and
- Personal injury claims or claims for damaged items – these will be assessed and usually passed to the Group's ~~insurers~~ Legal Team.

10.56 Where the Group decides not to raise a complaint, this will be explained to the customer, and they will be advised of their right to contact the SPSO ~~or Third Tier Tribunal to challenge on~~ this decision. There may be circumstances under which a complaint may be referred to another ombudsman regulatory body would also be referred to, such as the Information Commissioner's Office when data protection issues are raised.

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

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

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

10.89 Where customers are unhappy with the proposed action, they have the right to escalate their complaint to the second stage ~~and in~~ within 32 months of receiving their first stage response. In order to do so, they should explain to the person handling the complaint why they remain unhappy and what recourse they are looking for ~~in order~~ to resolve the complaint.

10.910 If we are unable to confirm the Stage 1 complaint outcome within 5 working days, we will seek agreement from the customer to extend the timeline

to a maximum of 10 working days. This decision should be solely based on our desire to ensure a high-quality response that seeks to fully resolve the issue(s) raised. Such complaints will still be considered to have breached our 5-day target. Complaints not closed by day 10 will be escalated to Stage 2, the final stage.

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

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

10.102 The Group aims to acknowledge Stage 2 complaints within two working days and respond to all Stage 2 complaints within 20 working days and. Our complaint response will ensure that customers are informed whether of the outcome of their complaint ~~has been upheld, any lessons learned from their complaint, and what action~~ actions that will be taken to resolve the situation. Should we require further time to conclude the complaint, we will explain the reasons with the customer and, update them (and any staff involved) at least every 20 days and provide a revised timescale for completion. Once again, this decision should be solely based on our desire to ensure a high-quality response that seeks to fully resolve the issue(s) raised. Such complaints will still be considered to have breached our 20-day target.

10.11

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

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

10.15 Data protection complaints may be submitted through any communication channel including verbally, in writing, online, by telephone, or by email, and individuals do not need to refer to legislation or use specific terminology for their concern to be treated as a data protection complaint. Customers who raise concerns via social media will be signposted to secure channels for making a complaint. Such complaints will normally be captured as part of a Stage 2 complaint and managed by the relevant service area responsible for the matter complained of, with advice and support provided by the Information Governance Team where appropriate. Data protection complaints will be

acknowledged no later than 30 calendar days in accordance with applicable data protection legislation, although Wheatley Group will aim to acknowledge these sooner wherever possible. Once acknowledged, Wheatley Group will take appropriate and proportionate steps to investigate and respond to the complaint without undue delay, keep complainants informed where appropriate, communicate the outcome of the complaint, and advise individuals of their right to raise concerns with Wheatley Group's Data Protection Officer and the Information Commissioner's Office (ICO).

Managing Challenging or Unacceptable Behaviours

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

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

Summary Complaints Process

COMPLAINTS PROCEDURE

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

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

STAGE 1: FRONTLINE RESOLUTION

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

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

STAGE 2: INVESTIGATION

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

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

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

Heat Network Complaint Policy

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

June 2026

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

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

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

يمكننا إنتاج معلومات عند الطلب مجاناً مطبوعة بأحرف كبيرة أو بطريقة برايل أو على شريط أو بتنسيق آخر غير مكتوب. يمكننا أيضاً ترجمة هذا إلى لغات أخرى. إذا كنت بحاجة إلى معلومات بأي من هذه التنسيقات، فيرجى الاتصال بنا على 0800 479 7979 أو إرسال بريد إلكتروني إلى info@wheatley-group.com

در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

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

1. Introduction and Purpose

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

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

This policy is designed to:

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

2. Scope

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

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

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

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

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

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

4. Principles

We will:

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

5. How to Make a Complaint

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

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

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

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

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

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

Further information including a mandate form can be found here - [Representation Mandate | Wheatley Group](#)

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

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

6. Complaints Handling Process

Stage 1 – Initial Complaint and Frontline Resolution

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

Stage 2 – Review

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

7. Deadlock and Energy Ombudsman Referral

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

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

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

www.energyombudsman.org/raise-dispute

0330 440 1624

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

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

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

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

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

8. Advocacy and Advice

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

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

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

Contact details for Consumer Advice and Citizens Advice are:

www.consumer.scot

www.cas.org.uk

9. Outcomes and Remedies

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

- Apologise and provide an explanation;

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

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

10. Records and Monitoring

We will:

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

11. Links to Other Policies

This policy operates alongside the:

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

12. Review of Policy

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

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

Report

To: Wheatley Housing Group Board

By: Anthony Allison, Group Director of Governance and Business Solutions

Approved by: Steven Henderson, Group Chief Executive

Subject: Governance Update

Date of meeting: 25 June 2026

Purpose:

To update the Board on progress with and, where required, seek approval of the following governance related matters:

- 1) The process to appoint the Senior Independent Director;
- 2) The refreshed three-year Board succession plan;
- 3) The implementation of the strategic governance review; and
- 4) Our annual governance reporting requirements.

1. Executive Summary

- 1.1 We are continuing to make strong progress implementing the strategic governance review; the key recommendations are all scheduled to be implemented by the end of September. Specific approval is sought at this meeting, following engagement and feedback from subsidiary Boards, on a decision table clarifying decision-making responsibilities across Wheatley.
- 1.2 Following the recent conclusion of the Wheatley Chair succession process, our arrangements for wider Board and office bearer succession planning are engagements are a key area of focus. The Board's feedback and approval is sought on the proposed process for appointing the Senior Independent Director ("**SID**") and the three-year Board succession plan.

2. Authorising Context

- 2.1 The Group Remuneration Appointments Appraisal and Governance ("**RAAG**") Committee has been delegated authority by the Group Board to oversee the implementation of the strategic governance review on behalf of the Group Board. Under its Terms of Reference, the Committee is also responsible for overseeing succession planning and making recommendations to the Board regarding its three-year succession plan.
- 2.2 The appointment of the Senior Independent Director is expressly reserved to the Group Board under the Group Standing Orders.

3. Discussion

- 3.1 We are continuing to progress with the implementation of the strategic governance review, with subsidiary Boards being engaged and the Group RAAG Committee overseeing progress. Additionally, we are continuing to progress with succession planning arrangements for both the Board overall and the consequential vacancies arising from the Group Chair succession. An update on progress in each of these areas is set out below:

Senior Independent Director

- 3.2 Following the appointment of Caroline Gardner as the successor to the Group Chair position, a vacancy will be created for the Board's SID. As the appointment of the SID is reserved to the Group Board, the Board reviewed and agreed an updated SID role profile at its last meeting.
- 3.3 It is proposed that the process for appointment follows the same approach used previously:
 - Interested Board members submit an expression of interest, outlining their relevant skills and experience – by 24 July;
 - An appointment panel is established, preferably consisting of two RAAG Committee members – by 31 July;
 - The panel interviews shortlisted candidates – by 19 August; and
 - The panel makes a recommendation to the Board at the 26 August meeting.

Wheatley Board three-year succession plan

- 3.4 The Group RAAG Committee considered the three-year succession plan following the conclusion of the Group Chair succession process and reflected on feedback from the succession planning element of the Board appraisal process. An updated three-year succession plan will be presented at the meeting for consideration and agreement by the Board.

Strategic Governance Review update

- 3.5 A summary of activity for all actions within the Strategic Governance Review (“SGR”) implementation approach is provided at Appendix 1. A more detailed update on progress where the Board’s feedback is sought is set out below:

Clarifying roles and responsibilities

- 3.6 As part of the SGR, we agreed to formally define which decisions, and which types of decision, are taken at the Group level and which are agreed at the Group level following subsidiary engagement.
- 3.7 The table below summarises the categorisation of decisions across Group and subsidiary levels. It has been agreed in principle by the RAAG Committee and considered by subsidiary Boards and is now recommended for approval by the Group Board and incorporation into the refreshed Group Standing Orders.

Decision type	Group level first	Group level following subsidiary feedback / agreement of sub specific version	Subsidiary only
Rent setting (RSLs)	√		
5 Year Investment Plan		√	
5 Year Development Plan		√	
Business Plan/Budget		√	
Group strategy		√	
Group policies (non-Governance)		√	
Funding strategy	√		
Group governance framework - Schemes of Financial Delegation - Group CEO Delegations - Committee Terms of Reference	√		
Board appointments		√	
Risk register			√
Annual Assurance Statement	√		
Acquisitions and disposals (up to 20 units)			√
Stock reclassification			√
Performance Framework	√		

Board reporting

- 3.8 The Group Board agreed in April that an updated Board report template be tested across subsidiary Boards in May. The revised format sought to improve succinctness, reduce duplication and ensure that reports focused clearly on those matters requiring Board oversight, assurance or decision.
- 3.9 Feedback from subsidiary Boards indicates that some elements are improved under the new template, while others are less clear than under the previous format. The Boards recognised that it was difficult to come to a view based on one cycle and suggested that a further cycle should pass before any further refinements or adoption are agreed.
- 3.10 The Board is asked to provide any feedback of its own on the revised report template and agree that the revised template is used for a further cycle to enable more robust evaluation before final adoption.

Branding

- 3.11 The Campbell Tickell report highlighted that Loretto remains the one RSL that sits outside the Wheatley brand. It was agreed that this be given further consideration and an update on this will be provided at the meeting.

Annual Governance Reporting

Code of Conduct

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

Register of Interests

- 3.13 Our Group policy on Board member Conflicts of Interest sets out our Group position and must be read in conjunction with the constitution of each entity in the Group and our Group Code of Conduct. The Code requires Board members to ensure they register any interests and update their entry whenever a new interest arises.
- 3.14 Information on Board members' interests is published on our website, along with Board members' profiles. In addition, we are required to provide information to our auditors concerning related parties. Declarations of interest form a standing agenda item at each Board meeting, where members are requested to declare any further interests, any amendments to the register of interests or any conflicts related to specific agenda items.
- 3.15 A Register of Interests is maintained for Board members. As part of our year-end procedures, we have sought confirmation from Board members that they have no new declarations that require to be made. Any updates will be recorded in the register and notified to the Chair and the Board as required.

Expenses and Allowances

- 3.16 The Group Policy on Governance Body Expenses and Allowances provides a clear framework for reimbursing Board members. As per section 11.1 of the policy, Board members are asked to note that claims should normally be made within one month of incurring the expense and should ideally be made within the tax year in which they are incurred.
- 3.17 Board members' expenses are reported within our annual report and consolidated financial statements. All Board members have been invited to submit any expenses for the period covering 1 April 2025 to 31 March 2026.

Gifts and hospitality

- 3.18 We are required to annually confirm any gifts or hospitality that have been received or given as detailed in our Group Gifts, Hospitality, Payments and Benefits Policy. Under the policy, Board members are required to declare any offers of gifts and hospitality they make or receive on behalf of the Wheatley Housing Group. A register of the offer or receipt of any gifts or hospitality is maintained by the Company Secretary. No declarations were made during the period 1 April 2025 to 31 March 2026.

4. Customer Engagement

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

5. Financial and Value for Money implications

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

6. Recommendations

- 6.1 The Board is asked to:
- 1) Approve the process for the appointment of the Senior Independent Director from September 2026;
 - 2) Note overall progress in implementing the SGR actions and approve the Schedule of Key Decisions and the continued use of the revised Board reporting template for a further cycle; and
 - 3) Note the annual governance reporting information.

LIST OF APPENDICES:

Appendix 1: SGR Implementation Update

7. Legal, Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

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

Current level of compliance:

X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

Under the SHR's Standards of Governance there is a requirement for "*The governing body... to have the skills and knowledge they need to be effective*". This also includes a requirement for Board members to have annual performance reviews and for the Board to annually assess the skills, knowledge, diversity and objectivity it requires to govern.

The proposals in the report support us in achieving this by ensuring we have succession planning arrangements in place to maintain a Board with a balance of skills and experience, as well as oversight of our governance reporting requirements.

Legal Compliance Assurance:

One element of how we achieve independent assurance is through periodic independent reviews of our governance arrangements. We conducted an independent strategic governance review in 2025-26. As part of our ongoing engagement with the Scottish Housing Regulator, we shared the findings of the strategic governance review.

Legal advice received:

	Yes	X	No

8. Risk Assessment

Risk Appetite:

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

Relevant strategic risk(s):

Our strategic risk register contains the risk *“...Failure of corporate governance arrangements could lead to serious service and financial failures.”*

Relevant assessment and mitigation:

We mitigate this risk through our suite of governance policies, which form a key part of our control framework. Our policies are subject to regular review, monitoring and reporting to ensure legal, regulatory and compliance requirements are met.

Undertaking periodic independent strategic governance reviews to gain assurance on the strength of our governance is one of our risk mitigations in relation to the risk of a governance failure. The implementation of actions following the strategic governance review supports us in further mitigating the risks of any governance failure.

Appendix 1: Strategic governance review – implementation

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
1) Our overarching recommendation is that the Group Board follows its own advice and avoids complacency, using our recommendations below as a starting point (No response required)			
2) Continue to consider options to reduce complexity through:			
a) Regular review of the role of each subsidiary within the Group, its alignment with purpose and whether there are more effective structures (for example collapsing or releasing a subsidiary).	We routinely undertake governance reviews and review the role of each subsidiary, evidenced by the recent review of the future role of Wheatley Care. It is proposed that the Group Remuneration, Appointments, Appraisal and Governance Committee (“RAAG”) next review our structure in 2028 in the absence of any specific event or Board decision triggering an earlier review.	April 28	NOT YET DUE: To be considered by RAAG in early 2028.
b) Clarifying the role of subsidiary Boards in contributing to Group decisions and policies, whether noting a Group approach which is being implemented across the structure, or opportunities for more upstream involvement and influence.	We will define which decisions and decision types will be agreed at Group level first (e.g. agreeing overall rent parameters) and which should be agreed at Group level following subsidiary Board feedback (e.g. operational policies such as complaints) It is proposed that, with immediate effect, the default position will be that Group-wide policies are considered by subsidiary Boards prior to being presented to the Group Board. We will then report, via Chairs, the outcome of the Group Board’s decision on the final policy.	Feb 2026	IN PROGRESS: RAAG agreed the proposed Key Decisions in principle in February. Subsidiary Board feedback was sought during the May Board meeting cycle, and the Key Decisions are now presented to the Group Board for final approval at this meeting.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
c) Strengthening links between the Group and subsidiary corporate plans and the reporting framework by putting in place clear, measurable targets to underpin each outcome in each plan.	To be considered as part of the development of the performance framework for the 2026-2031 Group strategy	May 2026	COMPLETE: The Group Performance Framework was considered by the Group Board in April and subsidiary Boards in May.
3) Review and update standing orders and related documents more frequently and to reflect current practice, considering the following amendments:			
b) Formalise the arrangements through which the Chair of a subsidiary Board is also a member of the Group Board.	This is already enshrined in our Articles of Association, however, we will formally document the existing practice that subsidiary Chairs are selected by the Group Board, or a Committee thereof, based on factors such as the skills and experience required.	Feb 2026 Revised September 2026	IN PROGRESS: This change will be included in the proposed changes to the subsidiary Constitutions that are with our external legal advisors for advice. The revised constitutions will be presented to subsidiary Boards for consideration in August, before a resolution for adoption of the Constitutions is considered at each Special General Meeting in September.
c) Review, and we suggest remove, ex officio membership of committees.	This currently only applies to the Group Remuneration, Appointments, Appraisal and Governance Committee. It is proposed that this is considered by the Group Board as part of the next annual review of Committee memberships.	Sep 2026	NOT YET DUE: Proposals to be considered presented to the Committee at its August meeting as part of the annual review of Committee memberships.

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
d) On the current Group Chair stepping down, review RAAG terms of reference so that the Group Chair may be a committee member but may not chair the committee.	It is proposed that this is considered by the Group Board as part of the next annual review of Committee memberships.	Sep 2026	NOT YET DUE: Proposals to be considered by the Committee at its August meeting as part of the annual review of Committee memberships.
4) Appointment of governing body member relatives			
Review and update arrangements a) so that the same probity expectations apply to all Board members across the Group and b) with regard to the appointment of a member of staff who is related to a senior staff member or member of a Board, so that there is a greater level of control for the Board. We suggest that RAAG could review and approve such appointments.	It is proposed that any such appointments are subject to Group Remuneration, Appointments, Appraisal and Governance Committee approval. The Committee will be asked to agree a process in February, setting out the information it requires to allow it to review the process and the process will come into effect immediately thereafter. It is intended that we update each constitution (of those subsidiaries that directly employ staff) to reflect the process, as there is currently an inconsistency in how it is documented across subsidiaries.	April 2026 Sep 2026	IN PROGRESS: RAAG agreed an updated process in February. This change is included in the proposed changes to the subsidiary Constitutions that are with our external legal advisors for advice. Following the Committee's review of the proposed changes, we will present the changes to each subsidiary Board for approval at the September AGMs.
5) Put in place incremental improvements to the ownership of risk by subsidiary Boards through:			
Clarity over whether Group-level risks should be discussed at subsidiary Boards and ensure there is consistency in how risks are communicated and interpreted.	Group-level risks remain relevant for subsidiaries, for example cyber security and core financial controls. Although they are managed at Group level, it is still expected that subsidiary Boards scrutinise the assurance they receive. It is intended that future risk reports are, however, clearer on this and that subsidiary Boards can and	May 2026	COMPLETE: We undertook a risk mapping exercise with subsidiary Boards as part of their Board planners. This identifies where each risk is considered over the course of the annual Board cycle. Further discussion

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
	should give feedback on our risk appetite levels and mitigation approach(es).		of each Board's risks took place during the May cycle of Board meetings.
Including clearer information on the effectiveness of controls within the risk register, to support better oversight and decision-making.	We will refine how this information is more explicit in the reports and seek Board feedback on whether the refined approach is clearer.	May 2026	COMPLETE: We undertook a risk mapping exercise with subsidiary Boards as part of their Board planners. This identifies where each risk, and mitigating control, is considered over the course of the annual Board cycle. This is also set out in the risk paper at this meeting. Further discussion of each Board's risks took place during the May cycle of Board meetings.
6) Review how Board and committee succession is planned and managed, including:			
a) Limiting the number of Board / Committee posts to no more than three for any individual.	It is proposed that this recommendation is accepted in principle, but that how it is given practical effect is subject to review by RAAG. This review will clarify which posts would form part of the three, for example, some posts such as Non-Executive Director of the WFLs may not necessarily be given the same weighting as a subsidiary Board or Group Committee post. It is proposed that the Committee consider and recommend to the Board which posts should count towards the maximum of three.	September 2026	IN PROGRESS: Proposals have been prepared for RAAG consideration at its June 2026 meeting and a proposed approach will be recommended to the Board at its August meeting.
b) Clarifying the role, and responsibilities	We will refresh the Group Board recruitment and succession planning process to explicitly set out	Feb 2026	COMPLETE: The refreshed process was considered by RAAG in February

Recommendation/Area for refinement	Proposed approach	Indicative timescale	Update
expectations of subsidiary Chairs within recruitment onto their Board.	the role of subsidiary Chairs. As part of this, we will take into account feedback from subsidiary Chairs.		2026, and subsidiary Boards were asked to provide feedback on the proposed approach during the May Board cycle.
10) Continue to strengthen reporting to Boards by reviewing the standard committee cover sheet and:			
a) Introducing an Executive Summary section b) Raising recommendations / action to be taken to the top of the report. c) Including explicit reference to the audit trail of a paper (where it has been considered and when).	We will review the Board report template and introduce these elements within the updated template. We will seek subsidiary feedback in advance of this Board approving the revised template.	April 2026 Revised September 2026	IN PROGRESS: This Board agreed a revised Board template for trial during the May Board meeting cycle. Feedback received from subsidiary Board members indicated that the template should be used for a further cycle before any further refinements or adoption are agreed.

Report

To: Wheatley Housing Group Board

By: Laura Pluck, Group Director of Communities

Approved by: Steven Henderson, Group Chief Executive

Subject: Group Reasonable Adjustments Policy

Date of meeting: 25 June 2026

Purpose:

The purpose of this report is to set out how Wheatley meets its statutory duty under the Equality Act 2010 to consider and make reasonable adjustments to remove or reduce substantial disadvantage for disabled people accessing homes and services.

The Board is asked to:

- 1) Approve the Group Reasonable Adjustments Policy following review at the RSL and Lowther Boards.

1. Executive Summary

- 1.1 This is the first Wheatley policy to formally and explicitly set out our approach to reasonable adjustments. It establishes a clear policy position to support the consistent and proportionate application of some of our duties under the Equality Act 2010.
- 1.2 The introduction of this policy:
 - Demonstrates our commitment to supporting customers to access services fairly and consistently, by removing barriers where reasonable;
 - Reiterates a consistent and shared understanding of what reasonable adjustments are, how they are considered and how they are applied; and
 - Strengthens decision-making, recording and transparency, supporting staff to respond confidently to customer needs.
- 1.3 The policy forms part of a wider programme of activity to continue strengthening the delivery of person centred and effective services across Wheatley.
- 1.4 The policy has been reviewed by RSL and Lowther Boards. Feedback received was positive and did not result in any changes to the policy.

2. Authorising Context

- 2.1 Under the Group Standing Orders, approval of certain policies is reserved to the Group Board, this is a new policy but as it is a Group wide policy is suggested this is included as a reserved policy.
- 2.2 Under the Intra Group Agreements, the Group Board reserves the right to designate policies applying Group-wide and applicable to all Group partners.

3. Discussion

- 3.1 The introduction of a Reasonable Adjustments Policy reflects the need for greater clarity, consistency and assurance in how we meet our statutory duties under the Equality Act 2010. While reasonable adjustments are already delivered in practice, the absence of a clear policy creates a risk of inconsistency in how requests are identified, considered, recorded and reviewed.
- 3.2 The policy is underpinned by the Equality Act 2010 and provides a clear framework for the consistent delivery of reasonable adjustments. It sets out:
 - What reasonable adjustments are;
 - How they may be requested;
 - How decisions should be made and reviewed; and
 - What customers and staff can expect.

- 3.3. The policy adopts a proportionate, person-centred approach focused on removing barriers to access, rather than relying on formal diagnoses or unnecessary evidence, while allowing proportionate information to be considered where appropriate.
- 3.4. Overall, the policy strengthens organisational assurance by improving consistency, transparency and defensibility in decision-making, providing confidence that legal obligations are met in a proportionate and lawful way.
- 3.5. The policy aligns with our commitments set out in *Making Homes and Lives Better 2026–31*, supporting truly personal services and promoting accessibility, fairness and dignity in service delivery. Its development forms part of a wider programme of activity to strengthen our understanding of customers, including vulnerability and support needs, and to develop a single view of the customer to enhance consistency and continuity of experience across services.
- 3.6. Implementation will be supported through a structured programme of staff awareness, training and ongoing support. This will include targeted learning for customer-facing roles and managers, focusing on recognising barriers, engaging in informed conversations and making proportionate, defensible decisions. Staff will also have access to practical guidance and specialist advice to support consistent day-to-day application.
- 3.7. The policy has been informed through engagement with staff across housing, the Customer First Centre, repairs and safeguarding services, ensuring it reflects operational experience and supports practical delivery. Input from internal legal services has been incorporated to provide assurance that the policy aligns with statutory requirements under the Equality Act 2010.
- 3.8. Work is also underway to adjust and strengthen systems and processes to improve the recording, visibility and review of reasonable adjustments, supporting a single view of the customer. This will reduce the need for customers to repeat information and enable more informed, joined-up decision-making, as well as improved monitoring and insight.
- 3.9. While there is no statutory requirement to maintain a standalone reasonable adjustments policy, a clear and accessible statement of approach is recognised as sector best practice. The policy aligns with the expectations of the Scottish Housing Regulator and the Scottish Social Housing Charter, which require social landlords to treat customers fairly and ensure services are accessible and responsive.
- 3.10. Our approach to reasonable adjustments has been informed by equality data, customer interactions, feedback and complaints, highlighting barriers some customers experience when accessing services.
- 3.11. The policy has been reviewed by all RSL Boards. Feedback has been positive, particularly in relation to the consistency it will introduce across Wheatley and the clarity of guidance for staff supporting customers.

- 3.12. A phased implementation plan is in place, and key delivery activity has already been identified to support consistent implementation across customer-facing services. This will embed Reasonable Adjustments through policy launch, staff guidance, system and data changes, communications, training and reporting:
- System and data changes will support implementation, improving the recording, visibility and oversight of reasonable adjustments across relevant services;
 - The policy will be launched across customer-facing services, reinforcing the importance of each team's role in identifying, recording and responding to reasonable adjustments consistently and appropriately;
 - A phased programme of communication, awareness and training will be delivered across all customer-facing teams, tailored to roles and responsibilities to ensure colleagues have the appropriate level of knowledge and confidence; and
 - Implementation progress and impact will be reported through regular updates to the Executive Team.

4. Customer Engagement

- 4.4. We undertook an equality data survey of our RSL customers in 2022. This identified that 45% of respondents considered that they have a disability, compared to 24% reported in the most recent Scottish Census. The disabilities noted were wide-ranging.
- 4.5. Our approach to reasonable adjustments has also been informed by learning from customer interactions, feedback and complaints, highlighting barriers some customers can experience when accessing our services.
- 4.6. Ongoing engagement will be supported through publication of the policy in accessible formats and through proactive conversations with customers to identify potential barriers to access. This will support the early identification and introduction of reasonable adjustments where required.
- 4.7. Insights gathered through implementation, customer feedback and complaints will continue to inform future review and development of the policy.

5. Financial and Value for Money implications

- 5.4. Enhancements to support the recording, visibility and review of reasonable adjustments are being delivered through changes to existing IT systems. This work has been scoped and is being progressed within existing operational budgets.

6. Recommendations

- 6.1 The Board is asked to approve the Group Reasonable Adjustments Policy.

LIST OF APPENDICES:

Appendix 1 – Group Reasonable Adjustment Policy

7. Legal Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

Under the Equality Act 2010, Wheatley Group has a statutory duty to consider and make reasonable adjustments where a provision, criterion or practice, a physical feature, or the absence of an auxiliary aid places a disabled person at a substantial disadvantage compared to a non-disabled person. This duty is anticipatory and ongoing. There is no statutory requirement to maintain a standalone reasonable adjustments policy. However, having a clear and accessible policy is recognised as best practice and provides assurance that legal duties are applied consistently, proportionately and transparently in practice.

Current level of compliance:

X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

Wheatley is already providing reasonable adjustments in practice to support disabled customers in accessing homes and services. This reflects established ways of working across services and a clear organisational commitment to fairness, accessibility and proportionality.

The introduction of the Group Reasonable Adjustment Policy strengthens existing practice by providing a clear, consistent and transparent framework for how reasonable adjustments are identified, considered, recorded and reviewed. This supports greater assurance that statutory duties under the Equality Act 2010 are being applied consistently and proportionately across the Group.

Overall, the policy builds on current practice, reduces the risk of inconsistency or misunderstanding, and provides a stronger basis for governance, oversight and continuous improvement.

Legal Compliance Assurance:

This policy reflects current legal and regulatory requirements under the Equality Act 2010 and aligns with the expectations of the Scottish Housing Regulator and the Scottish Social Housing Charter.

Legal advice received:

X	Yes		No
Broodies reviewed the draft policy on 5 May 2026 and confirmed that it is legally sound and aligned with the requirements of the Equality Act 2010.			

8. Risk Assessment

Risk Appetite:

The risk appetite is **low** in relation to legal and regulatory compliance and customer outcomes.

The policy supports this position by strengthening controls, improving consistency in decision-making and reducing the likelihood of non-compliance with statutory duties.

Relevant strategic risk(s):

- Failure to meet legal and regulatory obligations (Equality Act 2010).
- Reputational risk arising from poor customer experience or failure to respond to vulnerability.
- Operational risk due to inconsistent decision-making or lack of clear guidance for staff.

Relevant assessment and mitigation:

The introduction of the policy mitigates these risks by:

- Establishing a clear and consistent policy approach for identifying and applying reasonable adjustments;
- Improving recording and visibility of adjustments to support continuity of service;
- Supporting staff to make proportionate, defensible decisions through structured guidance;
- Reducing reliance on formal evidence, minimising barriers for customers while maintaining appropriate safeguards; and
- Strengthening governance and oversight, enabling better monitoring of practice and outcomes.

Implementation will be supported through staff guidance, training and system improvements, which will further reduce risk and support sustained compliance.

Reasonable Adjustments Policy

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

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

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

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

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در صورت درخواست، می‌توانیم اطلاعات را در چاپ بزرگ، خط بریل، روی نوار یا در فرمت غیرنوشتاری دیگری ارائه دهیم. همچنین می‌توانیم اطلاعات را به سایر زبان‌ها ترجمه کنیم. در صورت نیاز به اطلاعات بیشتر در هریک از این فرمت‌ها، لطفاً از طریق شماره 0800 479 7979 با ما تماس بگیرید یا ایمیلی به info@wheatley-group.com ارسال کنید.

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

Approval body	Wheatley Group Board
Date of approval	TBC
Review Year	2029
Customer engagement required	Yes
Trade union engagement required	For information only
Equality Impact Assessment	Yes

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1. Introduction and Scope

We are committed to ensuring that disabled customers can access our homes, services and information fairly, safely and without substantial disadvantage.

This policy sets out how we meet our statutory duty under the Equality Act 2010 to consider and make reasonable adjustments where a disabled person would otherwise experience a substantial disadvantage.

The Equality Act does not require us to agree to every adjustment requested. Our duty is to consider requests carefully and to make adjustments that are reasonable in the circumstances, balancing effectiveness, proportionality, safety and service delivery.

This policy refers to 'customers'. This includes tenants, household members, carers, advocates or representatives where they are engaging with our services and people applying for housing or services.

This policy applies across all our services including housing and tenancy management, neighbourhood management, repairs and investment and applies in all of our interactions with customers where a reasonable adjustment is or may be required.

This policy also applies to children and young people, either as customers in their own right or as members of a household and recognises their rights under the Equality Act 2010 and the UN Convention on the Rights of the Child.

It applies to staff whose roles involve delivering services or interacting with customers and should be read in conjunction with the following policies, which are available on WE Connect or RSL websites:

- Adult Protection Safeguarding Policy;
- Child Protection Safeguarding Policy;
- Multi Agency Public Protection Assessment (MAPPA) Policy;
- Domestic Abuse Policy;
- Suicide Risk Policy
- Homelessness Policy;
- EDI and Human Rights Policy;
- Complaints Policy;
- Privacy Notices; and
- Group Data Protection Policy.

This policy supports the direction set out in our strategy *Making Homes and Lives Better 2026–31*, reinforcing accessibility, fairness and dignity in service delivery while providing a clear statutory baseline for reasonable adjustments.

2. Policy Aims & Objectives

Our Aims

This policy has been designed to support customers and staff in understanding our approach to reasonable adjustments. The policy aims to:

- provide clarity and consistency in how reasonable adjustment requests are identified, considered, recorded and reviewed across the Group;
- support compliance with the Equality Act 2010 and relevant regulatory expectations;
- support customers to access services with dignity, fairness and transparency; and
- support staff to make confident, proportionate and defensible decisions.

In achieving these aims, we seek to reduce avoidable barriers, prevent service failure and improve customer experience.

Our Objectives

To embed an effective approach to reasonable adjustments, our objectives are to:

- ensure our policy and supporting processes are clear, practical and easily accessible;
- ensure relevant staff are aware of and understand their roles and responsibilities;
- provide training and guidance to relevant staff so they can confidently identify opportunities for reasonable adjustments or respond to requests; and
- monitor reasonable adjustment activity across the organisation to identify themes and support continuous improvement.

3. What is a Reasonable Adjustment

A reasonable adjustment is a change we make to how we deliver services that removes or reduces a substantial disadvantage experienced by a disabled person.

For the purposes of this policy, “disability” and “disabled person” have the same meaning as in section 6 of the Equality Act 2010. A person is disabled if they have an impairment which has a substantial and adverse effect on their ability to carry out normal day-to-day activities.

Disabilities may be visible or non-visible, permanent, fluctuating or progressive, and reasonable adjustments may need to change over time.

To support lawful and consistent decision-making, we distinguish between:

a) Reasonable Adjustments

Formally considered changes required to remove or reduce a substantial disadvantage linked to disability, arising from a legal duty under the Equality Act 2010. These must be considered, agreed where reasonable, recorded and reviewed.

b) Access preferences

Everyday preferences for how a individual engages with services such as preferred communication methods. These may apply to anyone and are not limited to disability.

c) Temporary circumstances

Time-limited responses to short-term or situational barriers, such as bereavement. These may apply to anyone and are not limited to disability.

Reasonable Adjustments are:

- individual and case specific;
- proportionate to the circumstances; and
- relate to service delivery, the physical environment, or the provision of auxiliary aids or support.

There is no fixed or exhaustive list of reasonable adjustments.

Under the Equality Act 2010, we have a legal duty to consider and make reasonable adjustments where a disabled person may be placed at a substantial disadvantage compared to a non-disabled person. This may relate to:

a) Provision, criterion or practice (PCP)

Formal or informal rules, policies, processes or requirements that affect how services are delivered.

b) Physical features

Features of buildings or environments that make access more difficult. This may be addressed by altering the feature, avoiding it, or delivering the service in a different way. Legal permissions will always be secured where required.

c) Auxiliary aids or services

Additional equipment, support or communication methods that enable equitable access to services.

Examples of the types of reasonable adjustments that may be considered are set out in **Appendix 1**.

This duty:

- **requires anticipatory planning** – services should be designed and reviewed with accessibility in mind, and, on an individual basis, we will endeavour to act where we understand that a person is disabled and placed at a disadvantage, rather than waiting for an individual request; and
- **is ongoing** – adjustments may need to change as circumstances change.

Reasonable adjustments should be considered alongside safeguarding concerns where they support safer access, engagement or communication with customers. Where safeguarding or public protection considerations mean an adjustment cannot be agreed or must be limited, we will explain the reasons clearly and consider alternative steps to support safer access to services.

4. Our Approach

We apply a person-centred and proportionate approach to reasonable adjustments.

We aim to identify barriers early, rather than waiting for customers to experience service failure or raise concerns. Staff should be alert to potential indicators of disadvantage and proactively consider whether reasonable adjustments may be required as part of normal service delivery.

In applying this policy, we will:

- focus on barriers to access, rather than diagnoses or labels;
- listen to what would make services easier to access;
- avoid making assumptions about individual needs; and
- explain decisions clearly and in plain language.

Reasonable adjustments are intended to support fair and equitable access to our services and processes. They do not alter the underlying tenancy obligations, legal requirements, health and safety duties, or our statutory responsibilities.

Where a request relates to a wider housing decision, this will continue to be made in line with the relevant policy framework. We will, however, consider reasonable adjustments to ensure the customer can fully access and engage with the process in a way that meets their needs.

Failure to comply with the duty to consider reasonable adjustments may constitute unlawful discrimination.

This policy is supported by staff guidance, procedures and training to promote consistent and confident application across services.

5. Requesting a Reasonable Adjustment

Reasonable adjustments may be identified through proactive conversations with customers or requested directly by the customer (or someone acting on their behalf). Staff should take reasonable steps to help customers identify and describe the barrier they experience and what would help, where this is not immediately clear.

A customer can request a reasonable adjustment:

- verbally or in writing; or
- directly or via a representative (e.g. a support worker, advocate or family member).

We will not normally require formal evidence to consider a request, such as medical or diagnostic evidence. In most cases, a conversation about the barrier and what would help is sufficient. We may request additional information where this is necessary to assess the request e.g. where an adjustment involves significant physical changes, higher cost, health and safety, safeguarding or legal considerations. Any request for additional information will be proportionate, clearly explained, and limited to what is necessary. Where we already hold relevant information about an individual's needs, we will not ask them to provide it again unless necessary.

A short guide for customers is available at **Appendix 2**.

6. Considering and deciding what is reasonable

Requesting a reasonable adjustment **does not mean** the adjustment will automatically be agreed.

When deciding whether an adjustment is reasonable, we will consider all relevant circumstances, including but not limited to:

- the nature of the barrier the individual experiences;
- how effective the proposed adjustment would be in removing or reducing that barrier;
- whether the adjustment is practical and proportionate (including cost);
- health, safety and safeguarding considerations;
- legal and regulatory responsibilities;
- the impact on other customers or service delivery; and
- whether alternative adjustments could achieve a similar outcome.

Where an adjustment cannot be agreed, we will explain, communicate and record the reasons clearly and consider alternative options where appropriate. Customers may ask for decisions to be reviewed and may raise concerns through the Complaints Procedure.

Where the refusal of a reasonable adjustment influences a wider housing decision (e.g. allocations or enforcement action), that decision will continue to be made in line with the relevant policy framework and may carry its own formal review or appeal rights. The Housing Appeals guidance should then be followed where applicable.

7. Recording and Review

Agreed reasonable adjustments will be recorded on the individual's account where this is necessary to support consistent and accessible service delivery and avoid customers having to repeat information. Decisions regarding reasonable adjustments will be communicated in an accessible manner appropriate to the individual's needs, including alternative formats where required.

Records will include:

- the agreed adjustment;
- the barrier it addresses;
- the date of agreement; and
- an appropriate review point.

This may include recording the adjustment itself (e.g., preferred communication methods or visit arrangements) so staff know how best to support the individual.

Where recording or sharing information involves health details or other sensitive personal information, we will explain what information is being recorded, why it is needed, and seek consent where required.

Information will always be handled in line with our data protection obligations.

Adjustments will be reviewed periodically, at a minimum annually, or sooner where circumstances change, such as where a review is requested or we become aware that they may no longer be effective.

8. Roles and Responsibilities

All customer facing staff

- recognise potential barriers to access;
- respond with empathy and consistency; and
- apply recorded adjustments in practice.

Managers

- support staff decision-making;
- provide oversight in complex or high-risk cases; and
- promote consistency and learning.

9. Measuring our Impact

We will measure our impact in providing reasonable adjustments by monitoring requests received and the outcome of those requests.

Insights from reasonable adjustments will be used to support service improvement. This includes learning from:

- customer feedback and complaints;
- themes relating to access and communication;
- assurance activity on the recording and consistent application of adjustments; and
- staff confidence and training needs.

This insight will also inform policy review, staff training, and the ongoing design and improvement of our services, processes and systems.

10. Data protection and confidentiality

Information relating to reasonable adjustments will be handled lawfully, proportionately and with respect for privacy.

We will:

- explain what information is recorded and why;
- seek consent where required; and
- share information only on a need-to-know basis.

Further information about how we handle personal data is available in our Privacy Notices and Group Data Protection Policy.

11. Complaints

Requesting a reasonable adjustment is not a complaint.

If a customer is dissatisfied with how a request has been considered or applied, they may raise this through the Complaints Procedure.

A summary of our Complaints Policy and Procedure is available on the Wheatley Group and subsidiary websites.

12. Policy review

This policy will be reviewed every three years, or sooner if required due to legislative change, regulatory guidance or learning from complaints or assurance activity.

Appendix 1 – Examples of reasonable adjustments

The examples below illustrate the types of reasonable adjustments that may be agreed where a disabled person experiences a substantial disadvantage when accessing Wheatley Group services.

Category	Examples of reasonable adjustments
Communication and understanding	Information provided in alternative formats (e.g. large print, Easy Read, audio, Braille) Plain-language explanations or written summaries Additional time to understand or respond
Policies, procedures or processes (PCPs)	Flexibility in how information is provided or received Adjusted response times where standard deadlines cause disadvantage Allowing representation or advocacy
Visits, appointments and engagement	No unannounced visits except in emergencies Advance notice of visits and what to expect Longer or more predictable appointment arrangements – same named staff
Physical features and auxiliary aids	Temporary or minor physical adjustments where reasonable Use of aids or alert systems to support access Alternative service delivery where physical changes are not practicable, such as fewer staff in attendance
Digital and non-digital access	Non-digital alternatives to online services Support to complete forms or applications Accessible digital formats compatible with assistive technology

Important note

These examples are **illustrative only**. Reasonable adjustments are agreed on a case-by-case basis, taking account of effectiveness, proportionality, safety and legal considerations.

Appendix 2 - Reasonable Adjustments: a short guide for customers

How we can support you

At Wheatley, we want everyone to be able to access our homes, services and information as easily and fairly as possible.

Sometimes the way services are usually delivered can make things harder for people with disabilities. Where this happens, the law says we must consider reasonable adjustments to remove or reduce those barriers.

You do not need to understand the law or use particular terms to ask for help.

What is a reasonable adjustment?

A reasonable adjustment is a change to how we provide our services to help remove barriers that make it harder for someone with a disability to access them.

The aim is to make services fairer and easier to access, not to give anyone an unfair advantage.

Who can ask for a reasonable adjustment?

You, or someone authorised on your behalf, can ask for a reasonable adjustment if:

- you have a physical or mental health condition, learning disability or neurodivergent condition, and
- the way we normally deliver services makes things harder for you.

You do **not** need to:

- describe yourself as disabled, or
- provide medical evidence in most cases. Evidence may be requested depending on the cost or risk of the requested adjustment .

If you are unsure whether something counts as a reasonable adjustment, you can still talk to us.

What kind of adjustments can be made?

Adjustments will be different for everyone. Examples may include:

- receiving information in a different format;
- communicating in a way that works better for you;
- having more time to understand or respond to information;
- adjusting appointments or visits where possible; or
- agreeing a consistent way for you to contact us.

These are examples only. We will talk with you about what would help most.

How do I ask for a reasonable adjustment?

You can ask:

- by speaking to any Wheatley staff member;
- by phone, email or in person; or
- through a carer, advocate or representative if you prefer

You can tell us:

- what makes it difficult to access our services; and
- what you think would help remove or reduce that difficulty.

You can ask at any point — not just when something has gone wrong.

What happens next?

We will:

- listen carefully to what you tell us;
- discuss what changes might help;
- consider whether the request is reasonable in the circumstances; and
- explain clearly what we can do, and why.

Not every request will always be agreed but if a change cannot be made, we will explain the reasons and look at whether there are other ways we can help.

If an adjustment is agreed, we will record it (with your consent) so staff know how best to support you in future.

Will my information be kept private?

Yes. Any personal information you share will be:

- handled carefully;
- used only to support you; and
- shared only with staff who need to know.

We will explain how your information is used.

What if I am unhappy with a decision?

Asking for a reasonable adjustment is not the same as making a complaint.

If you are unhappy with how your request has been handled, you can:

- ask for the decision to be looked at again; or
- use our Complaints Procedure.

Our commitment to you

We are committed to:

- treating you fairly and with respect;
- listening and responding with empathy;
- working with you to reduce barriers; and
- helping you access our services safely and with confidence

Making homes and lives better means making our services work for everyone.

Report

To: Wheatley Housing Group Board

By: Laura Pluck, Group Director of Communities

Approved by: Steven Henderson, Group Chief Executive

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

Date of meeting: 25 June 2026

Purpose:

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

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

The Board is asked to:

- 1) Note the update on fire prevention and mitigation activity during 2025/26;
- 2) Consider an amendment to our forced access approach for flat entrance fire door checks, such that from April 2027 we will force access where we have not carried out a physical inspection of all aspects of the door in the previous two years and have been unable to confirm over the same period that there is a working self-closer on the door; and
- 3) Approve the Fire Prevention and Mitigation Policy.

1. Executive Summary

- 1.1 Throughout the past year, we have sustained our fire prevention and mitigation activities. We have continued to carry out Fire Risk Assessments ('**FRAs**') in both Relevant and Non-Relevant premises, promote Person-Centred Fire Risk Assessments ('**PCFRAs**') to customer facing staff and seek feedback from Scottish Fire and Rescue Service through their programme of Operational Assurance Visits ('**OAVs**') to our multi-storey flats ('**MSFs**').
- 1.2 Additionally, we have taken steps to enhance our fire prevention and mitigation work through the development of an in-house team to carry out routine fire door inspections, enhanced fire safety training for our Neighbourhood Environmental Teams, revised our staff engagement forums for fire safety, and created a programme to progress Single Building Assessments ('**SBA**s') in those buildings that meet the criteria.
- 1.3 During this period, we have also reviewed our Fire Prevention and Mitigation Framework and propose replacing this with an expanded Group Fire Prevention and Mitigation Policy which sets out in more detail our responsibilities individually and collectively, our approach to preventing and mitigating fire risk and how we will monitor adherence with and the impact of the policy.

2. Authorising Context

- 2.1 The Group Standing Orders set out the matters reserved to the Boards and the matters delegated to the Group Chief Executive. The Group Fire Prevention and Mitigation Framework was previously approved by the Wheatley Group Board and implementation, and performance are monitored by this Board, RSL and Lowther Boards annually.
- 2.2 This report provides an update on the arrangements currently in place to ensure that our fire safety performance demonstrates best practice and meets our legal requirements as well as seeking approval on the new proposed Fire Prevention and Mitigation Policy.
- 2.3 RSL Boards and the Lowther Board have reviewed their individual Annual Fire Prevention and Mitigation Report and considered the proposed policy. There were no changes requested to the policy.

3. Discussion

Background

- 3.1 Fire safety and keeping our customers and communities as safe as possible will always be of paramount importance to us. Our FPMF document was created in 2021, with implementation intended to cover April 2021 through to March 2026. It set out our ambition, priorities and key performance indicators to support us in meeting and exceeding legal requirements and best practice in respect of fire prevention.
- 3.2 The proposed Fire Prevention and Mitigation Policy is intended to replace and build on the 2021 Framework setting out more explicitly the arrangements we have in place to prevent and mitigate against the risk of fire.

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

Fire Risk Assessments

- 3.4 We have continued with our programme of FRAs throughout the year. All relevant premises have a valid FRA to satisfy the requirements and legal obligations set out in the Fire Scotland Act 2005 and Fire Safety Scotland Regulations 2006. Relevant premises to which this legislation applies include Houses of Multiple Occupation, offices, workshops and depots. Throughout 2025/26 we carried out 62 FRAs in our relevant premises. 100% of our relevant premises have a current FRA.
- 3.5 FRAs are also completed in non-relevant premises i.e. those not subject to the full fire safety duties imposed by the Fire Scotland Act 2005. This comprises MSFs common areas and Livingwell complexes. Although not a legal requirement, this is considered best practice in guidance issued by the Scottish Government. In the last year, 69 FRAs were carried out in non-relevant premises. 100% of our non-relevant premises have a current FRA.
- 3.6 In the year, through the 131 FRAs, we identified 1,403 mandatory actions and 457 non-mandatory actions equating to an average of 10.7 mandatory actions being identified per FRA and 3.5 non-mandatory actions per FRA. Central to our approach is an aim of reducing the number of actions that are being identified through our formal FRAs through proactive inspection and checking of our environments taking place on a daily, weekly and monthly basis.
- 3.7 Actions identified are categorised as physical, management or maintenance. At the end of March 2026, of the 1,403 actions raised, there were 38 overdue mandatory actions which are tracked through to completion by our Fire Safety Team. On the 17th of June there are 19 actions overdue. Of the actions overdue none are category 1 or 2. Sixteen actions relate to repairs and 3 are related to maintenance arrangements. These are all being monitored to conclusion.

Person-Centred Fire Risk Assessments

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

- 3.9 In the last year, 644 PCFRAs were completed for our customers, a 21% increase compared to the 533 PCFRAs carried out during the same period in 2024/25. As a result of these visits the following actions were taken:
- 157 fire detection systems upgraded;
 - 171 stove guards installed;
 - 2 misting systems installed;
 - Provided specialised detection for 14 customers; and
 - Provided 397 customers with fire safety products.
- 3.10 There were 757 mandatory actions and 2,009 non-mandatory actions arising from the 644 PCFRAs carried out. At the end of March there were 46 mandatory actions overdue. On the 17th of June there are 34 mandatory PCFRA actions overdue. Throughout the year overdue actions have, in the main, been because of access issues or tenant refusal. This is reflective of the customers being referred for PCFRAs, their specific circumstances and support needs.
- 3.11 Overdue mandatory actions for PCFRAs are monitored by the fire safety team and case managed by housing officers and taken through no access processes where required. However, in 2026/27 we will strengthen our processes to ensure there is a consistent approach and shared understanding of the maximum time we will allow mandatory actions arising from PCFRA to go overdue while we progress to forced access if required.
- 3.12 As well as strengthening our processes for closure of mandatory PCFRA actions, we will also enhance visibility of FRA mandatory actions to repairs teams by differentiating between regular and fire safety related repairs. Repairs carried out for purposes of fire safety will also be accompanied by photographs so that the quality of work can be evidenced and assured where required.
- 3.13 Throughout 26/27, we will further analyse where PCFRA referrals are routed from and the reasons for referral. This will support us in developing a more proactive approach to PCFRAs. Currently, PCFRAs are solely referral based but we will explore whether interventions can be more closely linked to specific characteristics or information we hold about our customers to move from a reactive to a proactive approach.

Scottish Fire and Rescue Service - Operational Assurance Visits

- 3.14 SFRS continue to undertake their quarterly OAVs in our MSFs in line with their High-Rise Building Standard Operating Procedure. There were 33 mandatory actions raised following OAVs in 2025/26, a reduction of 20% from the previous year. OAV improvement actions highlighted in the last year by SFRS related primarily to the provision of access to firefighter switches for lifts, repairs to dry risers and repairs to doors. All actions were concluded within the timescale set by SFRS.

- 3.15 To improve recognition of and reporting of disrepair or defects that are currently being included in OAV reports, an enhanced programme of fire inspection training was commenced during the year for all NETs concierge staff by the fire safety team. This will be concluded in the first quarter of this year.

Accidental Dwelling Fires (“ADFs”)

- 3.16 In the last year there were 115 ADFs in customer homes compared to 89 during the previous year.
- 3.17 Of the 115 ADFs that took place, 104 were minor fires and 11 of these were more significant fires, 8 of which required medical treatment of tenants. Most ADFs were noted as occurring in kitchens (72 of 115). In addition, the majority of these ADFs resulted in PCFRA referrals to the fire safety team with visits subsequently taking place and reports with improvement actions being issued.
- 3.18 A table with ADFs by subsidiary during this period is shown below:

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

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

Fire Door Inspection

- 3.20 The current Scottish Government’s Practical Fire Safety Guidance for Existing High-Rise Domestic Buildings and Guidance for Fire Safety in Specialised Housing recommends a six-monthly inspection of dwelling fire doors.
- 3.21 During 2024/25, we commenced a programme of dwelling fire door inspections for all our MSFs over 18m, and any buildings that are 6 storeys or above across the Group. In 2025/2026 we reviewed our properties that could be interpreted as specialised housing and have included these in our programme from April 2026 onwards. The Scottish Government Guidance sets out that specialised housing is a property type / scheme designation, not just about the person. It generally applies to:
- Sheltered / very sheltered / extra care schemes; and
 - Supported housing schemes.

- 3.22. In 2025/26, we have created our own internal team to carry out the fire door inspections in Glasgow with doors in the East checked by an external contractor. Throughout the year we have visited and visually inspected 100% of our 10,714 dwelling doors that required inspections, with a total of 6,694 fire doors having a full physical inspection of all aspects equating to 62.5% of all relevant doors. Doors where we were unable to gain access to were subject to a second attempt, and any doors remaining after this will form part of our next 6-months rolling programme which started in April 2026.
- 3.23. Of the doors inspected, 2,809 required a minor repair. These repairs were carried out where possible at the inspection with repairs to letterboxes being the most common work.
- 3.24. In 2026/27, we will expand our provision of fire door checks using our internal team beyond Glasgow to include doors located within WHE currently being carried out by our appointed maintenance contract. As detailed earlier at 3.21 checks for the identified Sheltered Housing Complexes are being introduced from April 2026 onwards and will be carried out by our internal team. We will also:
- Refine our approach towards inspection and support for owner occupier doors in multi storey flats;
 - Put in place a targeted 5% sample audit of door inspection standards and records, to be carried out by our internal Fire Safety Team;
 - Enhance fire door inspection reporting; and
 - Design and implement an escalation process for any identified doors of concern for professional assessment by Qualified Joiners and the Fire Safety team.
- 3.25. In April 2025 the Board agreed that, in cases where we had not been granted access by tenants to inspect all aspects of the flat front door, we would force access only if there was clear evidence that the flat entrance door had no qualities of fire resistance, or there was clear evidence that the fire resistance of the door has been compromised. It was also agreed that the Board would receive 6-monthly updates on access/forced access rates to allow this approach to remain under review.
- 3.26. While we will continue to use our new in-house teams to improve access rates, the level of no access remains relatively high. For that reason, we propose to increase the use of forced access in certain circumstances. While good assurance can be obtained as to the properties of a fire door from an inspection of its outside carried out from the corridor, one of the key elements that cannot be checked is whether there is a functioning self-closer. These are vital in the situation where a resident flees their flat in the event of fire, as they mean the door will close automatically and keep the fire within the flat.
- 3.27. From April 2027 the Board is asked to consider a change in approach to force access for fire door inspections in cases where we have not carried out a full inspection of all aspects (i.e. both sides) of the door in the previous two years and have been unable to confirm over the same period that there is a working self-closer on the front door.

- 3.28. We aim to improve access rates considerably through enhancing our communication and engagement with tenants further and reviewing programme co-ordination. We will also review how we best utilise other points of engagement and interaction with customers such as annual tenant visits to support improved access.

Single Building Assessment

- 3.29. As reported to the Board in April 2026, the Housing (Cladding Remediation) (Scotland) Act 2024 came into force on 6 January 2025. In the last year, the Government have commenced and concluded their 'single open call' for landlords and building owners to identify and submit details of buildings that meet the criteria for SBAs. We have identified 154 properties across Wheatley Group that meet the criteria for SBA, full details of which have been communicated to the Scottish Government. This month the Scottish Government have confirmed formally full approval of our programme
- 3.30. Through discussion with the Scottish Government, assessment of our relevant buildings, monitoring the external landscape and our experience in Wheatley Homes East with completion of our first SBA we have developed a programme for April 2026 – March 2028, during which period SBAs will be completed for 34 of our properties.
- 3.31. In preparation for the SBA programme commencing, we have carried out FRAs in blocks between 11 – 18 metres which are not usually subject to these assessments. In doing so we have identified that one block has already had an SBA carried out by the Scottish Government during 2025. The block has 5 levels and has 6 Lowther owned properties within a larger development that is factored by an external factor.
- 3.32. The SBA initially identified the block as 'high risk' and set out several remedial actions both short and longer term to mitigate the risk. Interim measures in place include a simultaneous evacuation strategy and a waking watch within the building. Lowther tenants have no known vulnerabilities or difficulties in evacuation. As a result of the measures in place, we assess the current risk to our tenants as low. As a priority we are engaging with the external factor and the Scottish Government to access all relevant documentation and information to inform our next steps.
- 3.33. A priority for 2026/27 is developing our end-to-end management protocols for SBA completion including ensuring we meet Scottish Government requirements at all stages from assessment through to any required remediation and investment.

Fire Safety Monitoring

- 3.34. The Executive Lead for Fire Safety monitors the implementation of all FRA and PCFRA mandatory fire safety actions on a weekly basis with additional performance monitoring being carried out by the wider Executive Team on a monthly basis.

- 3.35. A new Fire Safety Strategic Forum, facilitated by the Executive Lead for Fire Safety has been established to offer further opportunity for scrutiny of fire prevention and mitigation activity, identification of strategically significant fire safety issues and ensure our approach remains prudent, robust and effective.
- 3.36. As well as this forum fire safety matters will continue to be monitored via the Fire Safety Working Group which meets every 2 months. The group will monitor and progress actions outlined in the annual Fire Safety Action Plan.

Grenfell Phase 2 Report Recommendations

- 3.37. As previously reported, the Scottish Government has responded to the Grenfell Phase 2 report recommendations. The Government have accepted the recommendations with a specific focus in Scotland on enhancing fire safety at point of construction, reviewing building regulations, introducing SBA approach, reviewing the requirements for formal evacuation plans and mandating accreditation for fire risk assessors to strengthen competency.
- 3.38. The Ministerial working group on building and fire safety is responsible for coordinating the response to the recommendations with multiple workstreams currently active. The Scottish Government anticipate that reforms will take multiple years, likely through to 2030.
- 3.39. We have recently responded to consultation on a review of the fire safety requirement in the Technical Handbook and we are part of a wider working group looking at building standards. We have engaged with government officials who are responsible for reviewing fire safety guidance which is planned for later in 2026.

Existing Fire Prevention and Mitigation Framework (“FPMF”) 2021-2026

- 3.40. The current FPMF document was prepared in 2021, informed by concerns identified in the initial Grenfell Report released in 2019, as well as the stipulations of the Scottish Government’s Practical Fire Safety Guidance For Existing High-Rise Domestic Buildings, which was first published in 2021.
- 3.41. The Framework outlined several ongoing and planned initiatives for enhancing fire safety as well as associated targets, including:
- Continuing fire risk assessment programmes for both our relevant and non-relevant properties;
 - Ongoing fire safety training for staff tailored to their specific roles;
 - Launching a new Person-Centred Fire Risk Assessment programme for vulnerable tenants across all tenancies;
 - Reducing accidental dwelling fires by 10% over five years; and
 - Committing to innovative methods of fire prevention.

3.42. Measurable outcomes arising from our FPMF have included:

- A 46% reduction in the number of Accidental Dwelling Fires from our baseline year of 2020/21;
- 100% completion of FRAs for relevant and non-relevant premises;
- A consistently met target of between 500 and 600 PCFRAs per year; and
- A total of 10,061 fire safety improvement actions carried out in the homes of vulnerable tenants over the last five years.

Group Fire Prevention and Mitigation Policy

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

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

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

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

Priorities for 2026/2027

- 3.46. While we have a robust approach to fire prevention and mitigation there are a number of areas, we have identified opportunity for refinement and strengthening. Our priorities for 2026/2027 reflect these and are outlined below.
- Launch and implement the Fire Prevention and Mitigation Policy following approval;
 - Review our end-to-end processes for FRA and PCFRA ensuring the most effective and efficient approach, building in automation where possible;
 - Enhance our programme of FRAs for tenants in non-standard lets;
 - Conclude FRAs for properties which meet the criteria for an SBA but do not currently require an FRA;
 - Enhance reporting on fire safety across fire door inspections, SBAs and FRAs including exploring the opportunity for real time and self-serve FRA/PCFRA action monitoring for business leads;
 - Carry out staff safety campaigns highlighting the importance of our fire safety approach, reiterate the role they have in fire safety and promoting the use of PCFRAs as a preventative measure;
 - Review how we can move from a reactive to proactive approach to PCFRAs;
 - Agree our position and approach to managing emerging risks such as lithium batteries and the use of electric bikes/scooters;
 - Develop and test our end-to-end protocols for SBAs; and
 - Build on our partnership working with SFRS to test new and innovative ways of working including exploration of Premises Information Boxes.

4. Customer Engagement

- 4.1. The PCFRA programme outlined within this report supports customers who may be particularly vulnerable to fire, due to physical, cognitive, mental impairments, substance misuse issues or the condition in which they are maintaining their home. Where identified as necessary, assistance is provided to these individuals to reduce risk of fire in their home. Customers identified for PCFRA are advised of the referral for PCFRA, the purpose of this and what they can expect. Customers are engaged through to conclusion of any remedial actions identified following the PCFRA.
- 4.2. We plan to evaluate and continue to improve how we communicate with customers about fire door inspections, making sure our messages are clear, direct and help boost engagement before we invoke forced access processes.
- 4.3. Over the past year, we facilitated 11 fire safety events in our communities and launched a campaign focused on kitchen fires, which accounted for the majority of ADFs reported in our homes.

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

5. Financial and Value for Money implications

- 5.1. The implementation and completion of PCFRA, FRA and more recently, fire door inspection programmes have increased the amount of fire safety related repairs and actions.
- 5.2. We have created an internal team to implement fire door inspections which costs significantly less than the previous outsourcing arrangement.
- 5.3. We continue to review opportunity for efficiency while adopting and maintaining a zero-tolerance approach to fire safety.

6. Recommendations

- 6.1. The Board is asked to:
- 1) Note the update on fire prevention and mitigation activity in 2025/26;
 - 2) Consider an amendment to our forced access approach for flat entrance fire door checks, such that from April 2027 we will force access where we have not carried out a physical inspection of all aspects of the door in the previous two years and have been unable to confirm over the same period that there is a working self-closer on the door; and
- 1) Approve the Group Fire Prevention and Mitigation Policy.

LIST OF APPENDICES:

Appendix 1: Draft Group Fire Prevention and Mitigation Policy.

7. Legal Regulatory and Equalities Implications

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

Applicable Legislation and Regulations:			
▪ The Fire (Scotland) Act 2005 ▪ The Fire Safety (Scotland) Regulations 2006 ▪ The Housing (Scotland) Act 2006 and 2025 ▪ The Housing (Cladding Remediation) (Scotland) Act 2024			
Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:	
▪ The Fire Scotland Act 2005 and Fire Safety Scotland Regulations 2006 place legal obligations on duty holders to conduct Fire Risk Assessments in Relevant Premises (Non-Domestic Premises). Relevant Premises are those premises that are covered by fire safety legislation and enforced under current legislation by SFRS. Premises such as HMOs, Offices, Workshops and Depots are legally required to have a current FRA in place. ▪ Multi Storey Flats (Practical Fire Safety Guide for Existing High Rise Domestic Premises) and Livingwell/Retirement and Sheltered Premises (Practical Fire Safety Guide for Specialised Housing) are recognised as domestic premises and the recommendation to conduct FRAs is one of best practice and not a legal requirement. ▪ Fire door inspections are carried out in MSFs and properties with 6 or more storeys and Livingwell complexes. The guidance, which is not a legal requirement, sets out fire doors should be inspected every 6 months to ensure they remain fit for purpose. Six monthly inspections commenced in December 2024. We propose that from April 2027 we will only force access for fire door inspections where we have not carried out a physical inspection in 2 years and have not been able to check that there is a working self-closer on the front door. ▪ Completing SBAs for in-scope buildings is not a legal requirement at this point, however, the terms of The Housing (Cladding Remediation) (Scotland) Act 2024 have granted Scottish Ministers statutory powers to compel building owners to do this should they decide that this is required. Through its Open Call process, the Scottish Government is currently actively encouraging landlords to undertake SBAs. We have identified 154 buildings which meet the criteria and have developed a programme to carry out SBAs.	

Legal Compliance Assurance:

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

Legal advice received:

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

8. Risk Assessment

Risk Appetite:

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

Relevant strategic risk(s):

Relevant Strategic Risks from risk register are as below:

Risk 003 (Fire Safety)

There is a risk that a failure to comply with relevant fire safety standards for our buildings results in harm to the health or safety of our customers and/or staff, leading to injuries or fatalities, enforcement action and reputational damage

Risk 089 (Fire Event)

There is a risk that actions and behaviours of customers or third parties which are outwith the Group's control lead to a fire within our buildings, resulting in the injury or fatality of individuals, damage to Group property, and reputational damage.

Relevant assessment and mitigation:

Ongoing and proposed activities in this report will maintain the residual risk score.

Group Fire Prevention and Mitigation Policy

May 2026

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Section 1 Introduction

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

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

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

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

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

Section 2 Policy Aims and Objectives

Our Aims

This Fire Prevention and Mitigation Policy has been designed to set out clearly our role, responsibilities and the approaches we adopt in respect of maintaining fire safety in our corporate assets and in the homes of customers or where we have a responsibility as the property factor.

The policy aims to:

- ensure the safety of our staff, customers and assets;
- support staff and customers to understand our approach to fire safety and their specific role and responsibilities; and
- support staff to effectively respond to any fire safety concerns.

Our Objectives

In order for effective fire prevention and mitigation arrangements to be embedded, our objectives are to:

- ensure that we are compliant with relevant fire safety legislation by conducting Fire Risk Assessments (FRAs) in relevant and appropriate non-relevant premises;
- identify customers considered at higher risk and conduct Person-Centred Fire Risk Assessments (PCFRAs) where necessary;
- carry out regular and recorded pro-active inspection of fire safety measures in all of our workplaces;
- follow Scottish Government fire safety guidance linked to fire door checks in our residential properties through proactive inspections;
- carry out post-fire incident investigations where lessons can be learned or any defects in prevention measures are apparent;
- implement a programme of Single Building Assessments (SBAs) for all applicable residential buildings of more than 11m;
- ensure that fire prevention and protection measures in place in our properties are subject to adequate programmes of maintenance according to applicable guidelines, and that records of this are held;
- work with our partners including Health, Social Services and the Scottish Fire and Rescue Service to ensure there are clear pathways to the most appropriate support where required;
- ensure staff have the skills, knowledge and awareness of how to keep themselves and their communities safe through provision of appropriate information, instruction and training;
- ensure our factoring services meet the requirements of Code of Conduct for Property Factors 2011 with respect to facilitating fire safety support for tenants when requested; and
- pro-actively monitor our fire prevention and mitigation arrangements and fire safety incidents across the organisation to determine lessons learned, themes arising and ensure a culture of continuous improvement.

Section 3 Legislative and Regulatory Framework

This policy is based on several key fire safety legislative, guidance and standards, including:

- The Fire (Scotland) Act 2005
- The Fire Safety (Scotland) Regulations 2006
- The Health and Safety at Work etc Act 1974
- The Housing (Scotland) Act 2006
- The Housing (Scotland) Act 2025
- The Scottish Housing Quality Standard (SHQS)
- Scottish Government Practical Fire Safety Guidance for High-Rise Domestic Buildings 2022
- Scottish Government Practical Fire Safety Guidance for Existing Specialised Housing 2022
- The Housing (Cladding Remediation) (Scotland) Act 2024
- Code of Conduct for Property Factors 2011

Under The Fire (Scotland) Act 2005, which is further expanded within The Fire Safety (Scotland) Regulations 2006, we have a legal responsibility to carry out a fire risk assessment for relevant premises, which specifically covers our workplaces such as offices and depots.

The Fire Safety (Scotland) Regulations 2006 additionally require us to put in place adequate fire safety arrangements in relevant premises (workplaces) with respect to maintenance of fire systems, provision of means of escape, fire safety training, means of firefighting and provision of fire detection and alarms. These regulations also apply to the common areas of our non-relevant premises.

The Health and Safety at Work etc Act 1974 (HSWA), places a duty of care upon us, for all people who enter premises which we control. The most effective way for us to ensure that our duties relating to HSWA are fulfilled is to follow guidelines set out within approved codes of practice and guidance.

Our legal responsibilities as social landlords are set out in the Housing (Scotland) Act 2006 and the current Housing (Scotland) legislative framework. These duties extend beyond keeping properties in a good state of repair and include ensuring that homes meet the applicable minimum housing standards, including satisfactory provision for detecting fire. For our social housing stock, these duties are further supported by the standards and expectations set out in the Scottish Housing Quality Standard.

The Scottish Government's Practical Fire Safety Guidance for High-Rise Domestic Buildings, and Practical Fire Safety Guidance for Existing Specialised Housing, provide additional non-mandatory guidance to property owners with respect to various aspects of fire safety, such as provision and maintenance of fire prevention and protection measures, fire safety training, tenant and SFRS engagement and completion of fire risk assessments.

Under this guidance we carry out fire risk assessments and fire door inspections in our non-relevant properties such as high-rise flats and Livingwell complexes.

The Housing (Cladding Remediation) (Scotland) Act 2024 gives the Scottish Government powers to compel, at their discretion, residential property owners of buildings of over 11m to carry out Single Building Assessments (SBAs). In practice the Government has encouraged adoption of these assessments by landlords by provision of grant funding, developing a pathfinder and convening a working group for sharing lessons learned from the implementation of SBAs across Scotland. The Scottish Government's 2024 Single Building Assessment Specification Document outlines the standards and methodology by which property owners of residential buildings over 11m should complete and submit an SBA to them for inclusion in their Cladding Assurance Register.

The Code of Conduct for Property Factors 2011 sets out minimum standards for registered property factors. In fire safety terms, a factor's role is limited to the common parts of a building and the responsibilities set out in the written statement of service and factoring agreements. This can include arranging inspection, repair and maintenance of fire safety measures within the factor's remit. We are committed to meeting these standards through our factoring services.

Section 4 Roles and Responsibilities

Fire safety responsibilities are assigned in the following sections to roles and positions across the organisation to enable us to meet the objectives set out in this policy.

Wheatley Group Board

The Board is responsible for approving this policy and fire prevention and mitigation arrangements ensuring that these assist in meeting our requirements and that fire safety is treated seriously and responded to while gaining assurance that issues are addressed.

Chief Executive Officer - Fire Safety Duty Holder

The Chief Executive Officer is the Fire Safety Duty Holder for Wheatley Group and has overall accountability for the implementation of this policy. The Fire Safety Duty Holder must ensure that appropriate fire safety arrangements are established and in place, including compliance with legislation, effective management of fire risk, and delivery of fire prevention and mitigation measures. Responsibility is shared across Group Directors, Managing Directors, Directors, Managers and staff, with specific roles as set out below.

Group Directors

Each Group Director is accountable to the CEO for ensuring that fire safety arrangements are implemented effectively within their distinct business areas. They must also ensure that their Directors and Managers have the resources and support needed to put these measures into action effectively.

Director of Group Health and Fire Safety

The Director of Group Health and Fire Safety is the senior professional lead for fire safety and the policy and is responsible for the Group Health and Safety Team and Fire Safety Team, including the following duties:

- identifying key elements for fire safety by thoroughly understanding regulations and best practices;
- establishing and maintaining this policy, fire prevention and mitigation arrangements and supporting protocols;
- establishing fire safety training that supports employees to discharge their responsibilities;
- providing leadership to promote a positive fire safety culture across the organisation;
- overseeing the activities of the Health and Safety and Fire Safety teams;
- developing positive partnerships with SFRS and other stakeholders that support our approach to managing fire safety;
- escalating concerns relating to fire safety immediately to the Executive Lead; and
- reporting to the Executive Team and Boards regularly on the implementation of the fire prevention and mitigation arrangements.

Managing Directors/ Subsidiary Directors

Managing Directors and department Directors are responsible for the implementation of this policy, and in particular for:

- ensuring that responsible managers are formally assigned fire safety duties and that progress against fire safety action plans is reviewed and recorded;
- ensuring that managers and staff complete mandatory fire safety training within required timescales and that training compliance is reviewed at least quarterly;
- ensuring that fire safety is discussed through agreed staff and trade union forums and that relevant changes and information is communicated to relevant staff in a timely way;
- including fire safety as a standing item at relevant management meetings where there are open actions, significant risks or incident trends to review; and
- ensuring that significant fire safety incidents, enforcement action, or high-risk compliance failures are reported to the Director of Health and Fire Safety and their team without delay.

Health and Safety and Fire Safety Managers

Health and Safety and Fire Safety Managers are responsible for communicating this policy, and providing assistance across the organisation including the following:

- monitoring the implementation of this policy, by audit activities, FRAs, site visits and liaison with Managers;
- providing fire safety compliance information associated with FRAs and PCFRAs to relevant Managers, Directors and Group Directors and ensuring that action is taken to address issues raised within acceptable timeframes;
- supporting Managers, Directors and Group Directors with responsibilities for fire safety to discharge their responsibilities;
- providing advice and guidance to all staff and especially those staff with specific fire safety responsibilities;
- working with Organisational Development to provide a programme for staff fire safety training;
- be a point of contact for any staff requiring support on all matters relating to fire safety across the organisation;
- liaising with enforcement bodies on all statutory fire safety matters; and
- ensuring arrangements are in place to provide assistance, in the case of investigation of fires where necessary.

Managers

Managers with responsibility for leading teams or maintaining our assets (e.g. Locality Housing Directors, Facilities, Environmental Managers, Asset and Investment Managers) will be responsible for ensuring that fire prevention and mitigation measures are implemented within their functions. Management responsibilities will include the following:

- provision, circulation and monitoring of the use of Operational Safety Manuals by staff under their direction in relation to fire safety matters contained within these;
- ensuring that staff complete mandatory fire safety training within required timescales and that training compliance is reviewed monthly;
- taking immediate and appropriate steps to investigate and rectify any risks to fire safety arising from their work activities or within their work environment;
- bringing to the attention of their line managers any fire safety issue that requires their attention; and
- ensuring that all fire incidents are properly recorded and reported.

Health and Safety and Fire Safety Teams

The role and function of the Health and Safety and Fire Safety Teams is to maintain and promote an effective fire safety ethos and compliance with fire safety procedures throughout the organisation. The teams will support all staff to implement fire prevention and mitigation measures. Responsibilities of the teams include:

- provision of advice and support to staff to support them to meet their fire safety responsibilities;
- completing a programme of FRAs and PCFRAs and producing action plans of remedial works as required;
- inspecting/auditing/carrying out due diligence of operational functions and providing written reports to operational management on findings and necessary action;
- developing and delivering fire safety training and educational programs to develop fire safety awareness at all levels within the organisation;
- reviewing and investigating where necessary fire incidents (including near misses) arising within the organisation and subsequent provision of advice to management in remedial or preventative measures; and
- liaising with external organisations and agencies as directed.

Staff

It is the responsibility of all staff to take all reasonable care for the safety of themselves in respect of fire, and any other persons who may be affected by their acts or omissions at work. They must also co-operate with managers, trade unions, staff representatives and other staff to fulfil organisational fire safety objectives. Their responsibilities include:

- attending and completing all necessary fire safety training as required;
- complying with the arrangements for emergencies as they have been instructed through the Operating Safety Manual; and
- reporting any concerns they have relating to fire safety to their supervisor/line manager.

Trade Union Safety Representatives

Recognised trade unions and their safety representatives have an important consultative and collaborative role in promoting fire safety. Their responsibilities include:

- participating in discussions regarding fire prevention arrangements;
- assisting in identifying fire hazards and assessing associated risks;
- supporting the dissemination of fire safety information provided to them; and
- reporting any fire safety concerns, hazards, or deficiencies identified by members to management without delay.

Tenants and Residents

We want tenants and residents to help us keep homes, shared areas and neighbours safe from fire by following simple fire safety advice, reporting concerns and supporting the measures we put in place.

Section 5 Fire Prevention and Mitigation Arrangements

A variety of actions and activities are performed regularly as part of our fire prevention and mitigation approach. These activities are designed to ensure compliance with legal requirements and relevant guidance and ultimately prevent fire incidents occurring in our workplaces and customer homes. Where fire incidents do occur, we ensure that our post incident actions provide opportunity to understand the root cause and where appropriate refine our actions to reduce future risk. Our arrangements are outlined below.

Fire Risk Assessments (FRAs)

Fire Risk Assessments are a critical component of our fire safety arrangements. We carry out Fire Risk Assessments in relevant premises and non-relevant premises as set out.

Premises Type	Example	Frequency
Relevant Premises	Workplaces including offices, workshops and depots	Every 3 years minimum
Relevant Premises	Houses of Multiple Occupancy	Every 3 years minimum
Non-Relevant Premises	Multi Storey Flats above 18 metres	Every 3 years minimum
Non-Relevant Premises	Livingwell/sheltered/retirement complexes	Every 3 years minimum

FRAs are carried out as a minimum every 3 years but may be more frequent if it is assessed as required by the fire safety team. The annual FRA programme is established according to risk assessment following completion of FRAs.

FRAs will be carried out by our qualified fire safety team using the methodology specified in BS 9792:2025 Fire Risk Assessment - Housing Code of Practice.

Remedial actions arising from these assessments will be notified to the person responsible via an FRA close out meeting and a written report with clear timescales for completion.

Person-Centred Fire Risk Assessments (PCFRAs)

PCFRAs whilst not required by law, are an important activity for the reduction of Accidental Dwelling Fires (ADFs) in our customer homes and protect the safety of customers considered most at risk.

We carry out a programme of PCFRAs to identify potential fire hazards and risks and identify actions which reduce the risks for individual customers.

The PCFRA programme is informed through referrals from staff across the organisation and is often instigated as a result of:

- high levels of clutter / hoarding;
- evidence of behaviours that create fire risk including signs of burns/scorch marks on furniture or clothing;
- sensory impairment – hearing impairment / visual impairment / blindness;
- use of medical oxygen, paraffin-based emollients or medical airflow mattress;
- concerns about a person's ability to evacuate the property in an emergency;
- mental health issues including dementia / cognitive impairment;
- alcohol or drug issues; and
- where anyone in the household has shown an interest in starting fires.

PCFRAs may be conducted for individuals whenever staff members have concerns regarding fire safety, they are prioritised based on assessment of risk by the fire safety team. Remedial actions arising from these assessments will be notified to the relevant housing officer/referrer and their line manager and a written report issued. Actions required are allocated timescales for completion based on the assessment of risk.

Operational Assurance Visits (OAVs) – Scottish Fire and Rescue Service

SFRS have a commitment to visit every multi-storey flat above 18 metres at least once every quarter. The purpose of the visit is to:

- ensure familiarity with the building layout
- verify that firefighting equipment is functional and;
- check that emergency routes are clear.

Following each visit any actions identified are highlighted and timescales for completion are outlined. The fire safety team have responsibility for monitoring that these actions are completed in line with expectations.

In addition to quarterly visits to each multi-storey flat above 18 metres, SFRS can visit and audit any workplace as they see fit. Often a visit will be instigated where there is regular or increased unwanted fire alarm signals.

Operating Safety Manual Checks

To ensure that fire safety protections are in place on an ongoing basis, it is essential that frequent and regular checks are carried out by our staff, in addition to planned preventative maintenance of our fire prevention and protection systems.

All our relevant workplaces (offices, depots, HMOs) and non-relevant premises (multi-storey flats, Livingwell/sheltered/retirement housing) will be subject to programmes of daily, weekly and monthly checks, relevant to the type of building and use of the building, as key preventative measures and which is set out in our Fire Precautions Logbook as part of our Operating Safety Manuals.

These checks are include but are not limited to:

- ensuring exit routes and common corridors are clear;
- ensure safe storage of any equipment such as mobility scooters; and
- monitor housekeeping arrangements such as waste management.

Fire Precautions Logbooks will be held on site for all our premises and be available for inspection by managers, fire risk assessors, SFRS and other agencies as required.

Fire Door Inspections

Residential property front doors are an important element in protecting the integrity of common escape routes in multi-storey buildings. Fire resisting doors are essential to maintain compartmentation protection that enables the current SFRS 'Stay Put' policy in the event of a fire incident.

The Scottish Government's Practical Fire Safety Guidance for Existing High Rise Domestic Buildings, and Practical Fire Safety Guidance for Existing Specialised Housing state that fire-resisting door sets should be inspected every six months to check for disrepair or issues. In recognition of this guidance, we carry out a 6-monthly fire door inspection programme of individual property front doors in:

- multi-storey properties over 18m;
- multi-storey properties over 6 storeys; and
- relevant Livingwell /retirement/sheltered complexes.

Appropriately trained staff will inspect door sets following Scottish Government guidance.

Fire Prevention and Protection Systems

Our properties feature fire prevention and protection systems which are relevant and appropriate to the property type and property use including:

- heat and smoke detectors, to provide early warning of fire or smoke and support prompt action;
- fire alarms, to alert occupants to a fire incident and support evacuation or emergency response;
- emergency lighting, to illuminate escape routes where normal lighting fails;
- signage and wayfinding, to support individuals to identify escape routes, exits, fire action information and key safety measures in an emergency;
- sprinklers, to suppress or control fire and limit fire spread;
- automatic door releases, to ensure fire doors operate correctly when the alarm activates and help contain smoke and fire; and
- connections to an automatic alarm receiving centre (ARC), to ensure alarm signals are passed on quickly for monitoring and emergency response where applicable.

Appropriate and robustly monitored maintenance arrangements for fire prevention and protection systems compliance will be carried out according to frequencies determined by applicable legislation and guidance. We will ensure that all records associated with maintenance of our systems are kept up to date and are readily accessible.

Fire Safety Training

Fire safety training for staff is essential for fire prevention measures to be effectively implemented and managed.

We will provide a range of training in addition to awareness sessions and campaigns for our staff to ensure they are equipped with the necessary skills and knowledge to maintain high standards of fire safety, including but not limited to the training outlined below.

Training	Frequency	Purpose	Target Audience
Fire Safety Awareness eLearning	Triennially	General fire safety awareness for all employees	All employees
Fire Marshal training	Biennially	Ensure Fire Marshals understand their role and can support evacuation in event of fire incident	Nominated Fire Marshals
Home Fire Safety eLearning	Triennially	Provides an awareness of fire safety, home safety and health issues that can be applied to all domestic situations.	Housing and Repairs staff
Fire door Inspections	Triennially	Ensures individuals with responsibility for inspecting fire doors understand standards required	Neighbourhood Compliance - Fire Door Team
Fire safety monitoring	Triennially	Ensures staff onsite in MSFs can spot fire safety issues when carrying out daily/weekly/monthly checks	Concierge staff

As a minimum, all Fire Risk Assessors are qualified to a minimum standard of NEBOSH Certification.

Post-Fire Investigation

In the event of fire incidents, we are committed to conducting thorough reviews to identify opportunities for enhanced fire safety protection across individual properties and throughout our estate. Notifications regarding fires within our properties are received daily through our partnership with the SFRS.

When we are notified of a fire incident the fire safety team will undertake post-incident investigations in the following circumstances:

- when valuable insights can be gained regarding the spread of fire from its point of origin, enabling preventative measures for future incidents; and
- when any fire prevention or protection system, or mitigation measure, appears to have failed or operated below expectations.

Following completion of a post-fire incident inspection, required improvements or actions will be communicated to relevant managers and monitored to conclusion by the fire safety team.

Single Building Assessments

Cladding, sometimes referred to as an “external wall system”, is a key element of fire safety in our high-rise buildings. SBAs evaluate external wall systems, cladding materials, and associated fire risks and outline what, if any, work is required to eliminate or mitigate any risk to human life that is (directly or indirectly) created or exacerbated by the building’s external wall cladding system. Two key elements come together in the SBA:

- an External Wall System Assessment (“**EWSA**”); and
- an Internal Fire Risk Assessment (“**FRA**”)

The Housing (Cladding Remediation) (Scotland) Act 2024 gives Scottish Ministers the powers to ensure SBAs and any identified remediation are carried out. SBAs apply to all buildings meeting all the following criteria:

- built or renovated between 1 June 1992 and 1 June 2022;
- include at least one residential apartment;
- exceed a height of 11 metres; and
- feature an external cladding system.

SBAs will be carried out using external fire engineers who are registered with the Scottish Government. The SBA will be concluded using the specification as set out by the Scottish Government, following which it will be included in the Scottish Government Cladding Assurance Register.

Property Factor

Wheatley Group, through Lowther, provides factoring services for a range of residential properties including those with mixed ownership.

There is a different responsibility placed upon Lowther as a property factor. In properties where we act as property factor, our fire safety responsibilities are limited to the common parts of the building and to any duties set out in the written statement of service and factoring agreements or other legal arrangements.

This may include arranging for competent Fire Risk Assessors to undertake Fire Risk Assessments on behalf of homeowners where required or requested, as well as arranging inspection, repair and maintenance of fire safety measures within our remit, such as common fire doors, emergency lighting, smoke ventilation, fire alarm systems, signage and the condition of escape routes.

We will also communicate relevant fire safety information to owners and residents where appropriate, monitor actions arising from inspections or assessments that fall within our remit, and ensure that any identified common-parts fire safety issues are progressed in line with agreed responsibilities and governance arrangements.

Partnership Working

We strongly believe that excellence in fire safety can only be achieved by creating and building upon existing partnership working arrangements with relevant bodies, and in particular with the Scottish Fire and Rescue Service, with whom we have a longstanding relationship. We will look to build on and enhance relationships with all relevant partners, for the purposes of maximising our impact, creating innovation opportunities, and influencing the broader fire safety landscape.

Section 6. Tenant and Resident engagement

Tenant and resident engagement is a key component of preventing and mitigating the risk of fire. Effective engagement helps to build a positive fire safety culture, supports tenants and residents to understand how they can keep themselves and others safe, and encourages early reporting of concerns.

We recognise that fire safety arrangements are most effective where tenants and residents understand the measures in place, know what is expected of them, and are able to raise questions or concerns and receive clear information and support in response.

We will promote fire safety through regular, accessible and targeted engagement with tenants and residents. This will include fire safety advice through our programme of PCFRAs. We are also committed to delivering and supporting fire safety campaigns, awareness activity and seasonal messaging that reinforces safe behaviours in the home and in common areas.

We will continue to work closely with the SFRS on joint initiatives where this will improve outcomes for our customers, including promoting referral pathways and access to SFRS Home Fire Safety Visits for people who may be at greater risk.

Engagement may be delivered through a range of channels, including direct contact with tenants or residents, site-based activity, tenancy and support visits, signage, leaflets, digital communications, community events and partnership campaigns, to ensure fire safety information is timely, practical and easy to understand.

Engagement	Target audience	Frequency	Channel
Annual Tenant Visits - Fire Safety review	All tenants	Annually	In person
Fire safety campaign	All tenants	Annually	Online/mail/SMS
Community safety events	Identified tenants, residents and communities	Ad hoc as required	In person
SFRS joint fire safety initiatives	Identified tenants, residents or sites	Ad hoc as required	In person/online
Personalised fire safety advice	Tenants referred for PCFRA	As requested	In person

Section 7 Fire Prevention and Mitigation Monitoring

Performance monitoring

We monitor compliance with our fire prevention and mitigation arrangements through a variety of mechanisms including through monitoring:

- The number of FRAs carried out each year
- The number of PCFRAs carried out each year
- Number of mandatory actions arising from FRA
- Number of mandatory actions arising from PCFRA
- Number of Operational Assurance Visits (OAVs) from SFRS each quarter
- Number of actions arising from OAVs
- No outstanding mandatory actions weekly/monthly/annually
- Compliance with mandatory 'Fire Safety Awareness' training

Progress and updates with respect to fire safety compliance will be regularly provided to relevant managers and other responsible individuals, in order that they are able to ensure compliance actions are being carried out.

Fire Safety Audit Activities

The Health and Safety and Fire Safety Teams will also conduct additional fire safety audit activities as required to ensure that fire safety measures are effective and compliant with legal requirements, including circumstances such as:

- To verify the quality of fire safety checks being carried out by our own staff;
- To verify the quality of fire safety measures and procedures being followed by our contractors and sub-contractors; and

- To verify the quality of fire safety maintenance checks being carried out by any internal or external groups.

Further auditing of fire safety compliance may be conducted by the Assurance Team as required.

Fire Safety Strategy Forum

We will establish and maintain a Fire Safety Strategy Forum. The forum will meet as a minimum twice per year for the purpose of monitoring progress with implementation of strategic fire safety improvement actions across the organisation.

The Fire Safety Strategy Forum will be chaired by the Executive Lead with responsibility for fire safety. The forum will be attended by senior leaders and managers from across the organisation who have responsibility for or contribute to fire safety. The details of attendees will be set out in the Terms of Reference for the forum. The forum will have responsibility for:

- considering the external regulatory landscape for fire safety;
- developing approaches to fire prevention and mitigation which meet and exceed regulatory requirements;
- keeping abreast of best practice in the sector; and
- explore and develop innovations that support and enhance our approaches.

Fire Safety Working Group

In addition to the Fire Safety Strategy Forum, we will establish and maintain a Fire Safety Working Group, which will meet as a minimum four times per year for the purposes of monitoring implementation of fire prevention and mitigation approaches set out in this policy.

The Fire Safety Working Group will be chaired by the Director of Health and Fire Safety. The working group will be attended by nominated responsible persons for each department/ subsidiary, fire safety officers and trade union representatives. The details of attendees will be set out in the Terms of Reference for the group.

The working group will have responsibility for:

- implementing requirements of this Fire Prevention and Mitigation Policy and other fire safety guidance documents;
- monitoring performance and progress of associated FRA and PCFRA programmes and actions arising from these;
- reviewing fire incidents, identifying and implementing areas for improvement;
- exploring themes arising from SFRS Home Fire Safety Visits and any other activities by SFRS; and
- review investment priorities linked to fire safety.

Section 8. Measuring our Impact

We will measure the impact of this policy and associated fire prevention and mitigation arrangements by:

- monitoring the number of accidental dwelling fires in our homes and corporate offices;
- monitoring the number of mandatory fire safety actions arising from our programmes of inspection;
- monitoring the number of and reasons for referrals for PCFRAs;
- reviewing referrals regularly to understand emergent themes or concerns to inform our fire safety approaches; and
- monitoring the number of fire safety actions arising from SFRS operational assurance visits.

Measuring and understanding the impact of the policy will guide our future actions, support us to allocate resources effectively and identify training and support needs and areas for improvement.

Section 9. Policy Review

This policy will be reviewed every two years, with additional reviews as needed to address new legislative guidance.

This policy will be posted on our staff intranet, W.E. Connect, and on our websites. Printed copies can be requested. Customers may also ask for the policy in alternative formats or community languages.

Section 10. Glossary

This glossary explains key terms and abbreviations used throughout this policy.

Term	Definition
ADF	Accidental Dwelling Fire.
ARC	Alarm Receiving Centre, which monitors alarm signals and helps ensure an appropriate response where connected.
Common parts	Areas of a building shared by more than one occupier, such as entrances, stairs, landings, corridors and other shared spaces.
EWSA	External Wall System Assessment.
Fire Marshal	A person with designated responsibilities in relation to fire procedures, including supporting evacuation and local fire safety arrangements in the workplace.
Fire Safety Duty Holder	The senior role with overarching responsibility for fire safety arrangements and compliance across the organisation.
FRA	Fire Risk Assessment.
Non-relevant premises	Domestic residential premises that are not classed as relevant premises under fire safety legislation, although duties may still apply in common parts and under housing or other legal frameworks.
OAV	Operational Assurance Visit carried out by the Scottish Fire and Rescue Service.
PCFRA	Person-Centred Fire Risk Assessment, which considers the specific circumstances, vulnerabilities and support needs of an individual.
Relevant premises	Premises to which duties under fire safety legislation apply, including workplaces and certain other premises as defined by law.
SBA	Single Building Assessment.
SFRS	Scottish Fire and Rescue Service.

APPENDIX 1 RACI Matrix

The purposes of this appendix, R = Responsible, A = Accountable, C = Consulted and I = Informed.

Activity	Chief Executive Officer / Fire Safety Duty Holder	Group Directors	Director of Group Health and Fire Safety	Managing Directors / Directors	Managers
Approve fire safety policy and strategic direction	A	C	R	C	I
Ensure overall fire safety governance is in place	A	C	R	C	I
Develop and maintain fire safety policy, standards and framework	I	C	A/R	C	I
Provide specialist fire safety advice and guidance	I	C	A/R	C	C
Ensure fire safety arrangements are implemented in business areas	I	A	C	R	R
Ensure adequate resources within directorates and business areas	I	A	C	R	I
Monitor compliance and provide assurance reporting	A	C	R	R	R
Escalate significant fire safety risks and issues	A	R	R	R	R
Report to Executive Team and Board on fire safety performance	A	I	R	C	I
Promote continuous improvement and fire safety culture	A	R	R	R	R

Report

To: Wheatley Housing Group Board

By: Laura Pluck, Group Director of Communities

Approved by: Steven Henderson, Group Chief Executive

Subject: Health and Safety Annual Report 2025/26

Date of Meeting: 25 June 2026

Purpose:

The purpose of this report is to provide the Board with an update on health and safety activity and performance during 2025/26.

The Board is asked to note and comment on this update.

1. Executive Summary

- 1.1 Our Health and Safety Management System currently in place is recognised as a best practice approach by the Health and Safety Executive for continuous improvement. The current best practice approach is set out in their HS(G)65 model - 'Managing for health and safety' which focuses on a Plan, Do, Check, Act approach.
- 1.2 Over the last year we have continued to monitor our H&S performance as well as further strengthening our Health and Safety Management System, in particular through;
- Review and refinement of the Operating Safety Manuals ('OSMs') and the associated 'Safe Systems of Working';
 - Developing H&S training matrices for all work activities;
 - The introduction of a new H&S Audit programme for all our workplaces;
 - Embedding further our H&S monitoring arrangements through specific business area/theme based operational monitoring groups; and
 - Developing a closer working relationship with CBG H&S team to share best practices and learn from each other.
- 1.3 H&S performance remains relatively strong but continued effort is required across the organisation to ensure we always reach and maintain compliance and continue to mitigate risk to the organisation through robust H&S policy, practice and monitoring.

2. Authorising context

- 2.1 The Group Standing Orders set out the matters reserved to the Boards and the matters delegated to the Group Chief Executive. The H&S Policy approval is reserved to the Wheatley Housing Group Board. This report relates to H&S policy and management arrangements, and implementation and performance is monitored by this Board.
- 2.2 This report provides an update on the arrangements currently in place to ensure that our H&S performance demonstrates best practice and meets our legal requirements.
- 2.3 Each RSL and the Lowther Board have reviewed their individual annual Health & Safety report throughout May 2026 with no material comments noted.

3. Discussion

Background

- 3.1 Our H&S Policy provides the foundations for our approach to H&S and our embedding of a strong health and safety culture. Our policy is reviewed at least every three years, with the last review taking place in June 2025 following which it was approved by the Group Board.

- 3.2 Our H&S Policy is part of our overall health and safety approach, along with our Health and Safety Management Arrangements ('HSMAs') and OSMs. This model is based on the Health and Safety Executive's recommended approach to safety management, HS(G)65.
- 3.3 Our H&S policy sets out the legal framework we operate within, the HSMAs set out in more detail the systems and procedures we use while OSMs hold detailed risk assessments, processes and the templates that support H&S activity.

Health and Safety Management Arrangements

- 3.4 Health and Safety Management Arrangements are in place for all relevant areas across the organisation with a total of 44 HSMAs in place at present. These are reviewed on a 3 yearly basis, with 10 HSMAs due to be reviewed in Q1.

Operating Safety Manuals

- 3.5 OSMs are in place and reviewed on a 2-year rolling cycle. Throughout the last year we concluded a full review of our OSMs. Following consultation with Unions, roll out of the new OSM content will be commenced using a new toolbox talk format during Q1 of 2026/27.
- 3.6 At the end of April 2025/26 93% of Group staff had signed off receipt of their existing OSM within timescales. The remaining staff have been allocated time as a priority to review the OSM.

Health and Safety Training

- 3.7 At the end of April 2026 95% of mandatory e-Learning has been completed by Group staff within timescales. Staff have been allocated time as a priority to complete their H&S training.
- 3.8 A key focus of our work this year has been reviewing all H&S training requirements for each key business area across the organisation. New H&S training matrices have been created for all employees, and training associated with these will be implemented from Q1 onwards.

Reporting and monitoring arrangements

- 3.9 Functional and theme-based H&S monitoring groups continued to operate and meet quarterly throughout the year. Attendees include local managers and leaders, support functions and union representatives. Monitoring groups include:
- Housing H&S Group;
 - NETs H&S Group;
 - Repairs H&S Group;
 - Violence at Work Group;
 - Drivers Safety Group; and
 - H&S Strategy Group (attended by Managing Directors/Directors or appropriate delegates from all Group subsidiaries).

- 3.10 Each meeting offers the opportunity to consider H&S concerns and trends in specific operational areas, and the attendees have responsibility for identifying and monitoring actions for improvement. Each group is facilitated by a dedicated H&S Manager, Fleet Manager (for Drivers Safety) or the Director of Health and Fire Safety.

Homeworking

- 3.11 Homeworking arrangements are well established across the organisation for a number of business areas. All staff who work from home are required to complete an annual self-assessment to confirm their home working arrangements have remained fit for purpose. 90% of relevant Group staff have completed their self-assessment in the last 12 months. Staff who still require completing their self-assessment have been allocated time to do this.

Accident and Incident Reporting

- 3.12 We have a legal requirement to investigate and report accidents involving staff, contractors, and customers in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (“**RIDDOR**”).
- 3.13 In 2025/26, we reported 9 RIDDOR incidents to the Health and Safety Executive, and 319 days were lost associated with accidents at work.

Employers Liability (“**EL**”) Claims

- 3.14 There are currently 9 open EL Claims all relating to Group staff. The financial reserve on each claim ranges between £5,000 and £65,000.

Health and Safety Audits

- 3.15 During 2025/26 a new programme of H&S Audits took place for 301 workplaces with a very high standard of H&S compliance being noted. A total of 1727 audit actions were raised during these audits, comprising of:
- 710 Physical actions (relating to repair issues);
 - 269 Maintenance actions (relating to systems maintenance); and
 - 748 Management actions (relating to procedural compliance).
- 3.16 Reports highlighting issues for action by local management were issued as part of this programme and are being monitored monthly by the H&S Team. There are currently 0 overdue mandatory actions arising from the programme and 31 overall actions due to be completed from the programme.
- 3.17 Following the introduction of H&S audits we will now move to a rolling programme of workplace audits with every workplace audited as a minimum triennially. The programme will be established based on risk profile with depot audits being carried out more frequently.
- 3.18 Throughout the year we have developed closer working relationships with the H&S team in CBG. We meet regularly to discuss our approaches, key themes arising and to share best practices and learning. As a result of these discussions, we have been able to access specific training for our Repairs and NETs teams through the CBG Academy.

- 3.19 We have a strong H&S Management System in place that continues to be reviewed and refined as required. Throughout the year we have strengthened our approaches through the review of all key business area OSMs and safe systems of working, identified enhanced training and education programmes for our teams and completed 301 workplace audits.

4. Customer Engagement

- 4.1 There is no direct customer engagement related to this report. Should any H&S matter arise that impacts customers we engage as relevant and appropriate.

5. Financial and value for money implications

- 5.1 The development of training matrices for H&S requirements for all business areas has resulted in an enhanced programme of training and education which will be rolled out in the coming year. The implementation plan is being drafted of which part is reviewing the resources required to deliver the programme and any financial impact.

6. Recommendations

- 6.1 Board is asked to note and comment on the report.

LIST OF APPENDICES:

None

7. Legal, Regulatory and Equalities Implications

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

Applicable Legislation and Regulations			
What relevant duties apply:			
▪ The Health and Safety at Work etc Act 1974 ▪ The Management of Health and Safety at Work Regulations 1999 ▪ Additional subsidiary H&S Regulations across a range of topics as outlined in HSMAs			
Current level of compliance:			
X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:
Outline the key duties triggered and how these have shaped the proposal: ▪ The Health and Safety at Work etc Act 1974 requires that employers must ensure, so far as is reasonably practicable, the health, safety and welfare of their employees and of non-employees who may be affected by their activities, put in place safe systems of work, and provide suitable information, instruction and training to their employees ▪ The Management of Health and Safety at Work Regulations 1999 additionally requires, in particular, that employers must carry out an assessment of the risks to health and safety of their employees and non-employees arising from their activities (risk assessment) ▪ Further subsidiary H&S Regulations made by the UK government cover a range of topics; those of which that are relevant to us, and the measures required to comply with them are listed in our 44 H&S Management Arrangement documents available on We Connect. ▪ Our H&S Management System is designed, implemented and monitored to meet our requirements as set out above.

Legal Compliance Assurance
The relevant legal duties within the legislation specified above have been reviewed and no significant compliance risk has been identified, provided the current measures in place are maintained, or put in place where proposed. H&S training completion, OSM and HWSA rates remain below our 100% target. These are not legal requirement, but an internal requirement as set by ourselves. Additional H&S training has been identified for employees in NET and Repairs in particular and a programme being developed for implementation.

Legal advice received:			
	Yes	X	No

8. Risk assessment

Risk Appetite:

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

Relevant strategic risk(s):

Relevant Strategic Risk from risk register as below:

RISK 0090 Monitoring H&S Arrangements:

There is a risk that the H&S monitoring function does not work effectively to detect non-compliance with H&S policy and procedures or drive improvement across the Group due to poor team coordination, insufficient support, or lack of awareness of relevant issues by that function. Undetected non-compliance with Group H&S policy and procedures could lead to an event which results in statutory action by the Health and Safety Executive or civil action, with potential HSE improvement actions, prosecution, financial penalties and reputational damage.

Relevant assessment and mitigation:

- Risk associated with content of the report are within risk appetite
- Ongoing and proposed activities in this report will maintain residual risk score

Report

To: Wheatley Housing Group Board

By: Joanne Laverty, Director of People Services

Approved by: Steven Henderson, Group Chief Executive

Subject: People Services Annual Update

Date of meeting: 25 June 2026

Purpose:

To provide the Board with an update on key strategic issues, activity and achievement across People Services for the period 1 April 2025 – 31 March 2026.

1. Executive Summary

- 1.1 Overall, during 2025/26 we delivered a strong and balanced people performance. We achieved £500k of workforce efficiency savings (with further future savings identified) through targeted organisational redesign and service integration, while maintaining high levels of workforce stability and internal progression across most services.
- 1.2 This was complemented by continued investment in workforce capability, including enhanced learning programmes (notably in response to Awaab's Law), leadership development and early careers pathways to strengthen future talent pipelines. Alongside this, we sustained a clear focus on wellbeing and inclusion while maintaining constructive trade union partnerships that enabled delivery of pay, benefits and policy improvements.

2. Authorising Context

- 2.1 Under our Terms of Reference within the Group Standing Orders, the Committee has responsibility for considering certain matters relating to employment terms and conditions. This includes delegated authority for the Group policy position and for granting Early Retirement or Voluntary Redundancy, as well as responsibility for the ongoing monitoring of these matters.

3. Discussion

Key areas of activity and achievements 2025/26

- 3.1 Key areas of people-related activity delivered during the period April 2025 to March 2026 are summarised below. Further detail is provided in Appendix 1.
- 3.2 The Workforce Planning team achieved £638k of workforce efficiency savings for the year, higher than the £500k target. The savings have been achieved through close partnership with business leads, reshaping structures to better align resources with service priorities. This included:
 - Aligning our neighbourhood housing operating models through moving from average housing officer patch sizes of 200 to 250 in the South and East, while introducing new neighbourhood co-ordinator roles;
 - Supporting the changes above through the introduction of mobile housing officers and additional support roles to improve operational resilience and responsiveness;
 - Establishing a single, coordinated Stronger Voices team to deliver more consistent and effective tenant participation across neighbourhoods;
 - Expanding customer access to services through four new hub-based housing officer roles, providing personalised, face-to-face support when customers walk into any of our four hubs in Glasgow;
 - Bringing key services in-house, including painting, handyperson and fire safety functions, improving quality, compliance and value for money;
 - Redesigning the Healthy Homes operating model in partnership with City Building to strengthen technical capability and professional oversight;

- Embedding compliance roles within neighbourhood teams to maintain statutory gas and electrical compliance; and
- Supporting Wheatley Care through significant financial and structural change, including service consolidation, TUPE transfers and the people strategy underpinning its successful transition to an independent organisation.

Attracting, Developing and Retaining Our People

- 3.3 We continue to prioritise retention, internal development and workforce stability, supported by strong recruitment interest and clear evidence of internal progression.
- 3.4 Turnover remained relatively low across Wheatley at 8.5%, demonstrating our ability to retain skills, experience and capability. Of particular note:
- Housing continues to show strong workforce stability, with low turnover of 3.1% and clear evidence of progression, with 19 Housing Officers securing promotions within Wheatley. In addition, we have sustained external interest in Housing Officer roles, reflected in 294 applications, which highlights the strength of our employer brand;
 - Neighbourhoods has maintained stability, with turnover at 5.9%, while strengthening its future workforce. Sixty-five per cent of appointments were made through internal pathways such as Changing Lives traineeships and apprenticeships. The most common reason for leaving was retirement, which has contributed to a reduction in the average age profile for our Environmental Operatives;
 - Support Services experienced slightly higher turnover at 7%, with leaver data indicating that the most common reasons for leaving were career progression opportunities, planned career breaks, or extended travel. Recruitment activity resulted in 37 appointments, ensuring continued delivery of critical support functions;
 - Repairs continue to demonstrate a stable and well-retained workforce, with turnover at 5.6%. Recruitment activity remained low, with 15 appointments made, reflecting the service's success in retaining skilled and experienced colleagues; and
 - Care continues to operate within a challenging and highly competitive labour market. Turnover remained high at 48%, with 575 appointments made to maintain safe staffing levels and support service delivery. Ongoing focus remains on attraction and retention initiatives within the sector.

Investing in our people

- 3.5 Our learning and development approach is underpinned by a structured framework, aligning organisational priorities with service and individual development needs. Staff are supported through comprehensive induction, mandatory training, clear professional standards, regular 1:1s and coaching to identify skills gaps and agreed development actions.

- 3.6 Access to qualifications, apprenticeships and leadership development supports continuous learning, succession planning and a skilled, resilient workforce aligned to current service delivery and future demand. Some of the key learning and development activities delivered during 2025/26 is outlined below.
- To support readiness for Awaab's Law, a blended learning programme on damp and mould was delivered, with over 200 colleagues completing awareness training and 30 achieving City & Guilds advanced accreditation;
 - The Think Yes programme was refreshed across Wheatley and City Building, with updated materials, targeted leadership sessions and improved visibility through refreshed branding and practical resources;
 - A new appraisal approach, The Right Conversation, at the Right Time, was introduced, replacing annual reviews with regular, meaningful conversations focused on priorities, wellbeing and development; and
 - Refreshed customer service training was delivered to Neighbourhood teams, with 256 colleagues completing the programme, reinforcing service standards, supporting complaint reduction and improving customer interactions.
- 3.7 In addition, we continued to invest in future talent and leadership capability across Wheatley. Two colleagues secured places on the GEM programme, a nationally recognised development programme for high-potential housing professionals that supports future leaders through professional qualifications, peer learning and insight from across the housing sector.
- 3.8 Wheatley hosted a Sustainability GEM event, bringing together senior speakers and site visits to showcase good practice and innovation in sustainability across our services. We also participated in a senior leadership development programme designed to strengthen strategic leadership capability, broaden sector knowledge and support succession planning at senior levels.

Building Skills, Capability and Opportunity

- 3.9 We continued to offer a range of early careers programmes designed to support candidates into employment and build a strong future talent pipeline across Wheatley. Strong interest in these programmes reinforced Wheatley's position as an employer of choice and demonstrated the value of clear, accessible pathways into sustainable employment and career progression. Key highlights from 2025/26 are outlined below:
- 33 young people aged 16–19 took part in our Summer Work Experience programme, gaining hands-on experience across various teams, including Housing, Care, Development, IT, Legal, People Services, City Building and more. We offered placements across Glasgow, Edinburgh and Dumfries. Of the 33 participants, 12 were Wheatley customers and 21 were children of employees;
 - We relaunched our Modern Apprentice programme and attracted strong interest, with 137 applications received and 83 candidates invited to assessment centres following a competitive selection process. Seven apprentices were appointed across Housing, Lowther, People Services and My Repairs, including three Wheatley customers, supporting early careers opportunities and widening access to employment;

- Our Changing Lives Trainee and Apprenticeship programmes were redesigned to bring both routes together into a single Environmental Traineeship, creating a clearer and more consistent pathway into employment for both adults and young people;
- Two Housing Graduates were recruited in Edinburgh supporting the development of job-ready candidates for progression into Housing Officer roles, aligned to our new build programme; and
- Our staff bursary programme continued to be highly valued and supported 25 colleagues to access further and higher education.

Creating a Supportive and Healthy Workplace

- 3.10 Supporting employee wellbeing remains a core priority for People Services. Over the year, we continued to deliver a comprehensive range of mental, physical and financial wellbeing support, with increased uptake reflecting both need and improved access.
- 3.11 Key wellbeing activity delivered during the year included:
- One-to-one wellbeing support provided to 141 colleagues, with 73% reporting this helped them remain at work;
 - Targeted support for colleagues following bereavement, critical incidents and other distressing circumstances;
 - Health checks delivered to 110 colleagues, supporting early identification of potential health issues;
 - Financial wellbeing sessions attended by 118 colleagues, focused on budgeting and building financial resilience;
 - Partnership working with Business in the Community to strengthen support for colleagues experiencing in-work poverty; and
 - A £50 Christmas shopping voucher was provided to all employees to help ease cost of living pressures.

Inclusive Employee Engagement

- 3.12 Embedding our Different Together ethos has remained a key focus for People Services, supported by our Community of Excellence, which brings colleagues together to drive positive change in inclusion across Wheatley. Significant progress was made in equity, diversity and inclusion, achieving a 72% Talent, Inclusion & Diversity Evaluation (“**TIDE**”) score as part of the Onvero employer network for equality and inclusion Gold Standard accreditation.
- 3.13 People Services continued to work closely with our six employee network groups to strengthen inclusion across Wheatley, driving improved engagement, increased use of Reasonable Adjustment and Carer Passports, and greater awareness of inclusive practice.
- 3.14 Overall absence rates increased across workforce groups. Targeted interventions, particularly within NETs, reduced absence from 6.8% in April 2025 to 6.15% by March 2026.

Working in Partnership with our Trade Unions

- 3.15 We recognise the value of strong partnerships with our Trade Union colleagues, with ongoing consultation and monthly strategy meetings enabling constructive engagement and the delivery of positive changes across the business. Further detail on partnership working and key outcomes is provided below:
- Annual pay negotiations concluded with agreement through formal union ballots with first-time votes in favour of the 3.8% pay increase proposals;
 - Entry-level roles were reviewed in line with the Real Living Wage, delivering minimum annual increases of £1,037;
 - Enhancements to Wheatley Benefits were agreed with our recognised Trade Unions, alongside the introduction of a new long service recognition scheme;
 - A new Severe Weather Policy was introduced following Storm Eowyn; and
 - People policies were also updated in preparation for phased implementation of the Employment Rights Act 2025.

4. Customer Engagement

- 4.1 As an internally focused report, no customer engagement was appropriate.

5. Financial and Value for Money implications

- 5.1 This is an update report which does not contain any additional funding implications beyond what has previously been agreed in the business plan. The report details where efficiencies have been made.

6. Recommendations

- 6.1 The Board is asked to note the content of the report and provide feedback to inform future People Services annual reports.

LIST OF APPENDICES:

Appendix 1: Summary of annual activity

7. Legal Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

The duties in relation to employment related legislation set out in:

- Employment Rights Act 1996
- Equality Act 2010
- Working Time Regulations 1998
- National Minimum Wage Act 1998
- Employment Relations Act 1999
- Trade Union legislation

Current level of compliance:

X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

The legislation and regulations set out above are complied with in our framework of policies and procedures; therefore no additional action is required.

Legal Compliance Assurance:

We have clear policies and procedures in place to ensure compliance with all employment-related legislation and regulations. The People Services function supports the organisation's compliance with equalities duties, as well as activity to promote diversity and inclusion across the organisation.

Legal advice received:

	Yes	X	No
We draw on external legal support as required for aspects of our compliance with the activities outlined in this report.			

8. Risk Assessment

Risk Appetite:

Our risk appetite in relation to strengthening the skills and agility of our staff is “hungry”, meaning we strive to be an increasingly sought-after employer with a reputation for developing high-quality people with transferable skills.

In relation to the financial delivery of this, we are “open” as resources will be allocated to capitalise on potential opportunities with appropriate controls in place to minimise the possibility of financial loss; achieving efficiencies as detailed supports this.

Relevant strategic risk(s):

Risk 032 Staff development and succession planning.

Relevant assessment and mitigation:

We mitigate this risk through our suite of People and Equality policies, which form a key part of our control framework. Our policies are subject to regular review, monitoring and reporting to ensure legal, regulatory and compliance requirements are met.

People Services Annual Report

Reporting Period: 1 April 2025 to 31 March 26

Summary of Content

Optimising our resources

Summary of activity within workforce planning

**Attracting, Developing and
Retaining Our People**

Summary of our employee turnover and recruitment activity

Investing In Our People

Details of various learning and development activity across group ensuring our employees have the skills and tools they require to best support our customers.

Building Skills, Capability & Opportunity

Highlights of our investment in early careers through apprenticeships, graduate programmes and work experience.

Creating a Supportive & Healthy Workplace

Details of our wellbeing offering to support the physical, financial and mental health needs of our employees.

Inclusive employee engagement

Summary of activity across our employee network groups to embed our 'Different Together' ethos.

Fostering strong employee relations

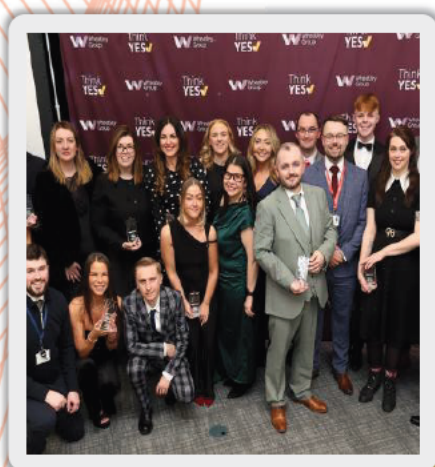
Summary of key activity of the Employee Relations team including promoting attendance and ensuring compliance with changes in legislation.

Working In Partnership with our Trade Unions

Areas of focus through partnership working with our recognised trade unions.

Additional data and information

Insight into employee profile and transactional activity and a breakdown of workforce demographics.



Optimising Our Resources

The Workforce Planning team worked in close partnership with business leads to reshape structures in line with business priorities and emerging resourcing requirements. This enabled stronger service delivery and improved customer experience, while delivering our £500k workforce planning savings target.



Building Strong, Responsive Frontline Teams

We strengthened our housing operating models through the creation of new roles and targeted changes to existing roles. This included introducing **Neighbourhood Co-ordinator roles**, designed to drive performance across core housing services, support the resolution of complex customer matters, and create a clear pipeline for future leadership and succession within housing services.

Alongside this, we reviewed housing structures within **WHE and WHS to improve consistency in patch sizes** and operating models across the Group. These changes increased capacity and strengthened support to frontline teams through the introduction of **Mobile Housing Officer roles and additional support roles**, enhancing operational resilience and responsiveness.

We also brought **Stronger Voices Officers** together into a single, coordinated team. This more streamlined structure improved collaboration, enabled the sharing of best practice, and strengthened community engagement, ensuring a more consistent and effective tenant voice across our neighbourhoods.



Enhancing Communication & Customer Contact

We expanded the ways customers can access and contact our services through the introduction of four **new Hub-Based Housing Officer roles**, providing personalised, face-to-face advice and tailored support across a wide range of housing matters within our local hubs. This one-and-done approach improved the overall customer experience by resolving issues at the first point of contact, while also enabling more efficient, responsive and consistent service delivery across neighbourhoods.



Creating Neighbourhoods Customers are Proud to Live in

In support of our commitment to customers, we established a new **in-house Painting team** to deliver visible, high-quality neighbourhood enhancements. This locally delivered model has improved service quality, strengthened customer satisfaction, and enhanced pride in our communities. The creation of this new team created 12 exciting new career opportunities.

Alongside this, we reintroduced our **Handy Person Service** to provide practical, responsive household support to vulnerable customers. This service aims to help individuals maintain safe and well-managed homes and deliver improved customer outcomes.



Optimising Our Resources (Continued)



Keeping Customers Safe In Their Homes



Integrated Healthy Homes Team

As we prepare for the introduction of Awaab's Law, we have moved to a risk-based, customer centred model, supported by a dedicated Healthy Homes team bringing together Wheatley and City Building colleagues. We have redefined roles and introduced specialist technical resources to ensure the right skills, capability and professional oversight are in place. This integrated approach improves consistency in decision-making and enhances regulatory readiness. The new model improves accountability, escalation and end-to-end case management, enabling more effective triage and prioritisation. Joint working between Wheatley teams and City Building is central to our **redesigned Healthy Homes operating model** and supports faster, more targeted interventions for households most at risk and delivers a safer, more consistent service for customers.



Localising Compliance

Our focus on helping customers feel safe and secure in their homes guided the move to embed compliance roles within our Neighbourhood teams. This more efficient structure ensured the right capacity and capability to meet statutory requirements for **gas and electrical compliance** and strengthened collaboration with housing and repairs colleagues.



Enhancing Fire Safety In Our Multi-Storey Flats

To further our commitment to keeping customers safe and confident in their homes, we established a **new in-house Fire Safety team** to deliver fire door compliance checks across our multi-storey flats (MSFs). Developed in partnership with City Building, the IOSH accredited training enabled a successful transition from external contractors. This created **12 internal promotion opportunities** which reduced associated subcontractor costs.



Enhancing Support Services

We continued to work in partnership with colleagues in Wheatley Solutions to **ensure our structures remain aligned with organisational priorities** and support the Group's WFP efficiency savings target. As part of this, we implemented changes across Governance, Health and Safety, CFC and Facilities to strengthen delivery and improve value for money.



Supporting Wheatley Care

We supported Wheatley Care through a challenging financial context by reshaping services and structures to **deliver efficient and sustainable operating models**, including the consolidation of eight services into four. Alongside this, the successful award of a new contract enabled the creation of the Wayfinder service, with staff integrated through three TUPE transfers and internal reorganisation. We also designed and led the people strategy underpinning **Wheatley Care's successful transition to an independent organisation**.



Attracting, Developing and Retaining Our People

We continue to prioritise retaining and developing our people across the Group, with a clear focus on internal progression. Strong and sustained recruitment interest across Group also highlights our ability to attract and grow high-quality talent as an employer of choice.



Housing

Turnover within Housing remained exceptionally low at **3.1%**, significantly below the 24/25 Scottish Social Housing sector average of 14.8%. Where colleagues did leave, their reasons were linked to planned career breaks or relocation. Internal progression continued with **19 Housing Officers securing promotions** into roles including Locality Housing Director, Neighbourhood Co-ordinator and positions within Wheatley Solutions. Housing Officer vacancies were fully backfilled, with a balance of appointments from internal talent (58%) and the external market (42%), supporting both career development and service continuity.

Strong external interest in Housing Officer roles at Wheatley resulted in **294 external applications**, creating a job-ready talent pool that ensures we are well placed to fill future vacancies and highlights our reputation as an employer of choice.



Neighbourhoods

Turnover within our Neighbourhood Environmental Teams (NETs) remained low at **5.9%**. Leaver data shows that retirement was the most common reason for colleagues leaving, reflecting a natural transition within the workforce. These colleagues were supported by People Services to transition positively into retirement. This has contributed to a **reduction in the average age** of our Environmental Operatives from 46.5 in 2024/25 to 44.8 in 2025/26.

All NETs vacancies, including newly created roles, were successfully filled during the year and we received strong interest in these posts, with over 592 applications received. Our continued investment in early-careers pathways is delivering strong results, with **65% of appointments made through programmes such as Changing Lives Trainees and apprentices**. The remaining roles were filled through targeted external recruitment, and we now have a strong, job-ready candidate pool to support future vacancies. Alongside this, 19 NET Operatives progressed into Team Leader roles and 4 Team Leaders were promoted into Neighbourhood Manager posts, showing continued investment in the development of our existing employees and supporting clear progression pathways.



Support Services

Turnover within Support Services was **7%**, with leaver data indicating that the most common reasons for leaving were career progression opportunities, planned career breaks, or extended travel, reflecting positive and planned workforce movement rather than retention concerns. Recruitment activity continued across Wheatley Solutions during the year, with **37 appointments made**, the highest volume of recruitment was within the Customer First Centre (13 roles). Further recruitment was supported within Finance, People Services and Business Solutions ensuring we have the right skills and capabilities to deliver our key business priorities.



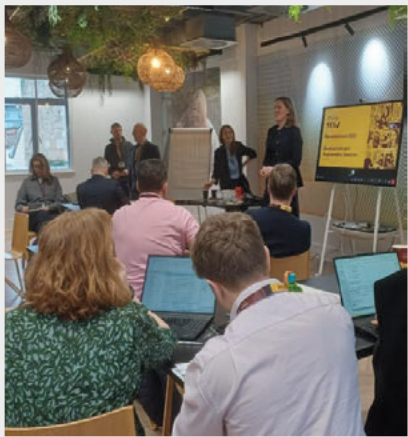
Repairs

Turnover within the Repairs service remained low at **5.6%**, reflecting a stable workforce. The most common reasons for leaving were personal circumstances or health-related matters rather than factors linked to the role or service. As a result, recruitment activity remained low, with only **15 appointments** made during the year. This low level of recruitment aligns with the turnover position and demonstrates that the service has largely retained its skills, knowledge and operational experience and supporting continuity.



Care

Wheatley Care accounted for **48%** of the group's leavers with an overall turnover rate of **19.6%**. The most common reason for leaving was career advancement and personal reasons. Despite this turnover, Wheatley Care attracted more than **575** applications last year for H&WBA roles, demonstrating strong and sustained interest in Wheatley Care as an employer. Recruitment demand varied by location, with Glasgow and Renfrewshire continuing to provide the strongest candidate pipeline, alongside increased activity in Edinburgh linked to the Westcraigs development and service expansion in Falkirk. While some services remain more challenging to recruit due to their geographical location, overall application volumes continue to show strong interest in Wheatley Care and its roles.



Investing In Our People

We have used the Investors in People framework and indicators to guide and strengthen our people practices, alongside continued investment in learning and development to build capability, support evolving business priorities, and enable colleagues to perform effectively and progress in their roles, supporting our readiness for reaccreditation in June 2026.



Ensuring Organisational Readiness for Awaab's Law

The safety of our customers is our top priority, and we are committed to ensuring every home is a safe and healthy place to live. To ensure we are **fully prepared to meet the requirements of Awaab's Law**, a comprehensive blended learning programme has been implemented to strengthen how damp and mould is prevented, identified and resolved. Over 200 colleagues, alongside City Building, have completed Damp and Mould Awareness training, with a further 30 achieving City & Guilds accreditation in Advanced Damp and Mould. This programme ensures consistent, compliant responses that safeguard customers and support compliance with Awaab's Law.



Sustaining a 'Think Yes' Culture

Think Yes remains central to our culture, promoting empowerment, pride and customer-focused decision making across the Group. During the year, we refreshed the Think Yes programme across Wheatley and City Building, updating materials, delivering targeted leader sessions and increasing visibility through refreshed branding and practical resources.

Think Yes principles are now embedded across all training activity, including a refreshed corporate induction aligned to our strategy and values, using interactive content and practical scenarios to reinforce expected behaviours and ways of working.



Refreshed Approach to Appraisals

We introduced a new appraisal approach that replaces a single annual review with more regular, meaningful conversations. The **Right Conversation, at the Right Time**, developed in response to employee feedback, supports timely discussions on priorities, workload, wellbeing and development. Colleague feedback has been very positive, with strong engagement and 82% of staff completing their annual review, reflecting growing confidence in a more responsive and inclusive approach to performance and development.



Continuous Training & Development

We delivered refreshed **Customer Service training** across our Neighbourhood teams, with 256 existing colleagues completing the programme. The training reinforced the Wheatley standard, supported complaint reduction and improved customer interactions, with a clear aim of achieving and sustaining customer satisfaction levels of 90% or above.

In addition, **227 colleagues completed Universal Credit training** to strengthen understanding and support the Department for Work and Pensions (DWP) migration to Universal Credit. This improved our ability to support thousands of customers through the transition and contributed to protecting rental income through earlier advice and intervention.

Alongside this, **39 colleagues attended Stage 2 Complaints Handling training** delivered in partnership with the Scottish Public Services Ombudsman (SPSO). This ongoing programme is focused on improving complaint resolution, embedding learning from escalation, and reducing the number of complaints progressing to Stage 2.



Sector Wide Learning Opportunities

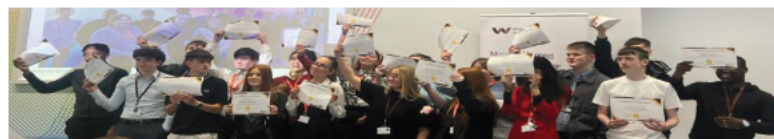
This year, we secured places for two colleagues on **the GEMs programme, supporting the development of future talent** across the Group. The GEMs programme is a nationally recognised development pathway for high-potential housing professionals, combining professional qualifications with peer learning and sector-wide insight. In 2025, **Wheatley hosted the Sustainability GEM Shack**, bringing together guest speakers and site visits to showcase best practice and innovation in sustainability across our organisation. In addition, **Wheatley is participating in the EDGE a senior leadership development** programme focused on building strategic leadership capability and sector insight.



Building Skills, Capability & Opportunity

The success of our early careers recruitment and the relaunch of the Modern Apprenticeship programme reinforced our position as an employer of choice and highlighted the value of providing clear, accessible pathways into employment.

Summer Work Programme



This year, **33 young people aged 16–19** took part in our Summer Work Experience programme, gaining hands-on experience across various teams, including Housing, Care, Development, IT, Legal, People Services, City Building and more. We offered placements across Glasgow, Edinburgh and Dumfries. Of the 33 participants, 12 were Wheatley customers and 21 were children of employees.

In partnership with Skills Development Scotland, two participants were able to use their learning and contribution at Wheatley as the basis for achieving a foundation apprentice (SCQF Level 6) qualification. This marked the first time we have supported the attainment of these qualifications through our work experience programme.

Modern Apprentice Re-Launch

The Modern Apprentice programme continued to attract significant interest, with **137 applications received**. Following a competitive process, **83 candidates were invited to attend assessment centres**, demonstrating the popularity of the programme.

After a competitive two-stage process, **7 apprentices were successfully recruited** with 3 being Wheatley customers (one of which was also a candidate of our 25/26 summer work programme). They have been placed in Housing, Lowther, People Services and My Repairs.



Environmental Career Pathways

We're designing the changing lives trainee and apprentice programme within Neighbourhood Environmental Teams (NETs) to create a more **sustainable workforce pipeline aligned to future service needs**. By bringing CLT and Apprenticeships together into a single Environmental Traineeship for both adults and young people, we established a clearer, more consistent route into employment for candidates of all ages.

The refreshed approach strengthens workforce planning by delivering targeted training and development, ensuring participants are job-ready on completion and improving progression into long-term careers across the Group.

Ignite Graduates

In recognition of the new build programme in WHE, we recruited **two Housing Graduates to Edinburgh**, supporting the development of a future talent pipeline. This marked our first graduate intake in Edinburgh since 2022 and attracted strong interest, with 77 applications and 11 candidates progressing to assessment centre. Delivered in partnership with PATH Scotland, the campaign also strengthened the diversity of our future workforce by supporting engagement with candidates from minority ethnic backgrounds.

Professionalising Our Workforce

Our ongoing support for professional and personal development through the staff bursary programme enabled **25** colleagues across group to access funding for further and higher education in support of personal and professional development.



Creating a Supportive and Healthy Workplace

Supporting employee wellbeing remains a core priority for People Services. Over the past year, we have continued to offer mental, physical and financial health support.



Supporting Our People When It Matters Most

Demand for personalised one-to-one wellbeing and counselling support increased significantly this year, with referrals rising by a third and remaining consistently high across the year. Our wellbeing team supported **141 employees**, with bereavement and significant personal life changes the most common reasons for referral. The service continues to be highly valued by colleagues across group, providing tailored support when they need it most. **73% of those supported shared that it helped them remain at work and avoid absence.**

We recognise the significant impact that suicide can have on our colleagues, both personally and through the support they provide to customers within our communities. During the year, we provided support to **31 staff members** who were affected by Suicidal ideation, personal loss, critical incidents, or distressing circumstances. Our approach focused on ensuring colleagues felt listened to, cared for and supported through the immediate impact of loss. Initial support was followed up, where required, with access to specialist and longer-term support to help individuals process their experiences and continue their recovery.



Investing in Healthy Working Lives

Supporting colleagues to look after their physical health continued to be an important priority this year. We delivered a programme of health checks and Men's Health MOTs, giving staff the opportunity to better understand their baseline health and identify any early changes. Delivered in partnership with health professionals, **110 colleagues took part**. These checks supported early awareness of potential health issues, including changes in blood pressure, cholesterol and overall wellbeing, and were very positively received.

Feedback from colleagues has highlighted strong interest in further opportunities, and in response we are now exploring the introduction of this screening as part of our future wellbeing offering.



Promoting Financial Wellbeing

Supporting colleagues' **financial wellbeing and long-term confidence remained an important part of our wellbeing offer** with **118 employees** taking part in sessions providing practical guidance on budgeting, pensions and financial resilience. All participants were also offered confidential one-to-one follow-up support through our external financial guidance partner.

We worked in partnership with Business in the Community to review the support available to colleagues experiencing in-work poverty, identifying opportunities to strengthen awareness and access to staff benefits and support.

In addition, all **3,001 employees** received a £50 voucher in the run-up to Christmas, providing support to help ease seasonal financial pressures.



External Accreditation & Networking

We made strong progress in our equity, diversity and inclusion journey this year, achieving a **72% TIDE score and Gold Standard accreditation from the Employers Network for Equality and Inclusion (enei)**. This reflects sustained improvement from Bronze in 2022 to Gold in 2025 following the launch of our Different Together campaign. A key strength was our EDI learning and development programme, where we ranked 7th out of 180 organisations.

In addition, we have joined the **Anderson Knight HR Network**, providing access to a broad cross-sector forum for professional collaboration, shared learning and strategic insight. The network supports forward-thinking HR practice through expert-led sessions on employment law, organisational development and innovation, strengthening our external links.



Inclusive Employee Engagement

Embedding our Different Together ethos has remained a key focus for People Services, supported by our Community of Excellence, which brings colleagues together to drive positive change in inclusion across the Group.

Our **six network groups** have a total of **133 members** and continue to meet every 8 weeks to drive improvements and introduce new initiatives for colleagues across Group. Some of the highlights of our Group's activity over this year are noted below:

Age Network

Our age network continued to play an active role in shaping our inclusion work this year. The network supported the delivery of our annual Young People Event, co-designed by colleagues aged 16–24 from across the business and **attended by 112 young people**. The event helped young employees build connections, explore career opportunities and gain a clearer understanding of how Wheatley Group operates. Alongside this the network influenced the introduction of our new long-service award, following discussions on how best to recognise colleagues' contribution over time.

Menopause Cafe

Our Menopause Café has continued to grow, welcoming new members and offering a range of tailored sessions throughout the year. This included perimenopause workshops and themed sessions on topics identified by members, such as improving sleep quality, helping us reach more colleagues than ever before. **100 employees attended** and feedback shows that 4 in 5 colleagues now feel comfortable talking about menopause at work.

LGBTQ+

Our LGBTQ+ Network invited Zander Murray, LGBTQ+ ambassador to share his personal story as Scotland's first openly gay male footballer to spotlight why being an ally at work matters. This was complemented by trans awareness training designed to give confidence in how to be inclusive, with **90 colleagues attending these events**. Our LGBTQ+ Network also represented Wheatley at Pride, continuing to provide visible support to our LGBTQ+ colleagues, customers and communities.

Disability & Neurodiversity

We continued to promote and embed the use of our Reasonable Adjustment Passport, ensuring colleagues and managers have clear guidance on workplace adjustments, with **31 colleagues now having completed a passport**. This year we also developed Access to Work guidance and a supporting process, helping raise awareness of the wider support available and making it easier for employees to access the adjustments they need to thrive at work.

Race & Multicultural

We responded to feedback from network members who asked for a protected, closed space to support more open discussion and put in place a new network lead with lived experience who is now supporting the group to set clear priorities and drive forward agreed actions. The network continued to provide guidance and awareness around Ramadan, sharing information with colleagues and offering practical advice on how to support customers observing the holy month.

Carers

Our carers network hosted an event with key carers-support organisations, including Carers Scotland and Quarriers. The focus was on raising awareness of the support available to colleagues through our enhanced Carers Leave and Carers Passport. **49 staff have now completed their carers passport** or accessed support as part of this campaign, helping ensure colleagues with caring responsibilities feel recognised and supported at work.



Fostering Strong Employee Relations

The employee relations team continue to prioritise support for managers across our subsidiaries through effective attendance management, targeted training, and case management, contributing to a healthy and productive workforce.



Workshops for People Managers

The employee relations team provide **HR Essentials training** for all new people managers across Group, as well as delivering regular face to face refresher workshops for existing managers focused on maximising attendance and managing grievance and disciplinary procedures. We delivered our training to **86** managers throughout 2025/2026.



Early Intervention for Stress at Work

In response to stress and anxiety being our leading cause of absence, we have strengthened our focus on reviewing and enhancing the processes and support available to employees. While most stress related absence is associated with personal circumstances (76%), we recognise the importance of having effective workplace mechanisms in place to identify concerns early and provide appropriate support.

A key part of this work has been the review and **refresh of our Individual Stress Risk Assessment (ISRA) process** and supporting templates. The updated approach strengthens early identification of stress, better supports managers to have meaningful and supportive conversations with employees, and ensures appropriate control measures and wellbeing support are considered at an earlier stage. The refreshed ISRA has been positively received, with encouraging feedback from both Trade Union partners and employees who have completed the new form.



Absence Performance Indicators

Stress and anxiety have become our top reasons for absence this year, accounting for 26% of all cases, closely followed by **minor illness** at 25%. Together, these categories represent over half of all recorded absences.

This year we saw an increase in absence rates across all our workforce groups. The table below shows the past two years absence across our workstreams which is informing our ongoing wellbeing and absence management activity.

	Housing	NETs	Repairs	Solutions	Care
Target	3%	6.15%	3%	3%	5%
Absence Rate 2024/25	3.35%	5.88%	4.12%	2.45%	6.50%
Absence Rate 2025/26	3.77%	6.55%	4.71%	3.45%	6.64%

We achieved a **reduction in average days lost due to short-term absence**, falling to 4.97 days in 2025/26 from 5.62 days in 2024/25.

Following an increase in long-term absence within NETs, targeted support and training were introduced for line managers, contributing to a **reduction in absence levels from 6.8% in April 2025 to 6.15% in March 2026**.



Working in Partnership with our Trade Unions

We recognise the value of strong partnerships with our Trade Union colleagues, with ongoing consultation and monthly strategy meetings enabling constructive engagement and the delivery of positive changes across the business.



Annual Pay Negotiations

Working closely with our trade unions, we **negotiated and agreed a pay offer that demonstrated our continued commitment to fair and competitive pay** for colleagues, despite challenging economic conditions. The agreed offer was accepted by union members through a formal ballot. This outcome reflects our shared focus on supporting employees and maintaining a fair and sustainable reward approach across the Group.

We reviewed our salary values for entry level roles to reaffirm our **commitment to the Real Living Wage** and ensure colleagues continue to be paid at least £15 per hour. As part of this review, salary bands were restructured, resulting in a minimum annual increase of £1,037 for colleagues in entry level roles. This change demonstrates our ongoing commitment to fair and progressive pay, helping to support colleagues with the rising cost of living while maintaining a strong and sustainable reward framework across the Group.



Enhancing Our Wheatley Benefits

In recognition of the cost-of-living pressures facing colleagues we worked with UNISON to explore ways to **enhance our Wheatley Benefits offering** to strengthen the support for staff and improve value for money.

We negotiated **new gym membership deals with multiple providers**, widening access and choice for colleagues while delivering clear financial benefits. The enhanced offer includes discounts of up to 25% on annual memberships with major providers in key localities, alongside average savings of 12% on monthly memberships, supporting both affordability and flexibility.

In addition, we **reviewed our benefits** and increased the annual Healthy Plan and Driving Lesson claim limit, recognising the rising costs associated with wellbeing support offerings.



Recognising & Valuing Long Service

As part of our annual pay negotiations, and working in partnership with our trade unions, we introduced **new Long Service Awards** to recognise and value the contribution of our employees.

We introduced a new programme to **recognise service milestones from 10 to 40 years** on an incremental basis. Employees will receive a personalised letter from the Chief Executive, recognising their individual achievements, roles held and contribution over their time with the organisation. Awards are accompanied by either a gift voucher or additional annual leave, providing a meaningful way to recognise long term commitment and the value colleagues bring to the organisation.



Negotiating New & Updated Policies

Working in partnership with our trade unions, we agreed a consistent and supportive approach to managing severe weather, with the health and safety of colleagues and business continuity for our customers as our priority. In response to Storm Eowyn, a new **Group Severe Weather Policy** was introduced to provide clear guidance for managers and employees. To support this new policy we refreshed our mandatory business continuity training and extended to all staff, having previously been required for managers only.

The policy sets out agreed arrangements for periods of severe weather, including when Met Office weather warnings are issued, supporting informed decision making, colleague wellbeing and the continuation of essential services while prioritising safety.

In addition, the UK Government's **Employment Rights Act 2025** introduces a number of phased changes to employment legislation during 2026 and 2027, aimed at strengthening protections and improving fairness at work. In preparation, we have reviewed and updated a number of our people policies to ensure alignment with the new legislation and will continue to update these as further provisions come into effect.

Additional Data & Information

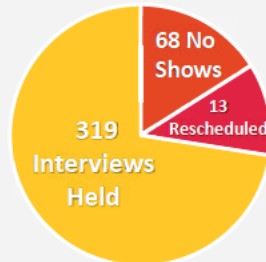
We have provided additional data and dashboards to give further insight into our employee profile and transactional activity.

Highlights of People Service Activity 2025/26

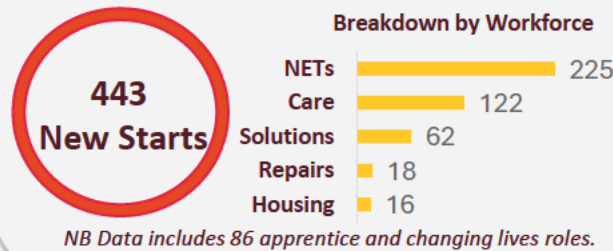
342 Jobs Advertised in 2025/26

- ▶ x132 Care Roles
- ▶ x86 Solutions Roles
- ▶ x61 NETs Roles
- ▶ x17 Repairs Roles
- ▶ x46 Housing Roles

400 Care Assistant Interviews arranged by our Resourcing Team



Total New Starts Processed & Completed Induction



755 Total Disclosure & PVG Checks Completed in 2023/24

- ▶ x220 NETs
 - ▶ x114 Care
 - ▶ x93 Solutions
 - ▶ x224 Housing
 - ▶ x104 Repairs
- Resulting in **12** disclosure discussions with Employee Relations

1065

Recruitment & Resourcing Transactions Completed
(Transfers, Redeployment, Promotions and Contract Extensions)

71% of promoted roles filled by internal candidates

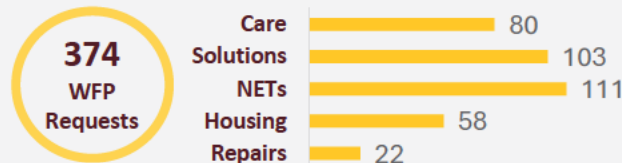
395,554 payroll processed
147 Payrolls Ran



68
Family Friendly Leave Requests

Includes maternity, paternity, adoption & shared parental leave

Workforce Planning Requests



77
Job Evaluations Completed

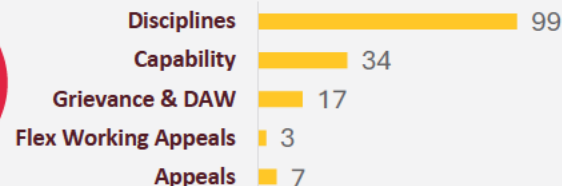


8
Care Inspectorate Recruitment Audits

6
Recruitment Events within Communities

160
Cases Supported

Employee Relations Cases



Existing Accreditations

- Disability Confident Employer
- Carer Positive
- Mindful Employer
- iIP Platinum (extended until June 26)
- Menopause Friendly Committed

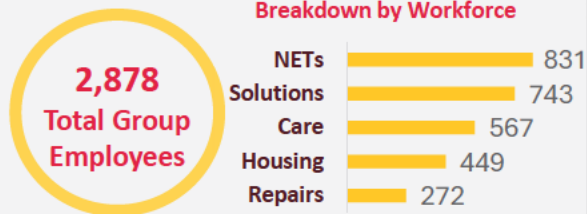


Modernising Our Services

Our upgraded HR system has reduced manual activity through **streamlined self-service**. We have enhanced **mobile functionality** making it easier for staff and managers to manage time-off requests flexibly and in real time. Alongside this, **a new onboarding module** is improving the employee and candidate experience by providing a more consistent, secure and efficient approach to pre-employment checks and document exchange. We have also introduced a new system which introduced self service for mileage claims and well as a notification module which gives managers more access to employee data and reminders.

Group Staff Profile 2025/26 Data

Group Headcount



NB above data excludes modern apprentices, changing lives trainees, graduates, relief workers and external secondees.

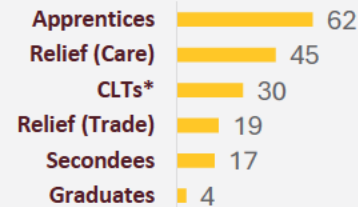
93.8% of employees have permanent contracts

► **x2,700 permanent**

► **x178 fixed term**

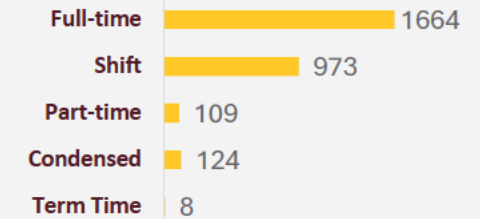


177 Additional Workforce Headcount

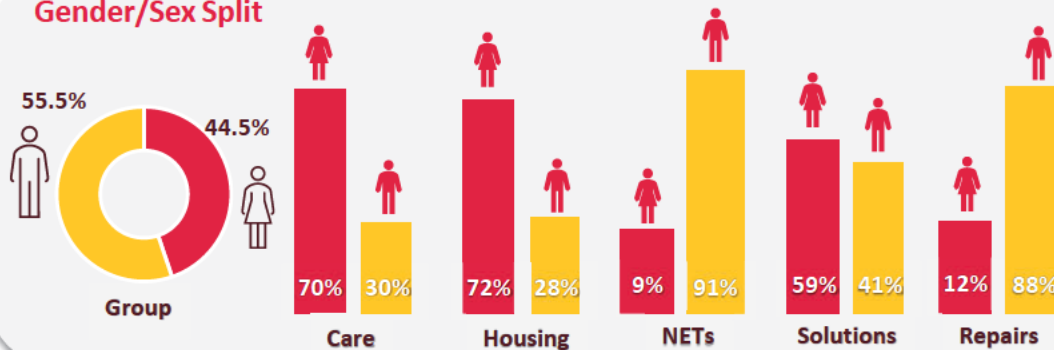


*Changing Lives Trainee

Group Work Patterns



Gender/Sex Split

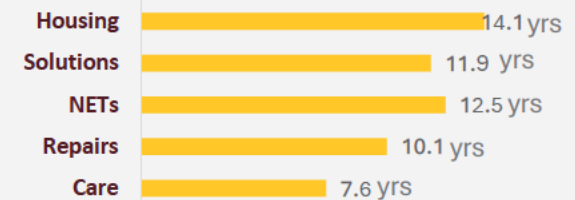


Group Average Age 44 years old

- ▶ NETs Average Age = 44 years old
- ▶ Care Average Age = 45 years old
- ▶ Repairs Average Age = 44 years old
- ▶ Solutions Average Age = 44 years old
- ▶ Housing Average Age = 43 years old



Average Length of Service



Turnover Rate

Care	19.6%
Wheatley Solutions	7%
NETs	5.9%
Repairs	5.6%
Housing	3.1%

8.5%
Turnover Rate

NB above includes, resignation, dismissal, death in service, end of fixed term contracts, settlements & ERVR.

Resignation Rate

(Group target 7%)

Care	15.5%
Wheatley Solutions	4.8%
NETs	3.5%
Repairs	4.1%
Housing	2.5%

6.2%
Resignation Rate

Exit Monitoring Key Themes

We introduced a refreshed exit-monitoring process to strengthen how we understand and respond to workforce trends. All leavers now meet with an HR representative as part of a structured conversation designed to capture meaningful insights and identify opportunities for improvement.

Our top reasons for resigning were:

- Career Advancement (26%)
- Career Breaks/Travelling (21%)
- Retirement (25%)
- Personal Reasons (12%)

Group Diversity Data at 31 March 2026

Ethnicity



Ethnic diversity: 5.2% of the workforce identifies as of Asian, African, Caribbean/black, Mixed or Other ethnic origin.

Ethnic Origin	% of staff
African, Caribbean, Black	3.3%
Asian	1.3%
White	71.2%
Mixed or other	0.7%
Information not provided	23.6%

Caring Responsibilities



Where staff have provided data on caring responsibilities outside of work, responses are as follows:

Child / children	30.2%
Disabled child/adult	3.0%
Older Person	3.7%
Other/multiple	7.9%
No caring responsibilities	55.2%

Disability / Neurodiversity



The number of staff who consider themselves to have a **disability**, is 12.4%

The range of staff declaring the 5 most common types of conditions is as follows:

Condition Grouping	% of staff
Long-term condition e.g. diabetes	3.4
Mental health e.g. anxiety	3.4
Physical disability e.g. mobility	1.9
Neurodiverse	1.9
Deaf or partial hearing loss	1.2

Sexual Orientation



93% of staff identified who have provided data on their sexual orientation identify as **heterosexual/straight**.

Staff who **identify as Lesbian, Gay Bisexual, or Other** represent 4.6% of staff.

Religion / Belief



49.4% of those providing religion / belief information stated that they had no religion.

Religion / Belief	% of staff
No religion	49.4%
Christian	46.4%
Muslim	1.9%
Others	2.3%

Customer Status



5.5% of staff have declared they are also a **Wheatley Group customer**.

Of those, the majority (58.7%), are **tenants of Wheatley Homes Glasgow**.

Social Background



We asked what the occupation was of the main household earner when the respondent was aged 14.

52.1% of those who have recorded a response come from a **“Lower socio-economic background”** household. e.g. gardener, train driver, security guard, catering assistant

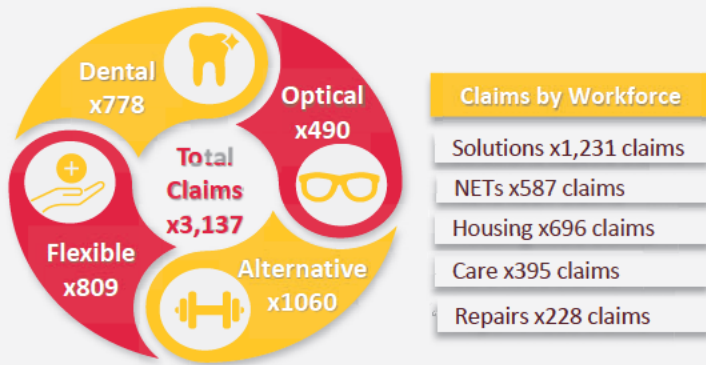
10.7% from an “intermediate” background e.g. clerical worker, nursery nurse, call centre agent

33.9% from a “professional” background e.g. teacher, solicitor, medical practitioner

Employee Wellbeing Additional Data

W.E Benefit

Our W.E Benefit scheme remains a popular financial benefit with staff in 2025/26 **1,219** employees used the health plan with a total of **3,137** claims made across group:



A Total of **107 employees** used our 'Health Plan in Advance' Scheme to receive payment up front.

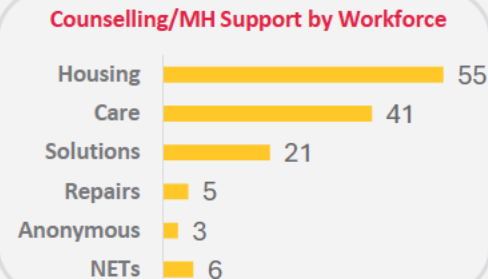
Additional wellbeing activity noted below:

- Our wellbeing team coordinated flu clinics where **297** employees across group received their flu vaccination. 
- 48** employees were supported with cycle to work claims 
- 25** employees were supported with driving lesson claims 
- 93** employees were supported with Physiotherapy 

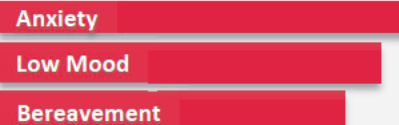
Employee Assistance Programme

We also offer 24/7 support to our employees for stress/anxiety, counselling, bereavement, relationships and financial wellbeing through our EAP provider, PAM Assist.

131 employees were supported through counselling/mental health support:



The top three presenting reasons in 2024/25 were:



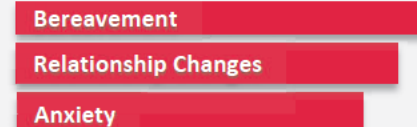
Wellbeing Alternative Counselling

We continue to offer enhanced support to colleagues across group through counselling support to either individual staff members, with family in their immediate household, or as part of a couple. Our wellbeing counselling service is led by a qualified person-centred psychotherapist, and the team actively maintain a bank of specialist counsellors to facilitate employee requests to use the support services.

Our dedicated wellbeing team have supported **141 employees** across group in 2025/26.



Our top three presenting reasons for alternative counselling were:



Counselling support was provided to the following presenting groups:



Report

To: Wheatley Housing Group Board

By: Pauline Turnock, Group Director of Finance

Approved by: Steven Henderson, Group Chief Executive

Subject: Finance report

Date of Meeting: 25 June 2026

Purpose:

The purpose of this paper is to:

- 1) Provide the Board with an overview of the Finance Report for the period ended 30 April 2026; and
- 2) Seek the Board's approval to submit the Loan Portfolio returns to the Scottish Housing Regulator.

1. Executive Summary

- 1.1 We reported a good start to the financial year which after excluding the timing variance on new build completions, is £606k favourable to budget. This is supported by strong lettings, lower void losses, reduced bad debts and lower expenditure on staff, running costs and repairs.
- 1.2 Including new build grant income, the statutory surplus of £4,866k is £10,186k below budget, with delayed handovers in WH East and Lowther deferring £10,884k of grant income from April into later months.
- 1.3 This paper also seeks approval to submit the Loan Portfolio Return to the Scottish Housing Regulator. This confirms the Group's borrowing and security position at 31 March 2026, and shows £2.17bn (2025: £1.95bn) of committed facilities, £1.61bn (2025: £1.54bn) of borrowings and 9,946 (2025: 9,609) unencumbered units available to support future debt, with all covenants met.

2. Authorising Content

- 2.1 Under the Terms of Reference, the Group Board is responsible for the ongoing monitoring of performance against agreed targets, including financial performance.

3. Discussion

- 3.1 Total income excluding new build grant income includes higher net rental income from our strong lettings performance, resulting in lower void rent loss, together with additional grant income from renewable heat incentive funding received in WH South.
- 3.2 New build grant in £10,186k adverse to budget due to the delay in handovers at Wallyford 5, Victory Lane and Bellgrove.
- 3.3 Expenditure is lower than budget across all cost lines. Running costs are £202k favourable, primarily reflecting the timing of spend in April. Repairs spend is £45k favourable to budget, with this position achieved alongside a continued reduction in live job numbers, and the actions taken during 2025/26 to monitor and control repairs costs. Within the repairs line, cyclical and compliance expenditure remains in line with budget across the Group.
- 3.4 Net interest payable is £92k favourable to budget, due to the timing of loan drawdowns and higher interest received in Lowther and the Foundation.
- 3.5 Within capital income and expenditure, new build grant income is £6,675k below budget, mainly reflecting grants received in WH East and WH South early, ahead of profile in 2025/26 and the timing of spend across the development programme which is £4,423k lower than budget. In WH East, new build spend is £2,279k below budget, mainly due to profiling at Letham Mains, Dalhousie and Wallyford 6. In WH South, spend is £1,027k below budget, mainly due to profiling at Leswalt, College Mains and Gladstone. We do not anticipate this to affect the total number of planned completions for the year this point, but we will review progress against the programme for the Q1 forecast out-turn.

- 3.6 Total capital investment spend of £5,825k is £299k lower than budget, reflecting the timing of core investment spend in April in WH East and WH Glasgow compared with the budgeted programme. Capitalised repairs are also below budget, reflecting lower demand in the month.

Scottish Housing Regulator (“SHR”) Loan Portfolio Submission

- 3.7 We are required to submit a loan facility and borrowing position, as at 31 March 2026, to the Scottish Housing Regulator via the Regulator’s online portal. The submission report in Appendix 2 contains the details which will be transferred to the portal, showing both the information and the layout. The submission for Wheatley Housing Group includes the loans held by Wheatley Funding No. 1 Ltd (“WFL1”) on behalf of the RSL Borrower Group, any direct loans to the RSL Borrower Group, and related security information.
- 3.8 The key information contained within the report is that, as at 31 March 2026:
- Facilities are the total amount of committed debt available to the RSL Borrower Group (being £2.17bn an increase of £220m in the year);
 - Loan details contain the individual loan amounts borrowed by WFL1 under the facilities, along with lending details and the relevant rates (total loans of £1.61bn an increase of £70m in the year);
 - Intra-group lending totals relate to the amounts on-lent to the individual RSLs from the loans drawn under WFL1 (£1.56bn, an increase of £50m);
 - Covenants are as set under each facility with the most recent levels reported to the funders under the facilities detailed (all covenants met at 31 March 2026);
 - Security contains the number of housing units of the RSL Borrower Group used as security (53,129) against the current facilities, and the number of units unencumbered (9,946) available to support further debt facilities. The value of the secured units is £2.79bn, which includes £267.4m secured but not allocated to a funder (31 March 2025 valuation).
- 3.9 As part of the submission to the Scottish Housing Regulator, the Chair of the Board and Director/Chief Executive are required to confirm the following:
- “I hereby certify for and on behalf of the RSL that the information provided in this return is, to the best of my knowledge and belief, an accurate and fair representation of the affairs of the RSL.”

4. Customer Engagement

- 4.1 This report relates to our financial reporting and there are no direct customer implications arising from this report.

5. Financial and Value for Money implications

- 5.1 Our cost efficiency targets are built into our budgets and delivery of these is a key element of continuing to demonstrate value for money. Performance is monitored against budget each month. For the RSLs together we are reporting an underlying surplus of £4,606k, which is £817k favourable to budget. The underlying surplus is adjusted to remove grant income for new build completions, depreciation but adds back spend invested on improving our housing properties.

- 5.2 We remain compliant with all covenants which are monitored on a consolidated basis against the financial performance of all Wheatley Group RSLs together.

6. Recommendations

The Board is requested to:

- 1) Note the Finance Report for the period ended 30 April 2026; and
- 2) Approve the SHR Loan Portfolio Submission as at 31 March 2026

LIST OF APPENDICES:

Appendix 1 - Wheatley Group Finance Report to 30 April 2026

Appendix 2 - Loan Portfolio Submission as at 31 March 2026

7. Legal Regulatory and Equalities Implications

Overall position:

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

Applicable Legislation and Regulations:

We are required to submit the current loan portfolio return to the Scottish Housing Regulator. This enables the Regulator to collect data in a standard format, which is used to calculate several financial ratios. This assists the Regulator in fulfilling its statutory responsibility to monitor financial viability RSLs and supports their decision on the level of engagement with the RSL.

Current level of compliance:

X	Compliant		Not Compliant
	Partially Compliant		Not yet in force

Implications:

Non-submission of the return would result in the RSL being in breach of its regulatory requirements.

Legal Compliance Assurance:

No legal compliance risk has been identified.

Legal advice received:

	Yes	X	No

8. Risk Assessment

Risk Appetite:
The Board’s agreed risk appetite for business planning and budgeting assumptions is “open”. This level of risk tolerance is defined as “prepared to invest for reward and minimise the possibility of financial loss by managing the risks to a tolerable level”. The Board’s agreed risk appetite for compliance with laws and regulation is “cautious”. This level of risk tolerance is defined as “limited tolerance”.

Relevant strategic risk(s):
Risk 008 Compliance with funders’ requirements Risk 016 Laws and Regulation

Relevant assessment and mitigation:
Delivery of financial results within approved budgetary limits is a key element in delivering our strategy and maintaining the confidence of investors. Financial performance is monitored monthly and covenant compliance is reviewed quarterly by the Group Board, before being submitted externally to funders. Submission of returns to the SHR is key to meeting our obligations under the Regulatory Framework.

Appendix 1: Wheatley Group Financial Report To April 2026 (Period 1)

1.	Income & Expenditure	
	a) Year-to-Date Executive Summary	2
2.	RSL Borrower Group	
	a-g) Year-to-Date results	
	4-12	
3.	Summary of RSL operating costs and margin v budget	13

1a) Wheatley Group – Period to 30 April 2026

	Period to 30 April 2026			Full Year Budget £'000
	Actual £'000	Budget £'000	Variance £'000	
INCOME				
Net Rental Income	33,764	33,733	31	415,159
Grant income New Build	5,472	16,356	(10,884)	88,165
Grant income Other	13	2	11	3,253
Other Income	2,406	2,405	1	29,748
Total Income	41,655	52,496	(10,841)	536,325
EXPENDITURE				
Employee Costs	7,877	7,889	12	88,698
ER/VR	-	-	-	1,000
Running Costs	4,148	4,350	202	54,754
Repairs & Maintenance	7,472	7,517	45	111,990
Bad debts	210	514	304	6,115
Depreciation	10,767	10,767	-	129,479
Demolition Programme	1	1	-	58
Total Expenditure	30,475	31,038	563	392,094
NET OPERATING SURPLUS	11,180	21,458	(10,278)	144,231
	26.8%	40.9%		26.9%
Net interest payable	(6,314)	(6,406)	92	(84,415)
STATUTORY SURPLUS	4,866	15,052	(10,186)	59,816

Key highlights:

Statutory surplus of £4,866k is reported, £10,186k unfavourable compared to budget, with new build grant income driving the unfavourable variance due to the delays in handovers planned for April 2026. Reduced rent void losses and a favourable position in all areas of expenditure partially offset the unfavourable grant position.

- Net rental income is £31k favourable to budget. Gross rental income is £52k unfavourable, due to the delayed budgeted handovers of 29 units in WH East and 36 units in Lowther budgeted to be handed over in March 26 / April 26 and a further 12 units at Lowther budgeted for March 26 but handed over in April 26. This is partially offset by early completions in WH Glasgow with 15 units completing early at North Torglen. In addition, rent loss on voids is £83k favourable with voids at 1.14% compared to the budgeted 1.30%.
- Grant income recognised is £10,884k unfavourable to budget due to the delayed handover at Wallyford 5 in WH East (completed May 2026) and Victory Lane and Bellgrove in Lowther (now forecast to complete in June 2026), partially offset by the earlier than budgeted completion of units at North Torglen in WH Glasgow. Overall, 40 units have completed compared to the budgeted 102 units.
- Employee costs (direct and group services) are £12k favourable to budget. Group services are £28k favourable due to reduced costs across a number of departments in Solutions and direct costs note an overall unfavourable variance of £16k. The unfavourable direct costs are a result of unbudgeted costs in WH Glasgow and additional direct costs in WH South due to maternity and sickness cover for frontline services.
- Running costs (direct and group services) are £202k favourable. Within both direct running costs and group services running costs the favourable position to budget at P1 is due to the timing of spend compared to the budgeted profile.
- Revenue repairs and maintenance is £45k favourable. Responsive repairs are £44k favourable with WH Glasgow being £26k favourable to budget. The favourable position in WH Glasgow has been delivered while also reducing outstanding jobs from 5,645 at March 2026 to 5,069 at April 2026. All RSLs are reflecting a favourable position for P1. Across the Group cyclical and compliance spend is in line with budget.
- Bad debts are £304k favourable to budget. A prudent approach is taken when setting the budget.
- Net Interest payable is £92k favourable to budget with lower interest payable linked to the timing of loan drawdowns being less than budgeted, and additional interest received compared to budget in Lowther and the Foundation.

1a) Wheatley Group – Period to 30 April 2026

Capital Investment	Period to 30 April 2026			Full Year Budget £'000
	Actual £'000	Budget £'000	Variance £'000	
CORE PROGRAMME				
Adaptations	-	-	-	2,506
Other Capital grants	-	-	-	-
Grant Income	-	-	-	2,506
Core Investment Programme	3,496	3,688	192	72,117
Adaptations	162	148	(14)	3,926
Voids	1,352	1,399	47	18,632
Capitalised Repairs	815	889	74	14,514
Total Core Investment	5,825	6,124	299	109,189
NET CORE INVESTMENT SPEND	5,825	6,124	299	106,683
NEW BUILD				
New Build Grant Income Received	3,810	10,485	(6,675)	151,017
New Build investment	9,672	14,095	4,423	226,531
NET NEW BUILD INVESTMENT SPEND	5,862	3,610	(2,252)	75,514
OTHER FIXED ASSET INVESTMENT SPEND	403	751	348	11,794
TOTAL NET CAPITAL INVESTMENT SPEND	12,090	10,485	(1,605)	193,991

Key highlights:

Within net core investment in tenants' homes spend is £299k lower than budget:

- The core investment programme, with a spend of £3,496k, was £192k favourable to budget, driven by the favourable variance in WH East due to the timing of works on kitchens and bathrooms.
- Adaptation spend is slightly ahead of budget due to some additional spend in WH Glasgow. Grant funding allocations for adaptations has not yet been confirmed for the RSLs in line with prior years.
- Voids are £47k favourable to budget at P1. The RSL's overall favourable position was £14k. The joint working group established with CBG in the financial year 2025/26 focusing on the controlling of spend has helped to deliver a favourable position of £28k for WH Glasgow at P1. This favourable position was partially offset by increased spend at WH East of £17k due to several high value voids in P1. Within Lowther a favourable position of £33k was reported at P1.
- Capitalised repairs is overall £74k favourable to budget driven by the favourable position of £84k with WH Glasgow due to timing of spend.

Net new build:

- New build grant income received is £6,675k lower than budget. Within WH East grant income is £5,561k lower than budget due to £4,101k of grants for Deans South Ph2 and Winchburgh Ph3 received ahead of budget in 2025/26 and reduced grant claims for Wallyford 6 in line with spend. Within WH South, new build grants received are £1,415k less than budget due to grant funding for Summerhill being received ahead of budget in 2025/26 and Gladstone development being delayed.
- New build spend is £4,423k lower than budget. In WH East, spend is £2,279k lower than budget mainly due to the profiling of spend at Letham Mains, Dalhousie and Wallyford 6. In WH South spend is £1,027k lower mainly due to the profiling of spend at Leswalt, College Mains and Gladstone.
- Other fixed assets investment expenditure reflects the timing of spend on corporate estate and IT capital projects.

Wheatley Group Financial Report To April 2026 (Period 1)

RSL Borrower Group

2a) RSL Borrower Group – Period to 30 April 2026

	RSL Borrower Group			
	Period to 30 April 2026			Full Year Budget £'000
	Actual £'000	Budget £'000	Variance £'000	
INCOME				
Net Rental Income	31,450	31,407	43	385,910
Grant income New Build	5,472	7,281	(1,809)	76,298
Grant income Other	13	2	11	3,253
Other Income	1,640	1,624	15	21,324
Total Income	38,575	40,314	(1,740)	486,785
EXPENDITURE				
Employee Costs	6,541	6,541	-	77,201
ER/VR	-	-	-	1,000
Running Costs	3,020	3,122	101	39,566
Repairs & Maintenance	7,114	7,165	51	102,796
Bad debts	165	466	301	5,540
Depreciation	10,767	10,767	-	129,479
Demolition Programme	1	1	-	58
Total Expenditure	27,609	28,061	453	355,739
NET OPERATING SURPLUS	10,966	12,253	(1,287)	131,046
	28.4%	30.4%		26.9%
Net interest payable	(5,997)	(6,045)	48	(80,020)
STATUTORY SURPLUS	4,969	6,208	(1,239)	51,026

Key highlights:

The RSL Borrower Group reports a statutory surplus of £4,969k. This is £1,239k unfavourable to budget, with new build grant income driving the variance due to the delays in handovers planned for April 2026. Lower rent void losses and favourable spending across all cost areas partly offset the shortfall in grant income.

- Net rental income is £43k above budget. Gross rental income is £8k below budget with 29 units at Wallyford 5 in WH East handed over later than planned, partly offset by 15 units completing early at North Torglen in WH Glasgow. In addition, rent loss on voids is £51k favourable, with voids at 1.14% compared with the budgeted 1.30%.
- Grant income recognised is £1,809k below budget due to the delayed handover of units at Wallyford 5 in WH East (completed May 2026), partly offset by earlier than planned completions at North Torglen in WH Glasgow. WH South had 13 units completing at Johnstonebridge in line with budget. Overall, 40 units have completed compared with the budgeted 54 units.
- Other income is £14k above budget, driven by higher commercial rent income than planned in WH Glasgow.
- Employee costs, including direct and group services, are in line with budget. Group services are £18k favourable due to reduced costs to budget across a number of departments in Solutions and direct costs show an overall unfavourable variance of £18k. Direct employee costs reflect increased costs in WH Glasgow due to an unbudgeted costs compared to the budgeted structure and in WH South for maternity and sickness cover in frontline services, partially offset by lower staffing costs in WH East due to temporary vacancies
- Running costs, including direct and group services, are £101k favourable. Within both direct running costs and group services running costs, the favourable position to budget at P1 is due to the timing of spend compared with the budgeted profile.
- Revenue repairs and maintenance is £51k favourable for the RSLs. Responsive repairs are £50k favourable, with WH Glasgow £26k favourable to budget. This has been achieved while reducing outstanding jobs from 5,645 in March 2026 to 5,069 in April 2026. All RSLs are showing a favourable position at P1. Across the RSL Group, cyclical and compliance spend is in line with budget.
- Bad debts are £301k favourable to budget. A prudent approach is used when setting the budget.
- Net interest payable is £48k favourable to budget, linked to loan drawdowns being lower than budgeted.

2a) RSL Borrower Group – Period to 30 April 2026

Capital Investment	Period to 30 April 2026			Full Year Budget £'000
	Actual £'000	Budget £'000	Variance £'000	
CORE PROGRAMME				
Adaptations	-	-	-	2,506
Other Capital grants	-	-	-	-
Grant Income	-	-	-	2,506
Core Investment Programme	3,349	3,526	177	70,972
Adaptations	162	148	(14)	3,926
Voids	1,345	1,359	14	18,304
Capitalised Repairs	802	872	70	14,188
Total Core Investment	5,658	5,905	247	107,390
NET CORE INVESTMENT	5,658	5,905	247	104,884
NEW BUILD				
New Build Grant Income Received	3,755	10,431	(6,676)	150,379
New Build investment	9,062	13,524	4,462	224,752
NET NEW BUILD INVESTMENT	5,307	3,093	(2,214)	74,373
OTHER FIXED ASSET INVESTMENT	398	735	337	11,611
TOTAL NET CAPITAL INVESTMENT	11,363	9,733	(1,630)	190,868

Key highlights:

Within net core investment in tenants' homes spend is £247k lower than budget:

- The core investment programme, with a spend of £3,349k, was £177k favourable to budget, driven by the favourable variance in WH East due to the timing of works on kitchens and bathrooms.
- Adaptation spend is slightly ahead of budget due to some additional spend in WH Glasgow. The grant funding allocation for adaptations has not yet been confirmed for the RSLs this is expected by the end of Q1 in line with prior years.
- Voids are in line with budget with an overall favourable variance of £14k to budget. The joint working group established with CBG in the financial year 2025/26 focusing on the controlling of spend has helped to deliver a favourable position of £28k for WH Glasgow at P1.
- Capitalised repairs is overall £70k favourable to budget driven by the favourable position of £84k within WH Glasgow due to timing of spend.

Net new build:

- New build grant income received is £6,676k lower than budget. Within WH East grant income is £5,561k lower than budget due to £4,101k of grants for Deans South Ph2 and Winchburgh Ph3 received ahead of budget in 2025/26 and reduced grant claims for Wallyford 6 in line with the timing of development spend. Within WH South, new build grants received are £1,415k less than budget due to grant funding for Summerhill being received ahead of budget in 2025/26 and Gladstone development being delayed.
- New build spend is £4,462k lower than budget. In WH East, spend is £2,279k lower than budget mainly due to the profiling of spend at Letham Mains, Dalhousie and Wallyford 6. In WH South spend is £1,027k lower mainly due to the profiling of spend at Leswalt, College Mains and Gladstone.
- Other fixed assets investment expenditure reflects the timing of spend on corporate estate and IT capital projects.

2b) RSL Borrower Group underlying surplus – Period to 30 April 2026

The Wheatley Group and RSL Borrower Group income and spending statements on pages 2 and 5 are prepared in line with accounting rules (Financial Reporting Standard 102 and the social housing Statement of Recommended Practice 2018).

However, including grant income for new build developments can make the results look more up and down and does not show the underlying cash surplus or deficit from our day-to-day letting activity.

The table below therefore shows a measure of the RSL Borrower Group's underlying surplus. It does this by adjusting net operating surplus to leave out accounting entries for grant income and depreciation, while including money spent on improving our existing properties.

An underlying surplus of £4,606k has been reported for the period to 30 April 2026. The favourable variance of £817k against budget reflects the timing of core investment spend at P1 and the strong operating performance at the start of the year, with lower void losses and overall spending below budget.

Borrower Group Underlying Surplus				
	Actual £ks	Budget £ks	Variance £ks	FY Budget £ks
Net Operating Surplus	10,966	12,253	(1,287)	131,046
add back:				
Depreciation	10,767	10,767	-	129,479
less:				
Grant Income	(5,472)	(7,281)	1,809	(76,298)
Net interest payable	(5,997)	(6,045)	48	(80,020)
Total Core investment	(5,658)	(5,905)	247	(107,390)
Reporte Underlying surplus	4,606	3,789	817	(3,183)

2c) Wheatley Homes Glasgow – Period to 30 April 2026

	Period To April 2026			Full Year Budget £ks
	Actual £ks	Budget £ks	Variance £ks	
INCOME				
Rental Income	21,079	21,068	11	258,767
Void Losses	(255)	(260)	5	(3,188)
Net Rental Income	20,824	20,808	16	255,579
Grant Income New Build	2,070	0	2,070	13,694
Grant Income Other	0	0	0	1,663
Other Income	1,150	1,137	13	18,340
Total Income	24,044	21,945	2,099	289,276
EXPENDITURE				
Employee Costs - Direct	3,572	3,559	(13)	42,298
Employee Costs - Group Services	1,410	1,427	17	16,610
ER / VR	0	0	0	621
Direct Running Costs	1,154	1,172	18	15,395
Running Costs - Group Services	739	777	38	9,657
Revenue Repairs and Maintenance	5,027	5,040	13	74,511
Bad debts	51	293	242	3,515
Depreciation	7,207	7,207	0	86,486
TOTAL EXPENDITURE	19,160	19,477	317	249,092
NET OPERATING SURPLUS / (DEFICIT)	4,884	2,468	2,416	40,184
Net operating margin	20.3%	11.2%	9.1%	14%
Net Interest Payable	(4,144)	(4,144)	0	(56,226)
STATUTORY SURPLUS / (DEFICIT)	740	(1,676)	2,416	(16,042)

	Period To April 2026			Full Year Budget £ks
	Actual £ks	Budget £ks	Variance £ks	
INVESTMENT				
Total Capital Investment Income	1,092	980	112	69,218
Investment Programme	3,552	3,665	113	79,850
New Build Programme	2,202	2,870	668	78,866
Other Capital Expenditure	247	479	232	8,529
TOTAL CAPITAL EXPENDITURE	6,001	7,014	1,013	167,245
NET CAPITAL EXPENDITURE	4,909	6,034	1,125	98,027

Key highlights:

The financial results report a statutory surplus of £740k at P1, £2,416k favourable to budget, driven grant income recognised on the early new build completions at North Torglen.

- Net rental income is £16k favourable to budget, linked to a higher number of property acquisitions in 2025/26 and the early completion of units at North Torglen.
- Grant income recognised is £2,070k favourable to budget. In April, 15SR properties completed at North Torglen, of which 9 were ahead of schedule (the remaining 6 were due to complete in February 2026).
- Other income is £13k higher than budget due to higher income from commercial properties.
- Total employee costs (direct and group services) are £4k favourable to budget. Group services is £17k favourable to budget due to reduced costs across a number of departments.
- Total running costs (direct and group services) are £56k favourable to budget linked to timing of spend, with several departments reporting lower costs in April across Wheatley Solutions.
- Revenue repairs and maintenance spend is £13k favourable to budget. Responsive repairs are £26k lower than budget, with compliance reporting spend £13k higher than budget, linked to the timing of M&E works at P1 compared to the budgeted programme. Live repairs jobs at the end of April were 5,069, lower than the 5,645 live jobs at March 2026.
- Bad debts are £242k favourable to budget. A prudent approach was taken when setting the budget.
- Net interest payable is in line with budget.

Net capital expenditure of £4,909k is £1,125k lower than budget.

- Capital investment income is £112k higher than budget. Grant, relating to 2025/26 for Cook St and Springfield Road was received in April. This was partly offset by reduced claims for Kelvin Wynd and Spoutmouth due to timing of development spend.
- Investment spend is £113k lower than budget, with core programme being in line with budget and voids and capitalised repairs both with lower spend than budgeted.
- New build spend is £668k lower than budget. Higher spend at Albion in P1 is fully offset by lower spend against Kelvin Wynd, Sighthill Ph3 and Spoutmouth projects due to timing of spend compared to budget.
- Other capital expenditure is £232k lower than budget mainly due to lower spend in IT capital.

2d) Loretto Housing – Period to 30 April 2026

	Period To 30 April 2026			Full Year
	Actual £k	Budget £k	Variance £k	Budget £k
INCOME				
Rental Income	1,689	1,690	(1)	20,488
Void Losses	(39)	(41)	2	(495)
Net Rental Income	1,650	1,649	1	19,993
Grant Income New Build	0	0	0	11,791
Grant Income Other	0	0	0	123
Other Income	10	10	0	722
Total Income	1,660	1,659	1	32,629
EXPENDITURE				
Employee Costs - Direct	141	142	1	1,756
Employee Costs - Group Services	97	97	0	1,127
ER / VR	0	0	0	0
Direct Running Costs	147	151	4	2,048
Running Costs - Group Services	50	53	3	655
Revenue Repairs and Maintenance	314	318	4	5,351
Bad debts	25	27	2	334
Depreciation	635	635	0	7,902
TOTAL EXPENDITURE	1,409	1,423	14	19,173
OPERATING SURPLUS / (DEFICIT)	251	236	15	13,456
Net operating margin	15.1%	14.2%	0.9%	
Net Interest Payable	(333)	(335)	2	(4,461)
STATUTORY SURPLUS / (DEFICIT)	(82)	(99)	17	8,995

	Period To 30 April 2026			Full Year
	Actual £k	Budget £k	Variance £k	Budget £k
INVESTMENT				
Total Capital Investment Income	431	243	188	14,131
Investment Programme	511	517	6	4,078
New Build Programme	1,000	1,640	640	27,414
Other Capital Expenditure	14	38	24	460
TOTAL CAPITAL EXPENDITURE	1,525	2,195	670	31,952
NET CAPITAL EXPENDITURE	1,094	1,952	858	17,821

Key highlights:

The financial results report a statutory deficit for the period of £82k, £17k favourable to budget, with lower operating expenditure compared to budget contributing to the favourable position.

- Overall net rental income is in line with budget with void losses of 2.31% performing ahead of the budgeted 2.43%.
- Total employee costs (direct and group services) are overall in line with budget.
- Total running costs (direct and group services) are £7k favourable to budget due to timing at P1. Group services running costs are £3k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance are £4k favourable to budget. Responsive repairs are £17k lower than budget, with compliance reporting spend £13k higher than budget, linked to the timing of M&E works compared to the budgeted programme. Live repair jobs at the end of April were 396, lower than the 434 live jobs at March 2026.
- Net Interest payable is £2k lower than budget, due to the timing of drawdowns compared to budget.

Net capital expenditure of £1,094k is £858k lower than budget.

- Capital investment income is £188k higher than budget due to the acceleration of claims for Forfar Avenue, partly offset by a lower claim for Dargavel North linked to the timing of spend.
- Investment programme spend is £6k favourable to budget, with minor timing variations to budget across work programmes.
- New build spend is £640k lower than budget largely due to timing of spend at Dargavel 3A and Dargavel North sites.
- Other capital expenditure is £24k lower than budget mainly due to lower spend in IT capital.

2e) Wheatley Homes East – Period to 30 April 2026

Key highlights:

The financial results report a statutory surplus of £1,045k, £3,817k unfavourable to budget. The variance is due to the timing of grant income recognised on the handover of new build completions compared to the budgeted profile.

- Net rental income is £7k favourable to budget. Rental income is £17k lower than budget due to 29 units at Wallyford 5 being delayed and completed in May 2026. Void losses of 0.9% are performing ahead of the budgeted 1.5%.
- Grant income recognised is £3,879k unfavourable to budget reflecting the delayed 29 units at Wallyford 5 completed May 2026.
- Total employee costs (direct and group services) are £10k favourable to budget due to vacancies within Housing and the Retirement services.
- Total running costs (direct and group services) are £14k favourable to budget due to timing in April. Group services running costs are £7k favourable to budget due to several departments reporting lower costs across Wheatley Solutions.
- Revenue repairs and maintenance costs are £15k favourable to budget. Responsive repairs are £6k favourable and compliance is reporting spend £9k favourable, both due to the timing of works at P1 compared to the budgeted profile.
- Net interest payable is £21k favourable to budget due to lower than budgeted drawdowns in the month.

Net capital expenditure of £3,081k is £3,120k higher than budget.

- Capital investment income is £5,561k lower than budget due to the timing of grant claims of £4,101k at Deans South Ph2 and Winchburgh Ph3 being received earlier than budgeted in 2025/26, and the timing of grants receivable at Wallyford 6 in line with the budgeted spend.
- Investment programme spend is £121k lower than budget. The variance is within the core programme and timing of spend on kitchens and bathrooms at P1.
- New build spend of £3,960k is £2,279k lower than budget due to the profiling of Letham Mains, Dalhousie and Wallyford 6.
- Other capital expenditure is £41k favourable to budget mainly due to timing of IT project spend.

	Period to 30 April 2026			Full Year
	Actual £k	Budget £k	Variance £k	Budget £k
INCOME				
Rental Income	4,242	4,259	(17)	52,153
Void Losses	(38)	(62)	24	(741)
Net Rental Income	4,204	4,197	7	51,412
Grant Income	942	4,821	(3,879)	30,581
Other Grant Income	0	0	0	900
Other Income	491	496	(5)	8,935
TOTAL INCOME	5,637	9,514	(3,877)	91,828
EXPENDITURE				
Employee Costs - Direct	387	396	9	4,652
Employee Costs - Group Services	281	282	1	3,272
ER/VR	0	0	0	70
Direct Running Costs	469	476	7	5,706
Running Costs - Group Services	146	153	7	1,903
Revenue Repairs and Maintenance	736	751	15	10,109
Bad Debts	70	70	0	773
Depreciation	1,573	1,573	0	18,871
TOTAL EXPENDITURE	3,662	3,701	39	45,356
NET OPERATING SURPLUS	1,975	5,813	(3,838)	46,472
<i>Net Operating Margin</i>	<i>35%</i>	<i>61%</i>	<i>-26%</i>	<i>51%</i>
Net Interest payable & similar charges	(930)	(951)	21	(12,028)
STATUTORY SURPLUS	1,045	4,862	(3,817)	34,444

	Period to 30 April 2026			Full Year
	Actual £k	Budget £k	Variance £k	Budget £k
INVESTMENT				
Total Capital Investment Income	1,515	7,076	(5,561)	43,892
Investment Programme Expenditure	599	720	121	9,384
New Build & Other Investment	3,960	6,239	2,279	81,726
Other Capital Expenditure	37	78	41	941
TOTAL CAPITAL EXPENDITURE	4,596	7,037	2,441	92,052
NET CAPITAL EXPENDITURE	3,081	(39)	(3,120)	48,160

2f) Wheatley Homes South – Period to 30 April 2026



OPERATING STATEMENT	Period to Apr 2026			Full Year
	Actual £ks	Budget £ks	Variance £ks	Budget £ks
INCOME				
Rental Income	4,804	4,805	(1)	59,558
Void Losses	(32)	(52)	20	(632)
Net Rental Income	4,772	4,753	19	58,926
Grant Income	2,460	2,460	0	20,232
Other Grant Income	13	2	11	567
Other Income	142	138	4	3,018
TOTAL INCOME	7,387	7,353	34	82,743
EXPENDITURE				
Employee Costs - Direct	429	414	(15)	4,891
Employee Costs - Group Services	325	325	0	3,775
ER/VR	0	0	0	309
Direct Running Costs	199	208	9	2,737
Running Costs - Group Services	169	177	8	2,195
Revenue Repairs and Maintenance	1,037	1,056	19	12,826
Bad debts	19	76	57	918
Depreciation	1,352	1,352	0	16,220
Demolition and compensation	1	1	-	58
TOTAL EXPENDITURE	3,531	3,609	78	43,929
NET OPERATING SURPLUS	3,856	3,744	112	38,814
<i>Net operating margin</i>	52%	51%	1%	
Interest receivable	9	6	3	75
Interest payable & similar charges	(599)	(621)	22	(7,380)
STATUTORY SURPLUS	3,266	3,129	137	31,509
INVESTMENT	Actual £ks	Budget £ks	Variance £ks	Budget £ks
TOTAL CAPITAL INVESTMENT INCOME	717	2,132	(1,415)	25,644
Capital Investment spend	995	1,003	8	14,078
New Build Programme	2,297	3,324	1,027	44,629
Other Fixed Assets	100	140	40	1,681
TOTAL INVESTMENT EXPENDITURE	3,392	4,467	1,075	60,388

Key highlights :

The financial results report a statutory surplus of £3,266k, £137k favourable to budget. The position is driven by a strong letting performance of void properties and the overall favourable expenditure position to budget.

- Net rental income is £19k higher than budget. Void losses are £20k favourable to budget, with a void loss rate of 0.7% vs 1.1% in budget.
- Grant income is in line with budget with the final 13 units at Johnstonebridge completing mid-April 2026.
- Other grant income includes additional renewable heat incentive (RHI) grant funding.
- Total employee costs (direct and group services) are £15k unfavourable to budget due to maternity leave and long-term sickness cover in frontline Housing.
- Total running costs (direct & group services) are £17k favourable to budget driving by timing of expenses across various expenditure lines.
- Repairs costs are £19k favourable to budget with savings coming from compliance due to the timing of works completed.
- Bad debts are £57k favourable to budget. A prudent approach was taken when setting the budget.
- The favourable position on interest payable is due to lower drawdowns than budgeted.

Net capital expenditure of £2,675k is £340k higher than budget.

- Capital investment income is £1,415k lower than budget with grant funding for Summerhill, budgeted to be received in April 2026 being received in March 2026 ahead of schedule, and delays at Gladstone reducing grant income received in the month.
- Total capital investment spend of £995k is £8k lower than budget driven by timing of the windows programme, now scheduled for May, partly offset by accelerated heating works.
- New Build expenditure is £1,027k lower than budget, driven by lower spend at Leswalt, College Mains and Gladstone.
- Other capital expenditure is £40k lower than budget due to timing of spend on IT capital projects.

[REDACTED]

- [REDACTED]
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- [REDACTED]
- [REDACTED]

3) Summary of RSL operating costs and margin v budget

