BOARD AGENDA – 25 AUGUST 2026

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4	**Date of Next Meetings** 26 August & 17 November	Approval	Chair	-
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MEETING GOES INTO PRIVATE SESSION				

Board Meeting Attendance 2025/26

Board Members	Notes	03-Sep-25	18-Nov-25	10-Feb-26	24-Mar-26	26-Mar-26	26-May-26	23-Jun-25	25-Aug-26
Helen Mackenzie									
Iain M Macleod									
Christina Macneil	1								
Fiona Macleod	2								
Alison MacCorquodale									
Calum Mackay									
Norman Macdonald									
Duncan Macinnes									
Valerie Russell									
Colin Gilmour									
Iain Mackinnon	3								

1 Appointed as Tenant Member 3 September 2025
2 Tendered resignation on 17 November 2025
3 Appointed as Co-optee on 26 May 2026

Member present at meeting

Member not present at meeting

Cancellation of travel due to weather

Unable to attend remote meeting due to technical difficulties

Leave — Special Leave Granted

Board Training & Conferences 2025/26

Board Members	Landlord Facilities H&S Training	One Advanced Goals	My1HS Modules	Finance for Non Financials	Board Member Role & Contributing to Decision Making Training
	14-Jan-26	27-Jan-26	10-Feb-26	07-May-26	21-May-26
Calum Mackay					
Helen Mackenzie					
Iain M Macleod					
Christina Macneil					
Alison MacCorquodale					
Norman Macdonald					
Duncan Macinnes					
Valerie Russell					
Colin Gilmour					

SFHA Conference	Helen Mackenzie
SFHA Finance Conference	Colin Gilmour

Member present at training

Member not present at training

Cancellation of travel due to weather
Unable to attend remote training due to techncial difficulties

Member not required to be present at training

Leave — Special Leave Granted

hebridean housing partnership

ITEM NO 3.1.1

HEBRIDEAN HOUSING PARTNERSHIP

Board

Minutes of Meeting held in HHP Boardroom and remotely via Microsoft Teams on Tuesday, 23 June 2026 at 5.30pm

PRELIMINARY ITEM		
ATTENDANCE & APOLOGIES		
1	**Attendance & Apologies**	Staff & Consultants in Attendance
	Calum Mackay (Chair)	Dena Macleod (Chief Executive)
	Iain M Macleod	Donald Macleod (Director of Finance & Corporate Services)
	Helen Mackenzie	John Maciver (Director of Operations)
	Colin Gilmour	Iona France (Governance Officer)
	Norman Macdonald	James Morrison (Finance Manager)
	Iain Mackinnon	Sawan Morrison (Development Manager)
	Attendees via MS Teams	In attendance for Public Items Only
	Alison Maccorquodale	Katrina Rowlands (Service Development Manager)
	Apologies received	Angus E MacNeil (Assets & Contracts Manager)
	Christina Macneil	Donalda Mackinnon (Lewis Area Manager)
	Valerie Russell	Attendees via MS Teams
	Duncan Macinnes	Michael Libby (Corporate Services Officer)
	The Chair welcomed Mr Iain Mackinnon to his first meeting of the Board and recommended Mr Mackinnon be appointed to the Development & Finance Committee and as a Director of Dachaigh Property Solutions. This was agreed by the Board. The Chair further advised that Items 9.1 to 9.4 were for information only and would be discussed only if Members had questions on the reports. Permission was requested for an additional item at 10.4 Scott Road, be added to the Agenda.	
PRELIMINARY PROCEDURAL MATTERS		
2	**Declaration of Interest** **There were no declarations of interest.**	
3.1.1	**Minute of Board Meeting 26 May 2026** **The minute of the Board meeting of 26 May 2026 was submitted and approved as a true and accurate record of the proceedings of the meeting.**	
3.1.2	**Note of Tenant Board Panel 28 May 2026** The Service Development Manager confirmed the Tenant Board Panel were aware the note was a public document. **The note of the Tenant Board Panel meeting of 28 May 2026 was noted.**	
3.2	**Action Sheet** **The Action Sheet was noted.**	
4	**Date of Next Meeting** **It was agreed the date of the next meeting would be on 25 August 2026 and following the AGM on 26 August 2026. Both meetings will be in person.**	
5	**Health & Safety** There was nothing to report.	

ITEMS FOR DECISION	
6.1	**Annual Report & Financial Statements to 31 March 2026** The Director of Finance & Corporate Services (DF&CS) presented the annual financial statements for the year ending 31 March 2026, advising the accounts had been reviewed by the Development & Finance Committee the previous day. Our external auditor CT Audit confirmed to the Audit & Risk Committee the audit opinion was unqualified and that no adjustments were required. This confirmation was included in the Auditor's Annual Report presented to the Board for approval. The DF&CS also presented the annual financial statements for Dachaigh Property Solutions (DPS) for the year ending 31 March 2026, advising that the subsidiary accounts had been prepared on a non-trading basis, rather than as dormant accounts. The DPS accounts had also been reviewed by the Development & Finance Committee the previous day and had been approved by DPS earlier in the day. **The Board:** **a) approved the Annual Report and Financial Statements for the year ended 31 March; and** **b) noted the Dachaigh Property Solutions Accounts for the year ended 31 March 2026.**
6.2	**Budgetary Performance for the Year Ended 31 March 2026** The DF&CS presented the budgetary performance for the year ending 31 March 2026. This report had been scrutinised at Development & Finance Committee the previous day. The final operating surplus was £3.1 million, almost £800,000 higher than budget. Mr Macleod explained that the main contributing factors were pension-related net interest betterment and savings from unfilled vacancies. The report included consultancy spend, Board member expenses and attendance. Consultancy costs were lower than in previous years and were assessed as representing value for money. Board expenses remained within budget, partly due to the continued use of remote meetings. Mr Macleod confirmed that the adjusted operating surplus and gearing ratios were within the loan covenant limits. Board members discussed whether the surplus indicated that rents had been set higher than required. The DFCS advised that some of the items which resulted in an increased operating surplus would not have allowed us to set rents lower. It was also highlighted that any changes in operating surpluses are factored into the annual rent setting process where appropriate. **The Board:** **a) noted the performance against budget for the year ended 31 March 2026;** **b) noted the Financial Covenant for 2025/26 as at Appendix 2; and** **c) approved a recommendation to the AGM that £5,000 of the surplus be donated to local charities during 2026/27.**
6.3	**SHR Returns** The Loan Portfolio Return for 2025/2026 and Audited Financial Statements 2025/2026 submission, required by the Scottish Housing Regulator, were presented for consideration and approval. The Loan Portfolio Statement included updates on our covenant performance and secured asset percentages. **The Board approved for submission to the Scottish Housing Regulator:** **a) the Loan Portfolio Return for 2025/26 as at and** **b) the submission of the Audited Financial Statements 2025/26 as at Board Agenda Item 6.1 once the Regulator has opened the portal for submissions.**
6.4	**Investment Framework Consultancy Procurement** The Assets & Contracts Manager requested approval to tender for consultancy to support assessing the procurement and delivery options for investment works. It was agreed the procurement process should start from a 'blank sheet' to allow exploration of alternative approaches. Board Members emphasised the importance of engaging with tenants and the local supply chain and discussed the potential for contracts which support local employment and apprenticeships. **The Board approved the procurement of consultancy support to establish arrangements for Investment Programme delivery from April 2027.**

6.5	**Operations Report – Review of Allocations Quotas** The Director of Operations advised there was no change to the proposed homeless allocations quotas for Stornoway. This included keeping the homeless allocation quota at 50%, providing 25 two-apartment properties per year for homeless applicants, and maintaining the remaining quotas at 15% for transfer applicants and 35% for other waiting list applicants. **The Board:** **a) agreed the quota of vacancies in Stornoway remain at 50% for homeless applicants and that the number of 2 apt properties being made available for homeless applicants in Stornoway be retained at 25 per annum; and** **b) agreed the quotas for allocation properties in Stornoway remain at 15% for transfer applicants and 35% for other waiting list applicants.**
6.6	**Annual Review of Governance Documents** The Governance Officer presented the annual review of the Standing Orders and Financial Regulations. The main changes to the Standing Orders included the addition of a Whistleblowing section, the integration of Dachaigh Property Solutions into the Standing Orders, inclusion of the Tenant Board Panel remit, and updates to officer delegations. These include delegation to the Chief Executive to approve allocations to connected persons in line with the revised Entitlements, Payments and Benefits guidance. The Financial Regulations have been aligned with the Procurement Policy approved in March 2026, and the Financial Authorities have been amended to reflect larger anticipated invoices for development projects. **The Board approved the:** **a) Standing Orders;** **b) Financial Regulations; and** **c) Financial Authorities.**
6.7	**20th Anniversary** The Chief Executive presented proposed plans to mark our 20th anniversary in September 2026. It was proposed the focus be on tenants and communities as well as the organisation. Board Members agreed the Tenant Board Panel should oversee the Community Fund award and there should be some flexibility in the grant amounts to allow for the enabling of larger projects if warranted. The Chair asked if the £20,000 would come from the surplus and the DF&CS confirmed there was a budget set aside for the purpose of the fund. It was further suggested the Community Champion awards should not be limited to 4 but capped at 10 awards. **The Board agreed:** **a) to create a Community Fund of £20,000 to benefit our tenants' communities;** **b) to run a Community Champion Award campaign with up to 10 individuals being selected by the Tenant Board Panel and a £100 prize for each champion;** **d) update the 15th Anniversary photobook to capture new staff, Board Members and achievements in the past five years;** **e) to develop a social media milestone campaign;** **f) staff to develop options for rebranding; and** **g) that full details of all options be presented to the Board in August for approval.**
6.8	**Management Report to 31 May 2026** The Finance Manager presented the Management Report and advised a more detailed report had been discussed at the Development & Finance Committee the previous day. The report sets out financial performance to 31 May 2026, together with the updated forecast for the year. Overall, we are in a strong financial position, with all loan covenant forecasts expected to be met. The main movements, with respect to debts in the period were largely timing related, including the May 2026 direct debit collection falling shortly after the reporting date. Some slippage in Investment and Development programmes was carried forward from 2025/26. Significant rephasing adjustments were made in the Development programme, particularly in relation to Melbost West, and Scott Road, resulting in reductions to both cost and grant in the 2026/27. Income performance remained positive and was supported by low void levels against target. Cost pressures were currently controlled, and all areas would be continually monitored as the year progresses. **The Board:** **a) approved the virement of £132,122 from Heating Grants to reserves, representing grant income associated with investment works carried forward and subsequently delivered in 2026/27;** **b) approved the virement of £2,550,300 from Scott Road cost budget to reserves and £2,550,000 from Scott Road grant budget to reserves as a result of delays to the project;**

	c) approved the virement of £2,500,300 from Melbost West (HHP) cost budget to reserves and £2,500,100 from Melbost West (HHP) grant budget to reserves as a result of delays to the project; **d) noted the Management Report at 31 May 2026 and revised forecast out turn to 31 March 2027 at Appendix 1; and** **e) noted the total debt owed to HHP at 31 May 2026 was £841,160 and current legal action on live arrears at Appendix 2.**
POLICIES & STRATEGIES	
7.1	**<u>Entitlements, Payments & Benefits Policy</u>** The Governance Officer presented the revised Entitlements, Payments & Benefits Policy. The Policy was updated following the publication of the revised SFHA model policy in January 2026 and reflected the Highlands & Islands variant. The most significant change was allocations to connected persons would now be approved by the Chief Executive and reported to the Board at the next meeting, rather than requiring advance Board approval. The revised Policy also strengthened conflict of interest management, clarified connected person provisions, updated gifts and hospitality thresholds, aligned procurement provisions with legal requirements. **The Board approved the revised Entitlements, Payments & Benefits Policy.**

MONITORING REPORTS	
8.1	**<u>Quarterly Treasury Report to 31 March 2026</u>** The DFCS presented the Quarterly Treasury Report for the final quarter for 2025/2026 and advised borrowing remained unchanged at £17 million, with £1.5 million on a variable rate and the remainder fixed. Cash balances at 31 March 2026 increased slightly, and all covenants were met. Significant movements in the final quarter related mainly to lower than forecast expenditure on development sites, including Scott Road, Grimsay, Gravir and Low Flyer. Expenditure in the Investment Programme was weighted towards year-end due to the timing of the Scottish Government decision on net zero funding. **The Board noted the:** **a) quarterly report on the Analysis of Investment and Borrowing;** **b) outstanding loans at 31 March 2026 of £17M; and** **c) cash balance at 31 March 2026 of £8.339M.**
8.2	**<u>Development Report</u>** The Development Manager provided an update on the Development Programme highlighting some changes since the report was written. The resumption application for Grimsay had been lodged, but planning approval was delayed due to pressures on planning service. A Licence to Occupy Carloway Care Unit was agreed with the Council so renovation works could proceed. The Scott Road development would be discussed in private as the last item on the agenda. Melbost West was now on site with good progress being made and a naming consultation for the development underway. **The Board noted the updated Development Plan.**
8.3	**<u>Investment Monitoring Report 2026/27</u>** The report provided an update on the 2026/27 Investment Programme. The progress on heating works would be subject to the outcome of the Scottish Government Housing Net Zero Fund grant application. The Assets & Contracts Manger provided an updated on the CX Planned maintenance system, which will manage the Investment Programme once fully developed. The outcome of the Scottish Government grant funding application for Aids & Adaptations was still awaited. As the programme was nearing full commitment, the position would be monitored and, if required, priorities would be reviewed with OT department. **The Board noted the update on:** **a) the 2025/2026 Investment Programme; and** **b) Aids and Adaptations and the waiting list.**

FOR INFORMATION ONLY	
9.1	**Asset Management Annual Review** The Chief Executive advised that the Information Only reports had been refreshed, were well presented, and told a clear, useful story and thanked Staff for their excellent work on the reports. **As there were no questions raised by Board Members the report was noted with no discussion.**
9.2	**ESG Strategy Annual Review** **As there were no questions raised by Board Members the report was noted with no discussion.**
9.3	**Equalities, Diversity & Inclusion Annual Update** **As there were no questions raised by Board Members the report was noted with no discussion.**
9.4	**Operations Report to 31 March 2026** **Allocations Report** The Area Manager confirmed property refusals were mainly due to applicants not wishing to move at that time or preferring another area. Applicant preferences are reviewed annually, and consideration will be given to using the Homeward newsletter to inform applicants of the need to update their circumstances. **Comments, Compliments & Complaints** Board Members welcomed the recording of complaint outcomes as learning points. **Estate Management & Anti-Social Behaviour** It was noted the main issues for estate management was overgrown gardens and fencing. The majority of overgrown gardens were resolved by the tenant after discussion. Fencing issues were addressed as part of planned maintenance; however, tenant expectations may exceed available resources. New build schemes were designed with open plan fronts and lower maintenance fences to the rear. **Repairs** As there were no questions raised by Board Members the report was noted with no discussion. **The Board noted the Operations Report to 31 March 2026.**
MEETING GOES INTO PRIVATE SESSION	

Chairperson Mr Calum Mackay

SIGNED .....

DATE .....

hebridean housing partnership

Tenant Board Panel – Note of Meeting

30 June 2026

Attendance: Gary Lamont (Chair), Donald Macdonald, Rosie Wicks and Mandy Macleod
Staff attendance: Katrina Rowlands and Laura Mackenzie.

1. The note of the Tenant Board Panel that goes to the Board for feedback was communicated to the Tenant Board Panel, (TBP) to ensure they are aware it is a public document that contains individual names. The TBP had no concerns regarding this and were happy to continue to feedback to the Board through the public note of the meeting.

2. The 20th Anniversary fund was discussed in detail by the TBP. A public guidance note, procedure note and draft application form was shared with the panel. The Tenant Board Panel agreed that we don't limit the amount people can apply for.

Questions around how the fund would be publicised and who could apply was asked by the panel. Katrina advised the fund would be advertised on our social media and shared by staff and partners. The application form asks if the applicant is a charity, tenant, or resident group, or if you come under other, you must explain how your application will benefit tenants.

The TBP were happy to take on the role of decision making, stating it would be a good piece of Tenant Engagement work. Katrina and Laura will look at ways to ensure a fair geographical spread of the fund.

3. Laura explained that training opportunities are currently being researched with TPAS and TIS to allow the TBP to carry out a scrutiny exercise. Potential training has been suggested for August when the TBP are meeting in person for the first time.

4. Laura advised to the TBP that the AGM will be held on 26 August 2026. Members have been invited to attend the upcoming AGM.

5. The TBP were made aware of two policies due for review at the August Board. Laura gave a brief overview of the Particular Housing Needs Policy. Katrina provided information on the Engagement Policy. The TBP were asked to provide any comments or feedback to Katrina and Laura to follow up on. No comments were received.

6. Katrina made the TBP aware that the HHP website will be getting redesigned. A survey will be going out to tenants to get their views on the website.

hebridean housing partnership

ITEM NO 3.2

BOARD ACTION SHEET

ACTION POINT	MINUTE NUMBER	ACTION TO BE TAKEN	DEADLINE/ TIMESCALE	ACTION BY	PROGRESS
1	24-Mar-26	Present an updated Social Value Report to Board when year-end data is available	25 August 2026	Director of F&CS	On August 2026 Agenda
2	23-Jun-26	Progress report on the provision of procurement consultant for investment works	25 August 2026	Director of Operations	
3	23-Jun-26	Engage with Tenant Board Panel on Community Fund and report back to Board	25 August 2026	Service Development Manager	Discussed with Tenant Board Panel on 30 June 2026 – update on August Agenda

MODERN SLAVERY STATEMENT

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 The purpose of this report is to present the Modern Slavery and Human Trafficking Statement to the Board for review and approval.

Summary

2.1 At the Board meeting on 26 March 2026 it was agreed we would prepare a Modern Slavery Statement.

2.2 The statement sets out our commitment to preventing modern slavery, human trafficking, forced labour and exploitation within its organisation, procurement activity, partnerships and supply chains.

2.3 Modern slavery is a serious human rights issue and includes slavery, servitude, forced or compulsory labour and human trafficking. Although we operate primarily within Scotland and are considered low risk, we recognise that risks can arise through procurement, construction and maintenance supply chains, contracted services, subcontracting arrangements, recruitment activity and customer-facing services where signs of exploitation may be identified.

Compliance

3.1 The competence issues relating to this report are at section 6.1 of the report.

Recommendations

4.1 It is recommended that the Board:

a) approve the Modern Slavery and Human Trafficking Statement at Appendix 1; and

b) note the proposed 2026/27 commitments.

APPENDIX 1:	Modern Slavery & Human Trafficking Statement	
Background Papers:	None	
Writer of Report:	Iona France	Tel: 0300 123 0773

Iona France 9 July 2026

6.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising directly from the consideration of this report
Legal	Section 54 of the Modern Slavery Act 2015 requires certain organisations to prepare an annual slavery and human trafficking statement setting out the steps taken to ensure modern slavery is not taking place in their business or supply chains. Although we are not legally required to publish a statement under the Modern Slavery Act 2015, we are doing so to meet our contractual obligations with SSEN.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards and provides ongoing assurance of evidence of compliance with Regulatory Standards in relation to our Annual Assurance Statement.
Risk	The statement recognises that, while our overall risk profile is low, specific risks may arise through procurement and contracted services. Failure to maintain an appropriate approach to modern slavery prevention could expose us to governance, legal, reputational, procurement and safeguarding risks. The statement helps mitigate these risks by setting out clear expectations, controls and improvement actions. These risks are highlighted in our Risk Register.
ESG	The statement has no direct environmental impact but supports responsible supply chain management and good governance.
Equalities	The statement supports our equality, diversity and human rights commitments by recognising the need to protect individuals who may be at increased risk of exploitation, including vulnerable tenants and service users, people experiencing poverty or financial hardship, migrant workers, temporary or agency workers and people with support needs. The approach is consistent with HHP's wider commitments to dignity, fairness, inclusion and safeguarding.
Communication	The Statement will be available on our website and in the Staff Handbook.

Hebridean Housing Partnership

Modern Slavery and Human Trafficking Statement

Financial Year Ending 31 March 2027

Our commitment to acting ethically, transparently and with integrity in our operations, procurement activity, partnerships and supply chains.

Organisation	Hebridean Housing Partnership (HHP)
Statement period	Financial year ending 31 March 2027
Approval	Board
Purpose	To set out the steps HHP takes to prevent modern slavery, human trafficking, forced labour and exploitation within our organisation and supply chains.

Approved by: HHP Board | **Date:** _____

Introduction

This statement confirms Hebridean Housing Partnership's (HHP) commitment to preventing modern slavery, human trafficking, forced labour and exploitation within our organisation and throughout our supply chains.

Although HHP is not legally required to publish a statement under the Modern Slavery Act 2015, we are doing so to meet our contractual obligations with a third party and to demonstrate our commitment to acting ethically, transparently and with integrity in all of our business activities.

This statement outlines the steps HHP has taken, and will continue to take, to identify, assess and mitigate risks of modern slavery and human trafficking.

This statement covers:

- Our organisation and operations
- Risk assessment and management
- Due diligence arrangements
- Recruitment and employment practices
- Procurement and supply chain management
- Staff training and awareness
- Monitoring and measuring effectiveness

Our Organisation

HHP is the registered social landlord for the Outer Hebrides, responsible for providing, maintaining and improving affordable housing and associated services across the islands.

HHP manages and develops homes, supports tenants and communities, and works with a range of contractors, consultants, suppliers and public sector partners.

As a community-focused organisation, we are committed to protecting the wellbeing, dignity and human rights of our tenants, service users, employees and stakeholders.

Our Commitment

HHP opposes all forms of modern slavery and exploitation.

We are committed to:

- Acting ethically and responsibly in all business relationships.
- Preventing modern slavery within our organisation and supply chains.
- Promoting awareness amongst staff and contractors.
- Supporting vulnerable individuals who may be at risk of exploitation.

- Working with statutory and third-sector partners where concerns are identified.
- Continuously reviewing and strengthening our approach to modern slavery prevention.

Risk Assessment

HHP recognises that certain sectors and groups may face a higher risk of exploitation, including:

- Migrant workers.
- Temporary and agency workers.
- Low-paid workers.
- Individuals experiencing poverty or financial hardship.
- People with disabilities or support needs.
- Vulnerable tenants and service users.

Whilst HHP operates primarily within Scotland and is considered a low-risk organisation for modern slavery, we acknowledge that risks can arise through:

- Construction and maintenance supply chains.
- Procurement of goods and services.
- Contracted labour and subcontracting arrangements.
- Recruitment activities.
- Customer-facing services where signs of exploitation may be identified.

We therefore adopt a risk-based approach to identifying and managing modern slavery risks.

Due Diligence

HHP undertakes due diligence processes designed to reduce the risk of modern slavery occurring within our operations or supply chains.

These include:

Suppliers and Contractors

- Procurement processes that require suppliers to comply with all relevant employment and human rights legislation.
- Appropriate pre-contract checks on suppliers and contractors.
- Consideration of ethical and social responsibility factors during procurement exercises.
- Contractual requirements to comply with applicable legislation, including the Modern Slavery Act 2015 where relevant.
- Investigation of any concerns raised regarding labour practices.

Business Operations

- Internal controls and governance arrangements that promote ethical conduct.
- Financial and procurement controls to identify unusual or inappropriate activity.
- Whistleblowing arrangements that allow concerns to be raised confidentially.
- Safeguarding arrangements to support vulnerable customers and communities.

Policy Framework

HHP maintains a range of policies and procedures that support the prevention of modern slavery and exploitation.

These include:

- Codes of Conduct for Staff and Board Members
- Procurement Policy
- Safeguarding Policy
- Whistleblowing Policy
- Equality, Diversity & Inclusion Policy
- Recruitment and Selection Procedures
- Sexual Harassment Policy
- Health and Safety Policy
- Complaints Policy

Together, these policies promote fair treatment, ethical behaviour, equality, inclusion and protection from exploitation.

Recruitment and Employment Practices

HHP is committed to fair and lawful employment practices.

We aim to ensure that:

- All employees have the legal right to work in the UK.
- Recruitment processes are transparent and compliant with employment legislation.
- Employees receive written terms and conditions of employment.
- Pay and benefits comply with legal requirements and organisational policies.
- Staff are free to leave employment in accordance with contractual arrangements.
- No employee is subjected to forced labour, servitude or coercion.

Safeguarding and Tenant Support

As a social landlord, HHP recognises that some tenants, applicants and service users may be vulnerable to exploitation.

Staff who work directly with customers are expected to:

- Remain alert to indicators of modern slavery and exploitation.
- Report safeguarding concerns through established procedures.
- Work with partner agencies, including social work services, Police Scotland and specialist support organisations where appropriate.
- Support individuals in accessing relevant advice and assistance.

Training and Awareness

HHP is committed to raising awareness of modern slavery across the organisation.

We will:

- Provide guidance to employees on recognising signs of modern slavery and exploitation.
- Include modern slavery awareness within relevant staff training programmes.
- Ensure managers understand their responsibilities in identifying and escalating concerns.
- Promote information on reporting routes and support services.

Particular focus will be given to employees working in procurement, contract management, housing management, estates and maintenance services, and customer-facing roles.

Measuring Effectiveness

To assess the effectiveness of our approach, HHP will:

- Review modern slavery risks as part of regular governance and risk management processes.
- Monitor safeguarding concerns and referrals where exploitation may be suspected.
- Review procurement and contract management arrangements.
- Monitor staff awareness and training completion.
- Investigate any reports or allegations relating to modern slavery.
- Review this statement annually and update actions where necessary.

Commitments for 2026/27

During 2026/27 HHP will:

1. Review modern slavery risks within key procurement and contractor arrangements.
2. Promote awareness of modern slavery amongst Board and employees.
3. Ensure safeguarding procedures remain effective and up to date.
4. Consider modern slavery risks within relevant policy reviews.
5. Maintain clear reporting mechanisms for employees, tenants and stakeholders.
6. Review supplier expectations regarding ethical employment practices and compliance with legislation.

Approval

This statement is made in accordance with Section 54 of the Modern Slavery Act 2015 and sets out the steps Hebridean Housing Partnership has taken to minimise the risk of modern slavery and human trafficking within its organisation and supply chains.

Approved by the Board of Hebridean Housing Partnership.

Signed: _____

Chair of the Board

Date: _____

If you require support or wish to report concerns relating to modern slavery or exploitation, you can contact the Modern Slavery & Exploitation Helpline on

08000 121 700 or visit www.modernslaveryhelpline.org.

ANNUAL ASSURANCE STATEMENT

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To present the Annual Assurance Statement (AAS) to the Board for consideration and approval prior to submission to the Scottish Housing Regulator (SHR).

Summary

2.1 The revised Regulatory Framework came into effect on 1 April 2024 and requires all Registered Social Landlords to submit an AAS to SHR each year.

2.2 The Board must be satisfied the Partnership is compliant with all requirements detailed in section 5.1 of this report and prepare an AAS confirming this.

2.3 The completed AAS for 2026 is at Appendix 1 with an evidence checklist at Appendix 2: this confirms that we comply with all our regulatory requirements.

2.4 The AAS must be signed off by the Board prior to submission no later than 31 October each year.

2.5 At the Board meeting on 26 May 2026, Board members were directed to a SharePoint site containing the checklist and supporting evidence, allowing them to review the materials and to submit any questions.

Compliance

3.1 The competence issues relating to this report are at section 6.1 of the report.

Recommendations

4.1 **It is recommended that the Board:**

a) note the Annual Assurance Statement - Evidence Checklist at Appendix 1; and
b) approve the Annual Assurance Statement at Appendix 2.

APPENDIX 1:	Annual Assurance Statement	
APPENDIX 2:	Annual Assurance Statement – Evidence Checklist	
Background Papers:	Scottish Housing Regulator's "Regulatory Framework" (revised April 2024)	
	SFHA Social Landlord Self-Assurance Toolkit (updated March 2026)	
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Report Details

5.1 Using the SHR's Statutory Guidance and the SFHA Self-Assurance Toolkit, a checklist has been produced to ensure all regulatory requirements are being complied with and outlining the evidence to confirm this. The Evidence Checklist is at Appendix 2 with this year's amendments and additions highlighted.

5.2 In a letter from SHR on 19 March 2026 they asked landlords to "provide specific assurance on:

- Data on homes
- Compliance with Scottish Government's minimum site standards for Gypsy/Traveller sites.

As we do not have any Gypsy/Traveller sites the second requirement does not apply to us.

5.3 To support our assurance on the data we hold for our homes, the evidence bank contains details of our stock condition survey, asset management policy and strategy, landlords' health & safety policies, cyclical maintenance programmes, estate management, repairs data and various point of service surveys e.g., repairs and investment.

5.4 The AAS includes a clause confirming our AAS will be available to tenants and other stakeholders on the same date as it is submitted to SHR.

6.1 Compliance Section

COMPLIANCE CHECKLIST	
Financial	There are no financial constraints to the recommendation in this report being implemented.
Legal	There is a regulatory requirement to ensure that the Annual Assurance Statement is prepared and submitted by 31 October each year.
Regulatory	The statutory guidance specifies that the AAS should: • Be short and succinct • Confirm compliance or otherwise with regulatory requirements • Be completed and agreed by the governing body The guidance also specifies that the AAS should confirm that the governing body has 'appropriate assurance' that the RSL complies with: • The regulatory requirements set out at section three of the Regulatory Framework • The relevant standards and outcomes of the Charter • All relevant statutory and legal requirements • Regulatory Standards of Governance and Financial Management
Risk	The risk of not submitting the Annual Assurance Statement will lead to the Partnership being in breach of regulatory requirements and have a negative effect on its risk rating and regulatory engagement. Governance is highlighted on our Risk Register with a residual risk rating of 6 considered low.
ESG	Our AAS evidence bank includes supporting documentation to demonstrate our ESG responsibilities.
Equalities	We are committed to promoting equality, diversity and inclusion. Our AAS evidence bank includes supporting documentation to demonstrate this.
Communication	Once approved the AAS will be submitted to the Regulator for publication and will be available on our website/social media.

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Assurance & Notification (AN)		
Reference	Item	Evidence
AN1	Prepare an Annual Assurance Statement in accordance with SHR published guidance, submit it to SHR between April and the end of October each year, and make it available to tenants and other service users.	Annual Assurance Statement 2026 is being considered on 25 August 2026 and will be published on the website following approval.
AN2	Notify us (SHR) during the year of any material changes to the assurance in its Annual Assurance Statement.	Regulatory Standards, Finance, Legal, Risk, Equalities, & ESG implications are considered in every Board Report Annual Assurance Statement 2025 approved on 22 September 2025
AN3	Each landlord must have assurance and evidence that it is meeting all of its legal obligations associated with housing and homelessness services, equality and human rights, and tenant and resident safety.	Allocations Policy is reviewed regularly and approved by the Board before implementation. Allocation Policy consultation with tenants taking views of current and future tenants into account. Estate Management Policy covers Anti-Social Behaviour. Debt Management Policy. Debt Management Report is a standing item on the Board agenda. Tenancy Agreement is in line with the Housing Scotland Act 2001 and 2014 and outlines organisational policy on abandonment. Homelessness Performance is reported to Board in Annual Allocations Report with allocation quotas being reviewed annually. Applicants, Board Members and staff complete equal opportunities forms annually. Equality, Diversity & Human Rights Impact Assessments are considered for all Policy reviews Equality & Diversity Policy & Action Plan. Landlord Health and Safety Policies have been approved by the Board and are reviewed regularly. Landlord Health and Safety Audit carried out in 2024. Gas Audits carried out every 2 years. Internal Audits are carried out regularly and reported to the Audit & Risk Committee. An Internal Audit Progress Report is a standing item on the Audit & Risk Agenda showing progress on action points from internal audits. Homelessness Seminar for Board Members held in 2021. Landlord Health & Safety Training carried out in January 2026 with Chief Executive and Board Members. 5 year Electrical Safety Testing programme in place with 100% compliance H&S Committee Framework in place Annual Cyclical Maintenance Programme in place and 5 year planned maintence cycle Point of Service Surveys carried out Damp & Mould Policy Damp & Mould Reporting Estate Management 6 Monthly Report Repairs 6 Monthly Report
AN4	Notify SHR of any tenant and resident safety matters which have been reported to, or are being investigated by the Health and Safety Executive, or reports from regulatory or statutory authorities, or insurance providers, relating to safety concerns.	Notifiable Events Register is a standing item on Board Agenda and removed if there is nothing to report. Landlords Health & Safety Audit and Office Health & Safety Audit. Stock Condition Survey carried out in May 2023. Asset Management Strategy in place and reviewed regularly by the Board.

AN5	Each landlord must make its Engagement Plan easily available and accessible to its tenants and service users, including online.	2026/27 Engagement Plan on our website and available in our offices.

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Scottish Social Housing Charter Performance (CH)		
Reference	Item	Evidence
CH1	Submit an Annual Return on the Charter (ARC) to SHR each year in accordance with our published guidance.	ARC submission on 26 May 2026 ARC submitted in accordance with existing timescales ARC reported to Board for approval on annual basis prior to submission. Response to ARC queries by regulator recorded. Attendance at SHN Charter prepartion sessions Data Dictionaries produced to sense check data. Business Plan goals in line with KPI's and Engagement Plan. External ARC Validation by SHN April 2026
CH2	Each landlord must involve tenants, and where relevant, other service users, in the preparation and scrutiny of performance information. It must: • agree its approach with tenants • ensure that it is effective and meaningful – that the chosen approach gives tenants a real and demonstrable say in the assessment of performance • publicise the approach to tenants • ensure that it can be verified and be able to show the agreed approach to involving tenants has happened • involve other service users in an appropriate way, having asked and had regard to their needs and wishes.	Consultation with tenants and forum members prior to the Tenant Report being completed. Tenant Engagement Officer promotes the Tenant Report, it is signposted on our social media pages and placed onto our website. Tenant Participation Strategy consulted with Tenants when reviewing. Tenant Engagement Officer Appointed June 2023 Regular tenant events held throughout the islands Tenant Board Panel inaugurated November 2025
CH3	Each landlord must report its performance in achieving or progressing towards the Charter outcomes and standards to its tenants and other service users (no later than October each year). It must agree the format of performance reporting with tenants, ensuring that it is accessible for tenants and other service users, with plain and jargon-free language.	Tenant Report on performance sent out by 31 October each year giving the opportunity for tenants to feedback on performance. Report is also placed onto our website as well as at the Partnership's offices and available on our social media pages. Tenant Board Panel are consulted prior to the preparation of the Report
CH4	When reporting its performance to tenants and other service users each landlord must: • provide them with an assessment of performance in delivering each of the Charter outcomes and standards which are relevant to the landlord • include relevant comparisons – these should include comparisons with previous years, with other landlords and with national performance • set out how and when the landlord intends to address areas for improvement • give tenants and other service users a way to feed back their views on the style and form of the reporting.	Tenant Report on performance sent out by 31 October each year giving the opportunity for tenants to feedback on performance. Report is also placed onto our website as well as at the Partnership's offices and signposted through our social media pages. Benchmarking comparisons with other landlords and Scottish averages are included along with a comparison to our previous years performance. Feedback via Tenant Board Panel
CH5	Each landlord must make the SHR report on its performance easily available to its tenants, including online.	Available on our website and signposted through our social media channels

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Tenant and Service User Redress (TS)		
Reference	Item	Evidence
TS1	Each landlord must make information on reporting significant performance failures, including SHR leaflet, available to its tenants.	Leaflet and form for reporting significant performance failures available in the office and on our website.
TS2	Provide tenants and other service users with the information they need to exercise their right to complain and seek redress, and respond to tenants within the timescales outlined in its service standards, in accordance with guidance from the Scottish Public Services Ombudsman (SPSO).	Comments, Compliments and Complaints Policy available on our website, to view at our offices, our website and tenant portal Performance on complaints reported in ARC and quarterly performance report. Each Investigation complaints response has details on how to escalate complaints to SPSO.
TS3	Each landlord must ensure it has effective arrangements to learn from complaints and from other tenant and service user feedback, in accordance with SPSO guidance.	Complaints Process in place as well as Comments, Compliments and Complaints Policy created and reviewed in line with SPSO guidance. Performance on complaints is reported in quarterly Performance Report Complaints Report to Board on a bi-annual basis. Complaint learning is published on the HHP website quarterly.

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Whistleblowing (WB)		
Reference	Item	Evidence
WB1	Each landlord must have effective arrangements and a policy for whistleblowing by staff and governing body/committee members which it makes easily available and which it promotes.	Whistleblowing Policy in place which is reviewed regularly. This policy is on our intranet, internet and available through a shared folder. The policy is reviewed on a regular basis in line with our policy review schedule. Whistleblowing section added to our Standing Orders in June 2026

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Equality and Human Rights (EH)		
Reference	Item	Evidence
EH1	Each landlord must have assurance and evidence that it considers equality and human rights issues properly when making all of its decisions, in the design and review of internal and external policies, and in its day-to-day service delivery.	Equality & Diversity Policy & Action Plan in place. Rolling Training Programme on Equalities & Diversity on 2 year cycle for all staff and Board Members - training completed April - June 2024, next due 2027 Recruitment Policy in place and reviewed on a regular basis to ensure equal opportunities are complied with. Equalities forms completed annually by staff and Board Members. Estate Management Policy includes Section on Anti Social Behaviour. Equality, Diversity and Human Rights Impact Assessment completed when a Policy is reviewed Interpreting Service available, (Language line). Section in Asset Management Strategy on Adaptations. Policies available in alternative formats/language, if required Equal Adventure Project carried out in 2024 with tenants Annual Report on Allocations Tenant Portal launched in May 2024 which is available in multiple languages and is used to gather E&D information from tenants Equalities Compliance checked at every Policy Review Wellbeing Strategy implemented with considerations for staff & tenants Safeguarding Policy implemented Modern Slavery Statement Prepared
EH2	To comply with these duties, landlords must collect data relating to each of the protected characteristics for their existing tenants, new tenants, people on waiting lists, governing body members and staff. Local authorities must also collect data on protected characteristics for people who apply to them as homeless. Landlords who provide gypsy/traveller sites must collect data on protected characteristics for these service users	Equality & Diversity Policy & Action Plan in place. Rolling Training Programme on Equalities & Diversity on 3 year cycle for all staff and Board Members - training completed April - June 2024, next due 2027 Recruitment Policy in place and reviewed on a regular basis to ensure compliant with equalities legislation

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Statutory Guidance (SG)		
Reference	Item	Evidence
SG1	Comply with, and submit information to SHR in accordance with, our guidance on notifiable events (NE)	Notifiable Events Register kept up to date with reported events. Notifiable Events report is a standing item on the Board agenda and removed if there is nothing to report. Standing Orders Scheme of Delegation specifies responsibilities. Processes and procedures ensure all notifications have been made.
SG2	Comply with, and submit information to SHR in accordance with our guidance on group structures This only applies to RSLs which are members of a group structure	We have a subsidiary - Dachaigh Property Solutions - with the annual accounts filed on the SHR portal. These are reviewed by an External Auditor annually. Section on Groups added to Standing Orders and Financial Regulations
SG3	Comply with, and submit information to SHR in accordance with, our guidance on consulting tenants where tenant consent is required. This applies only where a RSL is intending to either: dispose of tenanted properties by sale or transfer; or become a subsidiary of another organisation; or is intending to convert from being a company to become a registered society; or is likely to be restructured as a result of the actions of creditors; or intends to be dissolved or wound up voluntarily	N/A
SG4	Comply with, and submit information to SHR in accordance with, our guidance on financial viability of RSLs: information requirements.	Five Year Financial Plans submitted to SHR once reported to Board, audited accounts also submitted once verified by external auditor, signed by Chair, Vice Chair and Company Secretary. External Auditor's Management Letter is signed by chair and submitted to SHR. 30 Year Cash flow and Business Plan which has been stress tested to model implications of changes in base assumptions. We have a borrowing facility with RBS which provides appropriate liquidity. The high rates of inflation and the likliehood that rents cannot increase at current inflation rates in the short term have been modelled with appropriate stress testing conducted prior to the approval of our Business Plan
SG5	Comply with, and submit information to SHR in accordance with, our guidance on determination of accounting requirements	Financial Statements, produced in line with SHR requirements are reported to Board and signed by Chair, Vice Chair and Company Secretary and prior to submission to SHR. Management Letter is also submitted to SHR once reported to Board and signed off. We have processes in place to ensure we have updated guidance and that it is distributed to the relevant staff.
SG6	Comply with, and submit information to SHR in accordance with, our guidance on preparation of financial statements.	All required information uploaded onto SHR portal once Board approve. External Auditor reports. AGM Minute. We have processes in place to ensure we have updated guidance and that it is distributed to the relevant staff.

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Governance and Financial Management (GF)		
Reference	Item	Evidence
GF1	Comply with the Standards of Governance and Financial Management and associated guidance	Annual Assurance Statement Checklist confirms compliance of this. Internal Audit on Governance, including compliance with SHR Regulatory Framework, was carried out in April 2026

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
1	**The governing body leads and directs the RSL to achieve good outcomes for its tenants and other service users.**	
1.1	The governing body sets the RSL's strategic direction. It agrees and oversees the organisation's business plan to achieve its purpose and intended outcomes for its tenants and other service users.	Annual Business Planning Days held with Board and other stakeholders. Business Plan reviewed and updated annually Business Plan Monitoring Report goes to Board meetings quarterly. Risk Register is a standing item on Audit & Risk Agenda. Risk Appetite set by Board in Business Planning Process. Tenant Satisfaction Surveys are carried out every 3 years. BRIXX financial planning model, 30 year Financial Plans and sensitivity analysis. Development & Finance Minutes. Housing Needs and Demands Analysis carried out in 2021.
1.2	The RSL's governance policies and arrangements set out the respective roles, responsibilities and accountabilities of governing body members and senior officers, and the governing body exercises overall responsibility and control of the strategic leadership of the RSL.	Rules updated in line with SFHA Model Rules in 2022 Annual Review of Standing Orders including Scheme of Delegation by the Board. Financial Regulations reviewed annually by the Board Codes of Conduct for Board Members and Staff updated in line with SFHA Model Codes in November 2024 Internal Audits carried out on a 3 yearly cycle. Annual Board Skills Assessment Carried out by external consultant in 2024) CEO Appraisal Feedback Form. Board Plan reviewed regularly. Policy Review Schedule Job Descriptions reviewed to ensure they remain in line with regulatory requirements. Staff Appraisals - paperwork updated June 2026 Internal & External Audit Plans to A&R Committee annually
1.3	The governing body ensures the RSL complies with its constitution and its legal obligations. Its constitution adheres to these Standards and the constitutional requirements set out below.	Rules updated in line with SFHA guidance. Job Description of Company Secretary role currently carried out by Chief Executive Annually report statutory and regulatory requirements. Training Records and plans for staff and Board Members. Board Report template ensure compliance.
1.4	All governing body members accept collective responsibility for their decisions.	Code of Conduct for Board Members sets out collective responsibility Board Minutes Training needs analysis for Board Members.
1.5	All governing body members and senior officers understand their respective roles, and working relationships are constructive, professional and effective.	Appraisal for Senior Officer carried out by Board Members. Board Member role descriptions. Recruitment and selection. Board Members involved in the recruitment of senior officers . Board Training Plan. Independent Board Skills Assessment carried out in 2024 Scheme of Delegations within the Standing Orders. Board Member Protocol & Induction Checklist Board Member Guide Skills Analysis 2026

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
1.6	Each governing body member always acts in the best interests of the RSL and its tenants and service users, and does not place any personal or other interest ahead of their primary duty to the RSL.	Disclosure of Interest Policy and Disclosure Forms completed annually all Board Members. Code of Conduct for Board Members. Declaration of Interest Register/Minute. Entitlements, Payments & Benefits Policy & Register Standing Orders. Board Member nomination forms. Board Report on decisions involving staff and Board Members standing item on Board Agenda.
1.7	The RSL maintains its independence by conducting its affairs without control, undue reference to or influence by any other body (unless it is constituted as the subsidiary of another body).	Disclosure of Interest Policy and forms completed by all Board Members Rules Codes of Conduct for Staff and Board Members Recruitment Policy Board Member Skills Assessment
2	**EPB Policy & Register**	
2.1	The RSL gives tenants, service users and other stakeholders information that meets their needs about the RSL, its services, its performance and its future plans.	HHP will communicate through web, social media and letters the following information: Tenant Report produced annually; Summary of Financial Statements; Business Plan; Communications Policy; Newsletter sent out to all tenants (3 per year); Tenant Participation Strategy; Openness & Confidentiality Policy; Publications Scheme & Guide to Information Tenant Information Leaflets. Increased use web and social media updates for Tenants Looking to strengthen our communications by employing a Digital Media Office as part of the Organisaitional Review Tenant Portal Policies available on Web "Green Book" with 5 year Investment Plan per property issued to tenants
2.2	The governing body recognises it is accountable to its tenants, and has a wider public accountability to the taxpayer as a recipient of public funds, and actively manages its accountabilities.	Tenant Engagement Officer employed by HHP to promote participation Tenant consultation held on any key tenant issues e.g. rent, repairs and allocations Strategic Goal 1 in Business Plan Tenant Particpation Strategy Demands Needs Assessment carried out to gain information from wider stakeholders Tenant Satisfaction Survey carried our every 3 years along with regular point of service surveys Participation in Community Planning Partenrship and other local partnerships Value For Money Strategy Social Value Report

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
2.3	The governing body is open and transparent about what it does, publishes information about its activities and, wherever possible, agrees to requests for information about the work of the governing body and the RSL.	Social Media presence. Openness & Confidentiality Policy. Public Minutes of Board Meetings available online . Training for FOI compliance completed by Board Members and staff. GDPR Audit carried out in 2024 with one low level recommendation Data Protection Officer appointed ensuring compliance with GDPR and Subject Access Requests. FOI Internal Audit carried out in June 2021 with 5 low grade recommendations which have all been implemented. Tenant Report produced annually detailing our performance over the previous year. Guide to Information through the Publications Scheme
2.4	The RSL seeks out the needs, priorities, views and aspirations of tenants, service users and stakeholders. The governing body takes account of this information in its strategies, plans and decisions.	Tenant Engagement Officer employed by HHP to promote participation. Tenant Consultation held on any key tenant issues e.g. rent, repairs and allocations. Strategic Goal 1 in Business Plan. Tenant Participation Strategy. Demands Need Assessment carried out to gain information from wider stakeholders Tenant Satisfaction Survey carried out every three years as well as point of service surveys take place regularly.
2.5	The RSL is open, co-operative, and engages effectively with all its regulators and funders, notifying them of anything that may affect its ability to fulfil its obligations. It informs the Scottish Housing Regulator about any significant events such as a major issue, event or change as set out and required in notifiable events guidance.	Notifiable Events reported to Board and Regulator Internal Audit Reports Scheme of Delegation in Standing Orders Minute of Board Meeting Risk Register Business Plans provided to our funder annually. Quarterly Treasury Report and Management Report reviews held with funder Attendance at SHR Systemic Importance meetings
3	**The RSL manages its resources to ensure its financial well-being, while maintaining rents at a level that tenants can afford to pay.**	
3.1	The RSL has effective financial and treasury management controls and procedures, to achieve the right balance between costs and outcomes, and control costs effectively. The RSL ensures security of assets, the proper use of public and private funds, and access to sufficient liquidity at all times.	RSL has a robust forecasting process with 30 year financial plans being updated regularly and reviewed by Board and Development & Finance Committee Treasury Management Policy, Annual Finance Strategy in place. Robust controls in place with appropriate segregation of duties with appropriate record retention to support all legal requirements. Asset cover ratio well within approved limits set by our funder. Scheme of Delegations in Standing Orders.
3.2	The governing body fully understands the implications of the treasury management strategy it adopts, ensures this is in the best interests of the RSL and that it understands the associated risks.	Treasury Management Policy and Annual Financing Strategy updated with support from independent adviser to ensure it continues to be relevant and up to date in terms of any changes in the market. Approved by Board in March 2025. Scheme of Delegation in Standing Orders.

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
3.3	The RSL has a robust business planning and control framework and effective systems to monitor and accurately report delivery of its plans. Risks to the delivery of financial plans are identified and managed effectively. The RSL considers sufficiently the financial implications of risks to the delivery of plans.	Note of Business Planning Days & Workshops Risk Register is a standing item on Audit & Risk Committee Benchmarking to set targets. Notifiable Events Register 30 year financial plans approved annually following review by Development & Finance Committee who stress test plans. Management Report, Quarterly Treasury Report and Debt Management Report are standing items on Board Agenda. Quarterly Progress Report to Board. Risk Register Deep Dives Goals Module on One Advanced
3.4	The governing body ensures financial forecasts are based on appropriate and reasonable assumptions and information, including information about what tenants can afford to pay and feedback from consultation with tenants on rent increases.	Board Report for Approval on 5 year financial projections BRIXX Financial Model reports - Inflationary/interest Scenarios tested & further reviews by FWG for changes in material plan assumptions planned Development & Finance Committee Minutes Stock Condition Survey Rent Consultations Fuel poverty survey during stock condition surveys Tenant satisfaction survey including affordability questions Tracking of rent arrears and tenants ability to pay Use of SFHA affordability model Rent Structure Review
3.5	The RSL monitors, reports on and complies with any covenants it has agreed with funders. The governing body assesses the risks of these not being complied with and takes appropriate action to mitigate and manage them.	Monthly Management Reports include confirmation on covenant compliance. External Auditors annual covenant compliance certificate supplied to funders. Covenant forecasting done at each Business Planning Cycle to ensure compliance.
3.6	The governing body ensures that employee salaries, benefits and its pension offerings are at a level that is sufficient to ensure the appropriate quality of staff to run the organisation successfully, but which is affordable and not more than is necessary for this purpose.	Salary Benchmarking Excercise carried out in 2023/24 Benchmarking data obtained by participating in EVH benchmarking exercises. Salaries benchmarked against jobs being advertised in Housing News EVH Support Personnel Working Group Joint Consultative Committee remit Corporate Pay Policy
3.7	The governing body ensures the RSL provides accurate and timely statutory and regulatory financial returns to the Scottish Housing Regulator. The governing body assures itself that it has evidence the data is accurate before signing it off.	Returns Register kept up-to-date Job Description & Scheme of Delegation in Standing Orders show responsible officers Board approve returns through Board Reports being submitted for approval

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
4	**The governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation's purpose.**	
4.1	The governing body ensures it receives good quality information and advice from staff and, where necessary, expert independent advisers, that is timely and appropriate to its strategic role and decisions. The governing body is able to evidence any of its decisions.	Board Minute as stand alone agenda item Board Papers Remit of Board and Committees and Work Groups in Standing Orders Training Records Scheme of Delegation in Standing Orders Internal & External Audit Reports Treasury Management Policy Annual Report on the appointment of consultants used and their Value for Money. Advice provided to Board at Directorate level with support from Managers and External Advisers/Consultants as required.
4.2	The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives.	Appraisal of Senior Officer and quarterly meeting with Chair, Vice Chair and Chair of Audit & Risk Committee. Board Reports Business Plan KPI's Performance Reports Tenant Report with Benchmarking Scheme of Delegation in Standing Orders Internal Audit Succession Plan presented to Board following Workforce Plan Board Report
4.3	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.	Risk register on One Advanced Risk Appetite in Business Plan Business Continuity Planning Board Report Template has specific reference to risk Audit & Risk Committee Remit Business Continuity Planning
4.4	Where the RSL is the parent within a group structure it fulfils its responsibilities as required in our group structures guidance to: a) control the activities of, and manage risks arising from, its subsidiaries; b) ensure appropriate use of funds within the group; c) manage and mitigate risk to the core business; and d) uphold strong standards of governance and protect the reputation of the group for investment and other purposes.	Minutes Accounts reviewed for audit. Standing Orders updated to include Governance arrangements for Subsidiary
4.5	The RSL has an internal audit function. The governing body ensures the effective oversight of the internal audit programme by an audit committee or otherwise. It has arrangements in place to monitor and review the quality and effectiveness of internal audit activity, to ensure that it meets its assurance needs in relation to regulatory requirements and the Standards of Governance and Financial Management. Where the RSL does not have an audit committee, it has alternative arrangements in place to ensure that the functions normally provided by a committee are discharged.	Internal Audit Contract outsourced and competitively tendered Internal Audit Progress Report standing item on Audit & Risk agenda Internal Audit Reports Remit of Audit & Risk in Standing Orders Audit & Risk Minutes Board Chair is not a member of Audit & Risk Committee

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
4.6	The governing body has formal and transparent arrangements for maintaining an appropriate relationship with the RSL's external auditor and its internal auditor.	Procurement Policy Tendering Records Audit Plans (Internal & External) Management Letter Remit of Board and Committees in Standing Orders Scheme of Delegation in Standing Orders External & Internal Auditors must not be the same company
5	**The RSL conducts its affairs with honesty and integrity.**	
5.1	The RSL conducts its affairs with honesty and integrity and, through the actions of the governing body and staff, upholds the good reputation of the RSL and the sector.	Core Value is Integrity to which we hold each other accountable Code of Conduct Staff & Board Disclosure of Interest Policy Entitlements, Payments and Benefit Policy Openness & Confidentiality Policy
5.2	The RSL upholds and promotes the standards of behaviour and conduct it expects of governing body members and staff through an appropriate code of conduct. It manages governing body members' performance, ensures compliance and has a robust system to deal with any breach of the code.	Code of Conduct and process for dealing with breaches which is signed annually Governance Report Training Records for Board and Staff Board Skills Assessment and Training Plan developed from a Training Needs Analysis is implemented Scheme of Delegation in Standing Orders
5.3	The RSL pays due regard to the need to eliminate discrimination, advance equality and human rights, and foster good relations across the range of protected characteristics in all areas of its work, including its governance arrangements.	Equality & Diversity Policy & Action Plan Equal Opportunities forms for Board, staff and job applicants Equalities information collected from tenants at application stage Equality & Diversity Impact Assessment forms for all policies when being reviewed Succession Plans
5.4	Governing body members and staff declare and manage openly and appropriately any conflicts of interest and ensure they do not benefit improperly from their position.	Entitlements, Payments & Benefits Policy Disclosure of Interest Policy and Disclosure of Interest Forms Disclosure of Interest Registers Training Records Conflicts of Interest Forms and segregation of duties in place for staff
5.5	The governing body is responsible for the management, support, remuneration and appraisal of the RSL's senior officer and obtains independent, professional advice on matters where it would be inappropriate for the senior officer to provide advice.	Appraisal for Senior Officer carried out by Board Members Annual Report following Senior Officer appraisal Advice available from external agency (EVH)
5.6	There are clear procedures for employees and governing body members to raise concerns or whistle blow if they believe there has been fraud, corruption or other wrongdoing within the RSL.	Fraud Policy Fraud Checklist Fraud Register Internal Audit Reports Whistleblowing Policy
5.7	Severance payments are only made in accordance with a clear policy which is approved by the governing body, is consistently applied and is in accordance with contractual obligations. Such payments are monitored by the governing body to ensure the payment represents value for money. The RSL has considered alternatives to severance, including redeployment.	Employment Contracts Entitlements, Payments & Benefits Policy Staff Handbook Retirement Policy No payment would be made without Board approval

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
5.8	Where a severance payment is accompanied by a settlement agreement the RSL does not use this to limit public accountability or whistleblowing. The RSL has taken professional legal advice before entering into a settlement agreement.	EVH appointed for HR support Subscribed to employment law technical guidance from Croner Retirement Policy Entitlements Payments & Benefits Policy
6	**The governing body and senior officers have the skills and knowledge they need to be effective.**	
6.1	The RSL has a formal, rigorous and transparent process for the election, appointment and recruitment of governing body members. The RSL formally and actively plans to ensure orderly succession to governing body places to maintain an appropriate and effective composition of governing body members and to ensure sustainability of the governing body.	Board Appointed and Co-opted Board Members Adoption of updated Model Rules 2020 Rules amended in September 2022 to fill Tenant vacancies with Board Appointed/Community Members Membership Policy Nomination Pack for Board Member Candidates Board Induction Programme
6.2	The governing body annually assesses the skills, knowledge, diversity and objectivity it needs to provide capable leadership, control and constructive challenge to achieve the RSL's purpose, deliver good tenant outcomes, and manage its affairs. It assesses the contribution of continuing governing body members, and what gaps there are that need to be filled.	Board Skills Assessment Report Board Appointed Members Board Development Session Compliance with Rules regarding Board Member continued effectiveness and provision of effectiveness statements Attendance & Apologies at Board Meetings Board approved Business Plan details how we manage our affairs
6.3	The RSL ensures that all governing body members are subject to annual performance reviews to assess their contribution and effectiveness. The governing body takes account of these annual performance reviews and its skills needs in its succession planning and learning and development plans. The governing body ensures that any non-executive member seeking re-election after nine years' continuous service demonstrates continued effectiveness.	Board Skills Assessment Board Development Plan Succession Planning Report to Board Compliance with Rules regarding Board Member continued effectiveness and provision of effectiveness statements AGM Minute
6.4	The RSL encourages as diverse a membership as is compatible with its constitution and actively engages its membership in the process for filling vacancies on the governing body.	Membership Policy AGM Notices Newsletters Executive Office team attend events promoting membership and networking Consideration given to meeting timings and continuing to make remote meetings available to attract and retain a wider body of Members and Board Members.
6.5	The RSL ensures all new governing body members receive an effective induction programme to enable them to fully understand and exercise their governance responsibilities. Existing governing body members are given ongoing support and training to gain, or refresh, skills and expertise and sustain their continued effectiveness.	Induction Programme Training Plan Training Records Board Skills Assessment Approved Conferences
6.6	If the governing body decides to pay any of its non-executive members then it has a policy framework to demonstrate clearly how paying its members will enhance decision-making, strengthen accountability and ownership of decisions, improve overall the quality of good governance and financial management and deliver value for money.	Board Members are non-remunerated posts with the exception of out-of-pocket expenses which are paid in accordance with our Member Expenses Policy

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
6.7	The governing body is satisfied that the senior officer has the necessary skills and knowledge to do his/her job. The governing body sets the senior officer's objectives, oversees performance, ensures annual performance appraisal, and requires continuous professional development.	Chief Executive Job Description Chief Executive Appraisal Training Records
7	**The RSL ensures that any organisational changes or disposals it makes safeguard the interests of, and benefit, current and future tenants. Where an RSL is considering organisational or constitutional change, or acquisition or disposal of land or assets:**	
7.1	The governing body discusses and scrutinises any proposal for organisational change and ensures that the proposal will benefit current and future tenants.	Business Plan 2024-2029 approved following consultation with tenants Business Planning Day Minute & Notes Working Group Minutes Board Report and external advisors appointed as required.
7.2	The RSL ensures that its governance structures are as simple as possible, clear and allow it to meet the Standards of Governance and Financial Management, Constitutional Requirements, and Group Structures guidance.	Business Plan with Strategic Goals and plans in achieving these. Policies are simple and available through our internet and updated in line with our Policy Review Schedule Working Groups and Standing Committees have clearly defined roles and remits to allow for a simple governance structure Organisational Structure
7.3	The RSL ensures adequate consultation with, and support from, key stakeholders including tenants, members, funders (who may need to give specific approval) and local authorities as well as other regulators.	Board Minute Record of Tenant Consultation, Surveys, Questionnaires Training Feedback Forms Joint Consultative Committee Remit Loan Agreement and Financial Covenants Regular meetings with key partenrs i.e CNES, Scottish Government
7.4	The governing body is satisfied that the new (or changed) organisation will be financially viable, efficient and will provide good outcomes for tenants.	30 year Financial Projections reviewed with Development & Finance Committee and stress tested appropriately Value for Money Benchmarking Business Plan Budgets Minutes of Board, A&R and Working Groups
7.5	The RSL establishes robust monitoring systems to ensure that delivery of the objective of the change and of commitments made to tenants are achieved (for example in relation to service standards, operating costs and investment levels).	Business Plan Delivery Plan Strategic Goals Newsletter and Tenant Communications Monthly Performance Report Board Plan reviewed annually
7.6	Charitable RSLs seek consent/notify OSCR of changes to their constitution and other changes as appropriate.	Records of OSCR and CNES engagement on rule change Application to OSCR OSCR consents Consultation with stakeholders and documented
7.7	The governing body ensures that disposals, acquisitions and investments fit with the RSL's objectives and business plan, and that its strategy is sustainable. It considers these taking account of appropriate professional advice and value for money - whether as part of a broader strategy or on a case by case basis.	Business Plan Board Reports and Minutes Asset Management Strategy sets position for disposal of individual properties and long term future of stock. Asset Cover Ratio much greater than required from funder All disposals, other than 'de minimis', require Board approval

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
REGULATORY STANDARDS		
Number	Item	Evidence
7.8	The RSL complies with regulatory guidance on tenant consultation, ballots and authorisation.	Consultations with Tenants Notices to Tenants Notifiable Events Register
7.9	The RSL notifies the Regulator of disposals in accordance with regulatory guidance.	Board Reports Minutes of Board Meetings Notifiable Events Register Approval to dispose of security from funder
7.10	The RSL only agrees fixed or floating charges where the assets are used to support core activities. This should exclude providing security in relation to staff pensions.	Board Report Business Plan Loan Agreements & Register Fixed Asset Register

ANNUAL ASSURANCE STATEMENT - CHECKLIST		
Organisation Details and Constitution (OC)		
Reference	Item	Evidence
OC1	Make publicly available, including online, up-to-date details of: - who is on its governing body - the date when they first became a member/office holder - how to become a member of the RSL and of the governing body, and - minutes of governing body meetings.	Governing Body details available on website and SHR portal and updated timeously. Approved minutes of governing body meetings published on website in public papers. How to become a member leaflet available on website. How to become a member of governing body available on website. Membership register available to view at Partnership's offices (this includes dates of commencement).
OC2	Keep up-to-date organisational details in the Register of Social Landlords, by maintaining the information provided through the Landlord Portal.	Updated by Governance Officer/Executive Office within 5 days of change
OC3	The constitution of the RSL must comply with all legislative requirements under the 2010 Act and the SHR Constitutional Standards	Rules - consultation with members prior to rule change Legal advice sought prior to any Rule change Governing body (SGM) Minutes of approval of amendments to Rules and Standing Orders Based on SFHA model rules

Our Annual Assurance Statement

The Board of Hebridean Housing Partnership is satisfied that, to the best of our knowledge, Hebridean Housing Partnership is compliant with the requirements of Chapter Three of the Regulatory Framework and the Regulatory Standards of Governance and Financial Management. We have gained this assurance from a review of a comprehensive bank of evidence and from our ongoing oversight and scrutiny of HHPs affairs throughout the year.

The evidence bank combines reports, policies, advice and information which the Board monitors and oversees on an ongoing basis throughout the year to provide continuous assurance that HHP is compliant. Additionally, the evidence bank incorporates relevant documents and information that contribute to our assurance and which form the structure of HHP's business and governance activities.

We are satisfied that our information on the construction, components and condition of our homes is accurate, current and of good quality.

We approved our Annual Assurance Statement at the meeting of our Board on 25 August 2026.

We confirm that this Assurance Statement is being published on our website on the same date that it is submitted to the SHR.

I sign this statement on behalf of the Board.

Chair's signature: Date:

BUSINESS PLANNING TIMETABLE

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To provide a Timetable for the annual review of the Business Plan 2026/27 to 2028/29.

Summary

2.1 The Business Plan which was approved in March 2026 is due for an annual review with a view to approving any changes in March 2027.

2.2 A timetable has been prepared and is at Appendix 1. It is proposed to have a half day Business Planning session with Boad and Management on 24 November 2026.

Competence

3.1 The competence issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 **It is recommended that the Board approve the Business Planning timetable at Appendix 1.**

APPENDIX 1	Business Planning Timetable	
Background Papers	None	
Writer of Report	Alex Mackay	Tel: 0300 123 0773

Alex Mackay 28 Jul 26

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising directly from the consideration of this report
Legal	There are no legal implications arising from the consideration of this report.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides assurance of evidence RS1.1, RS2.5, RS3 and RS4 in relation to our Annual Assurance Statement.
Risk	There is no risk associated with the approval of this report.
ESG	There is no ESG impact arising from the consideration of this report
Equalities	We are committed to promoting equality, diversity and inclusion. The are no equalities implications arising from the approval of this report.
Communication	Not applicable.

Business Plan Review 2027

October 2026

Managers review Delivery Plan and KPI's and highlight areas where we have been successful and where we are struggling.

November 2026

Meeting with Board 24 November to look at:

- How we have performed on the Delivery Plan and KPI's
- Initial discussion on Risk Appetite
- Initial review of rent options and financial plans
- Discussion on what needs to be amended

January 2027

Rent consultation including asking for views on proposed amendments to the Business Plan

Consultation with partners

February 2027

Draft amendments approved by Board on 9 February 2027

General consultation on proposed amendments

March 2027

Final amendments to the Business Plan presented to the Board for approval

20TH ANNIVERSARY GRANT AWARD

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To seek Board approval of the procedure developed by the Tenant Board Panel for allocation of the 20th Anniversary £20k grant.

Summary

2.1 As part of HHP's 20th anniversary, a grant fund of £20k has been set up. The grant will be open to tenant & resident groups, charities and other groups that can demonstrate a benefit to our tenants.

2.2 The Tenant Board Panel (TBP) discussed the fund in detail at their meeting on 30 June 2026 and are fully supportive of the fund. They reviewed and discussed a procedure for making decisions and allocating funds. The detailed procedure and timeline are at Appendix 1.

2.3 The TBP are keen for tenants to be involved at an early stage. Housing Officers and staff will be fully briefed on the fund so it can be discussed during any appropriate tenant interactions. We will also work with partners to share as widely as possible.

2.4 The fund will be launched publicly in mid-September around the date of HHP's anniversary. There will be a social media launch with links to the public facing guidance note at Appendix 2. Applications will be in the form of a Microsoft Form. A draft of the questions is at Appendix 3.

Compliance

3.1 The competence issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board approve the procedure for the 20th Anniversary Grant award as attached at Appendix 1.

APPENDIX 1:	20th Anniversary Grant Award Procedure	
APPENDIX 2:	20th Anniversary Grant Award Guidance note (Draft)	
APPENDIX 3:	20th Anniversary Grant Award Draft Application Form	
Background Papers:	None	
Writer of Report:	Katrina Rowlands	Tel: 0300 123 0773

Laura Mackenzie 14-Jul-26

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	The budget of £20k has been included in the budgets for 2026/27.
Legal	The award will be a grant and not a donation to comply with Charity Regulations.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards.
Risk	There is no risk associated with approval of this report.
ESG	The strategies cuts across many areas of the ESG strategy. Tenant Engagement helps to build sustainable communities. Consideration will be given to projects or groups doing environmental work.
Equalities	We are committed to promoting equality, diversity and inclusion. The are no equalities implications arising from the approval of this report.
Communication	The fund will be promoted on our Social Media, at drop ins and in our Homeward newsletter if the timing of agreed procedure allows for this.

20TH ANNIVERSARY GRANT AWARD PROCEDURE

1.1 On the launch of the Grant Award Fund, links to a guidance note and our application form will be publicised.

1.2 Applicants must be aware that this is a grant award and not a charitable donation.

1.3 Applicants will be able to select a grant amount of £1k, £2.5k or £5k. Awards will be based on the number of applicants for each grant amount and Tenant Board Panel's decision on how best to distribute the total of £20k. It was agreed by making a fixed decision now, we may restrict applications.

1.4 Personal details and identifying information will be removed from the application prior to passing to the Tenant Board Panel. There may, however, be some level of details within the description of the groups and planned projects that prevent the application from being anonymous.

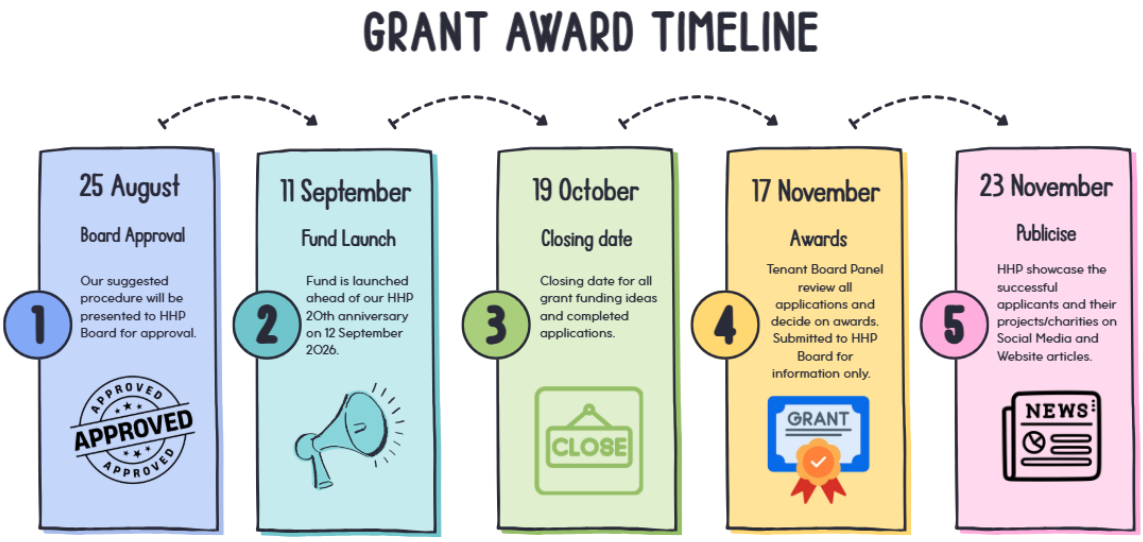
1.5 Unless there are applications resulting in a conflict of interest, the final decision on awards will be made by the Tenant Board Panel. In a conflict of interest situation, this will be passed to HHP Board for final sign off.

1.6 Online applications using Microsoft Forms will be the preferred option, but we will make paper copies available on request.

1.7 Criteria for the fund is as set out in the public facing guidance note.

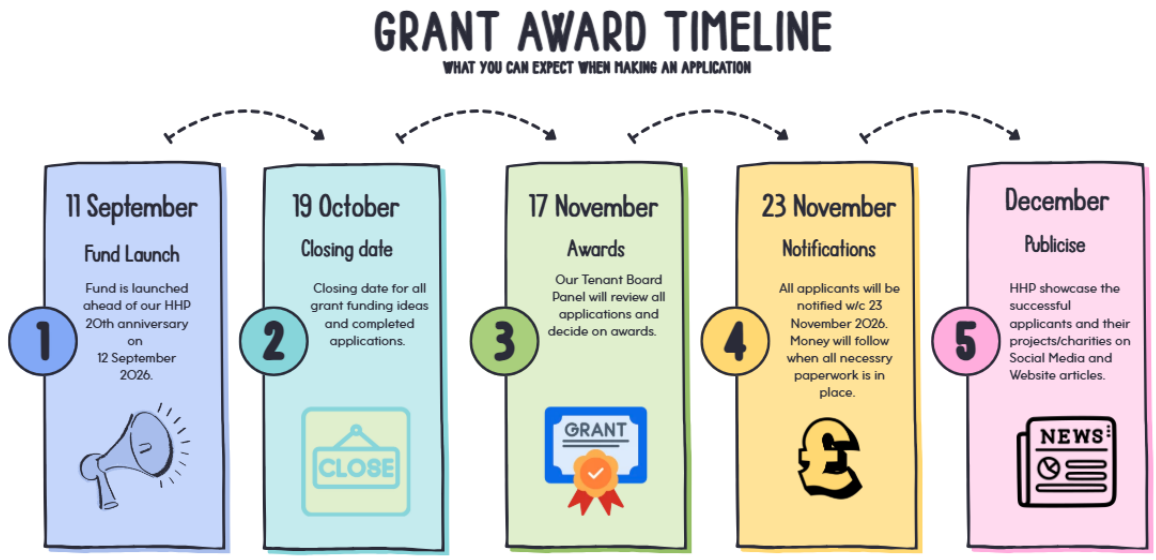
1.8 By signing the grant offer award the recipient will agree to details of the project/charity being shared in our publicity marking the 20th anniversary.

1.9 The timeline for the 20th Anniversary Grant Fund is highlighted in the graphic below.



20th Anniversary Grant Fund Application – Guidance Notes

Thank you for showing an interest in applying for our HHP 20th Anniversary Grant Fund. Applications should be made online at <link to be added>, although if you are unable to submit an application in this way, please contact us for a paper application form.



Criteria

The fund is open to charities, tenant and residents' groups and voluntary organisations. There must be a benefit to our tenants from the project being proposed.

Groups must be able to demonstrate how the grant will benefit some of our tenants and acknowledge that this grant is part of HHP's 20th Anniversary celebrations.

Condition of Grant

It will be a condition of any grant offer that the applicant will work with officers to record expenditure, to monitor progress and to share photos and stories. Officers will work to support successful applicants to make sure that the project is a success.

The grant offer will set out the payment arrangements for the grant and the timescale for the grant.

Ineligible Projects

The following activities are not eligible for funding and will not be supported.

- Routine repairs or maintenance. (Upgrading equipment may be supported)
- Political or religious activities.
- Ongoing running costs e.g. insurance, utility costs, rent, and salaries
- Funding individuals or projects which only benefit one person
- Sponsorship or projects, which are motivated mainly by marketing or branding
- Purchase and distribution of alcohol for any event

Decision Making

Decisions on the projects to be supported are made by the Tenant Board Panel. In the event of a conflict of interest the HHP Board will make the final decision.

Applicants will be notified of the decision by email as soon as possible after the November 2026 Board Meeting.

The grant offer will set out the payment arrangements for the grant and the timescale for the grant.

20th Anniversary Grant

This will be a Microsoft Forms link unless paper copy requested

Name of Group or Charity you are representing:	
Group / Charity / Other	• Tenant & Resident Group • Charity based in Outer Hebrides • Other (please provide detail)
Lead Applicant Name	
Address	
Contact Number	
Are you a tenant?	• Tenant • Other
What does your group do and how does it benefit tenants and the wider community?	
How much do you wish to apply for?	• £1000 • £2500 • £5000
What will the money be used for?	
Applicant agrees for HHP to take photos and use details of the grant award in external communications and social media posts. (Note that no photos of an individual will be used without consent.)	
Signature	
Date	

ACCOUNTING POLICIES REVIEW

BOARD 25 August 2026

Report by Director of Finance & Corporate Services

Purpose of Report

1.1 To present for consideration and approval the Accounting Policies to be applied for the year ended 31 March 2027.

Summary

2.1 Our accounting policies have been updated to reflect changes in legal requirements in how Financial Statements are prepared. Our new accounting policies can be found at Appendix 1.

2.2 The main changes relate to Revenue Recognition and Lease Accounting, and a summary of these changes can be found at Appendix 2. Details on the updated disclosure requirements can be found at Appendix 3 with a summary of changes at paragraph 5.13.

2.3 These changes will not require to be applied to prior years and will apply for our Financial Year ended 31 March 2027 onwards.

2.4 The proposed changes are intended to enhance the usefulness of financial statements for both RSLs and those who read the financial statements.

Competence

3.1 The competence issues relating to this report are at section 6.1 of the report.

Recommendations

4.1 It is recommended that the Board:

a) approve the accounting policies at Appendix 1 for the Financial Year ended 31 March 2027; and

b) note the changes to the Determination of Accounting Requirements at Appendix 2 along with the schedule of disclosures at Appendix 3.

APPENDIX 1:	Accounting Policies	
APPENDIX 2:	Summary of changes to the Determination of Accounting Requirements	
APPENDIX 3:	Schedule of disclosures	
APPENDIX 4:	Example of changes to Revenue Recognition – Asset Management Service	
Background Papers	None	
Writer of Report	Donald Macleod	Tel: 0300 123 0773

Report Details

5.1 The Financial Reporting Council updated Financial Reporting Standard (FRS) 102 in March 2024 with a principal effective date of 1 January 2026.

5.2 Taking into account the changes introduced in the updated FRS 102, the Regulator has reviewed the requirements in their Accounting Determination to ensure that they remain relevant and appropriate. The proposed changes are intended to enhance the usefulness of financial statements for both RSLs and those who read the financial statements. A summary of these changes can be found at Appendix 2.

5.3 The two main changes relate to Revenue Recognition and Lease Accounting.

Revenue Recognition

5.4 The revised standard introduces an entirely new revenue model based on IFRS 15 (This is the international standard which deals with Revenue from Contracts with Customers), requiring entities to:

- Identify contracts with customers
- Identify distinct performance obligations
- Determine and allocate the transaction price
- Recognise revenue when control of goods or services transfers, not merely when risks and rewards pass.

5.5 Although this may alter the timing and method of revenue recognition across development sales, shared ownership, service contracts, and grant-funded activities, there is no change to the recognition of social rent revenues.

5.6 An example of where changes to the standard could impact on the timing of the recognition of revenue can be found at Appendix 4.

Lease Accounting

5.7 The amendments introduce an IFRS 16 (This is the international standard which deals with leases) based model requiring housing associations (as lessees) to recognise:

- A right-of-use asset
- A lease liability

5.8 This removes the operating vs finance lease distinction for most leases and will require us to record leased assets on our Balance Sheet. These are currently expensed with no recognition of asset and liability. An example of such a lease would be our Electric Vehicles or new Uist office lease.

5.9 Whilst these changes will affect balance sheet size, gearing ratios, covenant headroom, and business plan assumptions, the impact to HHP is minimal.

5.10 For example our Electric Vehicle lease costing £400 per month will no longer be treated simply as an annual vehicle lease expense. Under the revised FRS 102, we will recognise a right-of-use asset and lease liability of approximately £13k at commencement. Annual costs will comprise depreciation of the asset and finance costs on the liability, increasing both reported assets and liabilities on the balance sheet.

5.11 All of our covenants will still be met following these changes.

Enhanced Narrative Reporting Requirements

5.12 Chapter 4 of the current SORP requires all social landlords with over 5,000 homes in management to prepare a strategic report. The new SORP proposes reducing this to over 1,000 homes, helping to provide more transparency and consistency across the larger registered providers. We currently provide all the required detail in our Annual Report. Appendix 3 provides details on our disclosure requirements.

Accounting Policies

5.13 Our Accounting Policies have been reviewed and updated to take into consideration these changes. The updated policies can be found at Appendix 1 with the changes highlighted in bold. The below table provides a summary of the changes:

Policy Area	**Summary of Change**
Preparation of Consolidated Financial Statements	Updated to allow for the anticipated consolidation of our subsidiary (Dachaigh Property Solutions Ltd).
Grant Income	Updated to incorporate the requirement to assess performance conditions when recognising grant income
Leased Assets	Policy expanded to align with FRS102 requiring leases to be recorded with a right-of-use asset and an associated lease liability.

6.1 Competence

COMPLIANCE CHECKLIST	
Financial	The report considers the accounting policies to be used by the Partnership for the preparation of the Financial Statements for 2026/27. The revised FRS 102 lease accounting requirements are expected to increase both assets and liabilities by approximately £125k on transition, reflecting the recognition of right-of-use assets and lease obligations previously held off balance sheet. The impact on annual surplus is not expected to be material, although EBITDA will improve due to lease payments being replaced by depreciation and finance costs. No significant impact on liquidity or cash flows is anticipated as the underlying contractual payments remain unchanged.
Legal	The Partnership's Rule 69 states that "The Partnership must keep proper books of account to cover its income, expenditure, spending, assets and liabilities in line with sections 75 and 76 of the Co-operative and Community Benefit Societies Act 2014. It must also set up and maintain a suitable system for controlling its books of accounts, its cash and its receipts and invoices". Our Standing orders refer "Approving changes in accounting policies" to the Audit and Risk Committee. Our Financial Statements are prepared in accordance with FRS 102 as issued by the Financial Reporting Council and comply with the requirements of the Co-operative and Community Benefit Societies Act 2014, Part 6 of the Housing (Scotland) Act 2010, the Determination of Accounting Requirements 2019 issued by the Scottish Housing Regulator and the Statement of Recommended Practice (SORP) for social housing providers issued in 2018.
Regulatory	The updates to the accounting standards have resulted in revisions to the regulator's Determination of Accounting Requirements and the Housing SORP which will need to be applied for accounting periods which begin on or after 1 January 2026.
Risk	The adoption of these policies will ensure our Financial Statements are prepared in accordance with the appropriate standards and comply with the regulator's Determination of Accounting Requirements Guidance note and the Housing SORP.
ESG	There are no ESG implications arising from the approval of this report.
Equalities	There are no equalities implications arising from the approval of this report.

COMPLIANCE CHECKLIST	
Communication	Once approved, the accounting standards will be shared with staff and our 2026/27 Financial Statements will include the revised accounting policies as at Appendix 1. The Financial Statements are provided to various stakeholders and made available to all on our website.

ACCOUNTING POLICIES

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Financial Statements, except where noted below.

Basis of Accounting

The Financial Statements of the Partnership are prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland, as issued by the Financial Reporting Council and applicable to the reporting period, and with the requirements of the Co-operative and Community Benefit Societies Act 2014, Part 6 of the Housing (Scotland) Act 2010, the Determination of Accounting Requirements issued by the Scottish Housing Regulator and the Statement of Recommended Practice for registered social housing providers issued in 2026. **The Partnership has considered the amendments to FRS 102 effective for accounting periods beginning on or after 1 January 2026, including the revised requirements for revenue recognition and lease accounting, and has applied these where effective for the reporting period.**

The financial statements have been prepared on the historical cost basis, except for the revaluation of certain properties and financial instruments. The principal accounting policies that have been applied consistently to all periods presented in these financial statements are set out below.

The preparation of financial statements in conformity with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise judgement in the process of applying the accounting policies selected for use by the Partnership. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 2. Use of available information and application of judgement are inherent in the formation of estimates. Actual outcomes in the future could differ from such estimates. Hebridean Housing Partnership Ltd is a public benefit entity.

Preparation of Consolidated Financial Statements

The Financial Statements comprise the consolidated results of Hebridean Housing Partnership and its wholly owned subsidiary, Dachaigh Property Solutions Limited. The consolidated Financial Statements have been prepared in accordance with FRS 102 and include the assets, liabilities, income and expenditure of the Partnership and its subsidiary, after eliminating intra-group balances, transactions, income and expenditure.

Dachaigh Property Solutions Limited is incorporated in Scotland and is controlled by Hebridean Housing Partnership through its ownership of the issued share capital. The subsidiary undertaking has therefore been consolidated within these Financial Statements. Further details of the subsidiary are provided in Note 10.

Turnover

Turnover, which is stated net of Value Added Tax, represents income receivable from lettings and service charges, fees receivable, revenue grants and other income. Rental income receivable from social housing lettings is recognised as lease income on a straight-line basis over the period of occupation, net of voids. Service charge income is recognised in the period in which the related services are provided and, where applicable, in accordance with the revised revenue recognition requirements of FRS 102 by identifying the relevant performance obligations and recognising income as those obligations are satisfied. Income from the sale of housing properties, shared ownership first tranches and other contractual income is recognised when control of the relevant goods or services transfers to the customer.

Grant Income

Grant income is accounted for in accordance with FRS 102 and the Housing SORP. **Revenue grants are recognised in turnover when the associated performance conditions have been met and the grant is receivable.** Social Housing Grant and other capital grants received as a contribution towards the capital cost of housing properties are recognised using the accrual model and released to income over the expected useful life of the housing property structure and its individual components to which the grant relates. Where grant becomes repayable, or there is a relevant

disposal or change in use, the accounting treatment reflects the terms of the grant agreement and applicable sector guidance.

Deposit and Liquid Resources

Cash, for the purpose of the cash flow statement comprises cash in hand and deposits repayable on demand, less overdrafts repayable on demand. Liquid resources are current asset investments that are disposable without curtailing or disrupting the business and are readily convertible into known amounts of cash at, or close to, their carrying value.

Pension Costs

The Partnership participates in the Highland Superannuation Scheme and contributions to the pension scheme are calculated as a percentage of pensionable salaries of the employees, determined in accordance with actuarial advice. The actual pension cost is charged to the income and expenditure account based on contributions to the fund. In accordance with FRS102 the future payments in respect of the past service deficit plan have been discounted and recognised as a provision within the financial statements. When a pension plan is in a net surplus position, there is a requirement, under FRS102, to restrict the surplus where there are restrictions on the recoverability of the plan surplus.

Housing Properties

Housing properties are stated at cost less accumulated depreciation. The cost of properties is their purchase price together with capitalised repairs. Housing properties in the course of construction are stated at cost and are not depreciated. Housing properties are transferred to completed properties when they are ready for letting and are then depreciated over their useful economic lives. The development cost of housing properties includes:-

1. Cost of acquiring land and buildings; and
2. Development expenditure including administration costs

Where it is considered that there has been any impairment in value this is provided for accordingly. Expenditure on schemes that are subsequently aborted is written off in

the year in which it is recognised that the schemes will not be developed to completion.

Improvements to Housing Properties

The Partnership capitalises repairs and improvement expenditure on its housing properties which result in an enhancement of the economic benefit of the asset.

Impairment

An assessment is made at each reporting date of whether there are indications that a fixed asset (including housing properties) may be impaired. Impairment is recognised where the carrying value of an asset exceeds the higher of its net realisable value or its value in use. Value in use represents the net present value of expected future cash flows expected from the continued use of these assets. Any impairment of assets would be recognised in the Statement of Comprehensive Income.

Shared Ownership

Shared ownership properties are split proportionately between current and fixed assets based on the first tranche proportion.

First tranche proportions will be accounted for as current assets and the related sales proceeds shown in turnover; and

The remaining element of the share ownership property will be accounted for as a fixed asset and any subsequent sale will be treated as a part disposal of a fixed asset.

Commercial Properties

Commercial Properties are valued at existing use value.

Provisions

The Partnership only provides for contractual liabilities that exist at the balance sheet date.

Taxation

Income and capital gains are generally exempt from tax if applied for charitable purposes.

Depreciation

Depreciation is charged on a straight-line basis to write off the cost of each asset, less any estimated residual value, over its expected useful life, as set out below. Assets are depreciated in the year of acquisition, from the date of their acquisition, and in the year of disposal, up to the date of disposal. Land is not depreciated.

Housing Properties & Offices

All of the major components comprised within the Partnership's housing properties and offices are treated as separable assets and their costs (after the deduction of any related social housing grant) are depreciated by reference to the expected useful life of each component, on the following basis:

	Years
Roofs	50
Kitchens	20
Bathrooms	30
Showers	10
Heating Boilers	15
Heating Systems	30
Window & Doors	25
Other External Components	15
Structure	60

Other Fixed Assets

All other Fixed Assets are depreciated by reference to the following expected useful lives:

	Years
Furniture, Fittings and Office Equipment	5
Computer Hardware and Software	4
Motor Vehicles	25% reducing balance

Sale of Housing Accommodation

Properties are disposed of under the appropriate legislation and guidance. All costs and grants relating to the share of property sold are recognised in the Statement of Comprehensive Income at the date of sale. Any grants received that cannot be repaid from the proceeds of sale are abated and the grant removed from the Financial Statements.

Stock

Stocks are valued at the lower of cost and net realisable value.

Capitalisation of Development Overheads

Staff costs that are directly attributable to bringing housing properties into working condition for their intended use are capitalised.

Value Added Tax

The Partnership is registered for VAT. A large proportion of its income, including rental receipts, is exempt for VAT purposes, giving rise to a partial exemption calculation. Expenditure with recoverable VAT is shown net of VAT and expenditure with irrecoverable VAT is shown inclusive of VAT. VAT on refurbishment works expenditure included in the development works agreement with CNES is fully recoverable. Expenditure on these works is shown net of VAT.

Bad & Doubtful Debts

Provision is made against rent arrears for current and former tenants and against other miscellaneous debts to the extent that they are considered potentially irrecoverable.

Leased Assets

At the commencement date of a lease, the Partnership recognises a right-of-use asset and a corresponding lease liability for leases where it is the lessee, except for short-term leases and leases of low-value assets where the recognition exemption is applied. The lease liability is initially measured at the present value of lease payments not paid at that date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Partnership's incremental borrowing rate. The right-of-use asset is initially measured at the amount of the lease liability, adjusted for

lease payments made at or before the commencement date, initial direct costs and any restoration obligations. Right-of-use assets are depreciated over the shorter of the lease term and the useful life of the underlying asset, and lease liabilities are subsequently measured using the effective interest method. Lease payments for exempt short-term and low-value leases are charged to expenditure on a straight-line basis over the lease term. Where the Partnership is a lessor, rental income is recognised over the lease term and lease components and non-lease components, including service charges, are assessed in accordance with FRS 102 and the Housing SORP.

Designated Reserves

Designated reserves are unrestricted reserves earmarked by Directors for particular purposes.

Financial Instruments

Loans provided to HHP Dachaigh Property Solutions Limited are classified as basic financial instruments under FRS 102 and measured at amortised cost. In the case of payment arrangements that exist with customers, these are deemed to constitute financing transactions and are measured at the present value of the future payments discounted at a market rate of interest applicable to similar debt instruments.

Summary of Changes Made to the Determination of Accounting Requirements

1. Specific changes

1.1. Publication date – the publication date has been updated to reflect the requirement for the Determination of Accounting Requirements (Determination) to be published before the commencement date.

1.2. Application of Determination – the date has been amended to reflect the effective date of 1 January 2026.

1.3. General accounting requirements – additional paragraphs have been added for compliance with the Determination and the Housing SORP to be set out in the notes to the financial statements along with the reason why consolidated financial statements are not being produced within a group structure.

1.4. Statement of Internal Financial Control – a new section has been added to mandate the completion of the Statement of Internal Financial Control. This was previously set out in advisory guidance and has a very high level of compliance so will not be an additional burden. The new section is supported by 2 appendices with sample wording for the statement and the auditor's opinion on the statement.

1.5. Pension schemes – a new section has been added to mandate the use of the valuation basis for defined benefit pension schemes and to standardise the disclosure of schemes that have an asset valuation.

1.6. Note 3 – additional categories of other activities have been added to reflect what is now being undertaken.

1.7. Note 4 – a standardised layout for the presentation of units owned has been introduced. This includes a reconciliation from the opening to the closing position.

1.8. Key management personnel emoluments – this section has been removed as the disclosure requirement is now included in the SORP.

1.9. Consideration for services of key management personnel – this section has been removed as the disclosure requirement is now included in the SORP.

1.10. Employees – an additional line has been added to the cost breakdown to include pension deficit recovery payments and the pension costs line has been amended to reflect this.

1.11. Contracted out services – a new requirement has been added to disclose the cost of contracted out services that would normally be provided in-house by employees.

1.12. Interest payable and similar charges – additional lines have been included for capitalised interest and interest payable on lease payments.

1.13. Heat with rent and similar charges – a new requirement has been added to increase the transparency around the costs of these schemes.

1.14. Accommodation managed by the registered social landlord – this section has been removed due to the inclusion of the new note 4.

1.15. Accommodation managed by others – this section has been removed due to the inclusion of the new note 4.

Part 1 – Schedule of Information to be included in the notes to the financial statements

Note 1 – Particulars of turnover, operating costs and operating surplus or deficit

	Turnover	**Operating costs**	**Operating surplus or deficit**	**Operating surplus or deficit for previous period**
	£	£	£	£
Affordable letting activities [1]				
Other activities [2]				
Total				
Total for previous reporting period				

[1] Affordable letting activities includes any income and associated expenditure that directly relates to the provision of affordable housing. This does not include activity related to the provision of mid-market rent tenancies.

[2] Other activities include any activities not otherwise included under affordable housing activities.

Note 2 - Particulars of turnover, operating costs and operating surplus or deficit from affordable letting activities

	General Needs Social Housing	**Supported Social Housing Accommodation**	***Shared Ownership Housing***	***Other (describe)***	***Total***	**Total for previous reporting period**
	£	**£**	**£**	**£**	**£**	**£**
Rent receivable net of service charges						
Service charges						
Gross income from rents and service charges						
Less voids						
Net income from rents and service charges						
Grants released from deferred income						
Revenue grants from Scottish Ministers						
Other revenue grants						
Total turnover from affordable letting activities						
Management and maintenance administration costs						
Service costs						
Planned and cyclical maintenance including major repairs costs						
Reactive maintenance costs						
Bad debts – rents and service charges						
Depreciation of affordable let properties						
Impairment of affordable let properties						
Operating costs for affordable letting activities						
Operating surplus or deficit for affordable letting activities						
Operating surplus or deficit for affordable letting activities for previous reporting period						

Note 3 - Particulars of turnover, operating costs and operating surplus or deficit from other activities

	Grants from Scottish Ministers	***Other revenue grants***	***Supporting people income***	***Other income***	***Total Turnover***	***Operating costs – bad debts***	***Other operating costs***	***Operating surplus or deficit***	**Operating surplus or deficit for previous reporting period**
	£	**£**	**£**	**£**	**£**	**£**	**£**	**£**	**£**
Wider role activities undertaken to support the community, other than the provision, construction, improvement and management of housing									
Care and repair									
Investment property activities									
Factoring									
Support activities									
Care activities									
Contracted out services undertaken for registered social landlords									
Contracted out services undertaken for other organisations									
Developments for sale to registered social landlords									

	Grants from Scottish Ministers	***Other revenue grants***	***Supporting people income***	***Other income***	***Total Turnover***	***Operating costs – bad debts***	***Other operating costs***	***Operating surplus or deficit***	**Operating surplus or deficit for previous reporting period**
Developments and improvements for sale to other organisations									
Uncapitalised development administration costs									
Community centre activities									
Energy distribution/supply									
Renewable energy generation									
Other non-current asset depreciation									
Management charges to subsidiary organisations									
Other activities (describe here*)									
Total from other activities									
Total from other activities for the previous reporting period									

- "Other activities" that are material should be clearly described and a materiality level of 5% of net rental income should be applied for item or items included as "other activities".

Note 4 - Accommodation owned and managed by the RSL

	General needs social housing	***Supported social housing accommodation***	***Shared ownership housing***	***Other (describe)***	***Total***	***Total for previous reporting period***
Opening balance						
Number of units added						
Number of units re-purposed between categories						
Number of units disposed						
Total units owned at the end of the reporting period						
Number of units owned but managed by others in the closing figure above*						
Number of units managed not owned at the end of the reporting period						

* Details must be provided of the number of units managed by others as follows:

Name of managing body	**Number of units managed at beginning of reporting period**	**Number of units managed at end of reporting period**	**Total amount of funding payable**	**Type of funding payable**

Part 2 - Other information to be included in the notes to the financial statements

1. Establishment of registered social landlord

1.1 A statement of the legislative provisions under which the RSL is established.

1.2 Any identifying number allocated to the RSL as part of a registration process by:

a. the registrar of companies for Scotland, under section 1066 of the Companies Act 2006;
b. the Financial Conduct Authority;
c. the Office of the Scottish Charity Regulator; or
d. Scottish Ministers

2. Administration details

2.1 The address of the registered office of the RSL and, if different, the address of the principal office of the RSL.

2.2 The name of any person who is a member of the key management personnel at any point during the reporting period and their role in the organisation, and the date of that person's appointment or resignation if during the reporting period.

2.3 The names and addresses of the principal professional advisors, including bankers, solicitors, external and internal auditors.

3. Key management personnel emoluments

3.1 The aggregate amount of emoluments payable to, or receivable by, the key management personnel and former key management personnel of the registered social landlord whose total emoluments are £60,000 or more, excluding employer's pension contributions, during the reporting period.

3.2 The number of key management personnel whose emoluments during the reporting period fall within each band of £10,000 from £60,000 upwards.

3.3 If there are no key management personnel with emoluments of £60,000 or more during the reporting period, this should be stated.

3.4 The emoluments payable to, or receivable by, the chief executive or equivalent of the registered social landlord split as follows:

a. emoluments excluding employer's pension contributions;
b. employer's pension contributions; and
c. total emoluments payable

3.5 The number of governing body members whose emoluments during the reporting period fall within each band of £5,000 from £0 to £5,000 and upwards.

3.6 In paragraphs 3.1 to 3.5, "emoluments" means payments in respect of key management personnel services as key management personnel of the registered social landlord or key management personnel services (whilst acting as key management personnel of the registered social landlord) in connection with the management of its affairs or the affairs of any subsidiary undertaking of the registered social landlord, whether those amounts are payable by the registered social landlord or its subsidiary undertakings, and includes:

a. wages and salaries, including performance related pay, payable for the reporting period;
b. fees and percentages;
c. sums payable by way of expense allowance (so far as chargeable to United Kingdom tax);
d. non-contractual payments;
e. contributions payable in respect of pensions except where otherwise stated; and
f. the estimated money value of any other benefits otherwise than in cash

Emoluments in respect of a person accepting office shall be treated as emoluments in respect of his or her service as a member of the key management personnel.

3.7 The pension contributions payable to, or receivable by, key management personnel of the registered social landlord whose total emoluments (excluding pension contributions) are £60,000 or more during the reporting period, or where no such contribution is payable, a statement to that effect.

4. Compensation payable to key management personnel

4.1 The aggregate amount of any compensation payable to, or receivable by, key management personnel and former key management personnel of the RSL for loss of office (whether by retirement or otherwise) during the reporting period, distinguishing between compensation in respect of the office, whether of the RSL or any subsidiary undertaking, and compensation in respect of other offices.

4.2 In paragraph 4.1, "compensation" means compensation received or receivable f or:

a. loss of office of the key management personnel of the RSL, or
b. loss, whilst as a member of the key management personnel of the RSL or in connection with ceasing to be a member of the key management personnel of that body, of:
    i. any other office in connection with the RSL's affairs; or

ii. any office or otherwise in connection with the management of affairs of any subsidiary undertaking of the RSL.

5. Employees

5.1 The average number of full time equivalent employees of the RSL, as ascertained from the average number of full time equivalent employees employed in each month of the reporting

5.2 Where the total number of employees differs materially from the number of full time equivalent employees, this should be disclosed.

5.3 In paragraphs 5.1 and 5.2, a "full time equivalent" employee means a full time employee working standard hours and includes temporary, seconded and agency staff.

5.4 In relation to employees of the RSL, the aggregate amount of each of:

a. wages and salaries (including performance related pay) payable for the reporting period;
b. national insurance costs incurred by the RSL;
c. any pension costs incurred excluding any amounts paid in relation to a past service pension deficit recovery agreement;
d. any amounts paid in relation to a past service pension deficit recovery agreement; and
e. costs of employing temporary or seconded staff including those engaged through an employment agency

5.5 In paragraph 5.4:

a. "national insurance costs" means any contributions by the RSL to any state welfare or pension scheme, fund or arrangement; and

b. "pension costs" includes any costs incurred by the RSL in respect of any pension scheme established for the purpose of providing pensions for persons currently or formerly employed by the RSL, any sums set aside for the future payment of pensions directly by the RSL to current or former employees and any pensions paid directly to such persons without having first been set aside.

6. Contracted out services

6.1 Where provision of services that would normally be provided in-house by employees is undertaken by a third party, the total amount of cost incurred for each service being provided.

6.2 In paragraph 6.1, "services" relates to the type of work being undertaken and not to the individual contract and might include, but is not limited to, the following:

a. finance;

b. maintenance (labour costs only);

c. human resources;

d. internal audit;

e. digital services.

It does not relate to services available as a result of being in a membership body or that are provided as part of a group structure.

7. Auditors

7.1 The amount of remuneration, including sums payable in respect of expenses, inclusive of non-recoverable VAT, paid or payable to the RSL's external auditors in their capacity as such.

7.2 The amount of any remuneration, including sums payable in respect of expenses, inclusive of non-recoverable VAT, paid or payable to the RSL's external auditors or their associates in respect of services other than those of external auditors in their capacity as such.

7.3 For the purposes of paragraph 7.2, "associate" has the same meaning as in regulations made under section 256 Companies Act 2006.

8. Interest payable and similar charges

8.1 A summary of interest payable and similar charges disclosing:

a. deferred interest;
b. capitalised interest;
c. interest payable on lease payments;
d. interest charged on late payment of taxation; and
e. any early redemption penalties

9. Taxation

9.1 Particulars of any special circumstances which affect liability in respect of the taxation of surpluses, income, or capital gains for the reporting period, or liability in respect of these items for future reporting periods.

10. Non-current assets

10.1 Details of the accounting policy for works to existing properties and how amounts to be capitalised are determined, including a table of components capitalised and their estimated useful lives for depreciation purposes.

10.2 Specific disclosure of total expenditure each year on works to existing properties, split between the amount capitalised and the amount charged to the statement of comprehensive income. Amounts capitalised should be analysed between the replacement of components and improvements.

10.3 Where any amount is shown in respect of land (including buildings) in the RSL's statement of financial position, there shall be stated:

a. how much of that amount relates to land owned by the RSL and how much relates to land which is held on a lease; and

b. how much of the amount attributable to land held by the RSL on a lease relates to land held on a long lease and how much to land held on a short lease

10.4 For the purposes of paragraph 10.3, "long lease" and "short lease" have the same meaning as in Paragraph 7 of Schedule 10 to the Large and Medium sized Companies and Group (Accounts and Reports) Regulations 2008 (2008/No 410).

11. Shared equity activity

11.1 Where the RSL participates in shared equity activities, details should be provided of the level of involvement as at the date of the statement of financial position.

12. Rent arrears

12.1 The aggregate amount for each of the following:

a. gross rent arrears;
b. the amount of any provisions for bad and doubtful debts;
c. where material, the net present value adjustment required if there are repayment schedules in place; and
d. net rent arrears

13. Deferred income

13.1 A reconciliation of the total grant held as deferred income between the balance at the beginning and at the end of the reporting period split between social housing grant and other grants.

13.2 A summary of the grant due to be released to the statement of comprehensive income split between social housing grant and other grants for the following:

a. amounts due within one year or on demand; and

b. amounts due in one year or more

14. Payables

14.1 In respect of each item shown under "payables" in the RSL's statement of financial position, there shall be stated a profile of the expected repayments for the following time periods:

a. amounts due within one year;
b. amounts due in one year or more but less than two years;
c. amounts due in two years or more but less than five years; and
d. amounts due in more than five years

15. Heat with rent and similar charges

15.1 Where the RSL provides heat with rent or similar charges, the RSL must supply details for the current and previous year regarding:

a. whether or not you are required to register with the Office of Gas and Electricity (OFGEM) or its successor body;
b. the amount of income due in respect of heat with rent and similar charges less voids;
c. the level of gross arrears that relate specifically to those charges;
d. the amount of provision for bad and doubtful debts that relate specifically to those charges; and
e. the value of the surplus or deficit on any equalisation accounts associated with those charges.

15.2 The amount due at 15.1(b) does not include proportional recharges for communal areas.

16. Charges

16.1 Particulars of any charge on the assets of the RSL to secure the liabilities of any other person, including, where practicable, the amount secured. For example, this would include any charges which secure a cross-group guarantee obligation.

17. Capital and other commitments

17.1 There shall be stated where practicable, the aggregated amount or estimated amount of contracts for capital expenditure, so far as not provided for, together with an indication of the proposed financing of such expenditure.

17.2 Particulars of any other financial commitments which have not been provided for and are relevant to assessing the RSL's state of affairs.

Example Contract

The Association enters into a 3-year asset management contract to provide property management services to a third-party housing provider.

Total contract value: **£150,000**
Services include:
Mobilisation and set-up
Ongoing asset management services

Impact of New FRS 102 Revenue Model

Under the revised FRS 102, revenue must be allocated to each distinct performance obligation based on its relative standalone selling price and recognised when that obligation is satisfied.

Service	Standalone Selling Price	Allocated Revenue
Mobilisation & set-up	£30,000	£27,273
Ongoing management services	£135,000	£122,727
Total Contract	**£165,000**	**£150,000**

Revenue Recognition

£27,273 recognised when mobilisation activities are completed.
£122,727 recognised over the 3-year contract term as services are delivered.

MANAGEMENT REPORT TO 31 JULY 2026

Board 24 August 2026

Report by Director of Finance & Corporate Services

Purpose of Report

1.1 To present the Management Report for the month ended 31 July 2026 to the Board for review.

Summary

2.1 Financial covenants are forecast to be met. This requires a minimum interest cover of 150% and does not require major repairs/investments to be deducted from our operating surplus.

2.2 An increase of £384K total debtors can be solely attributed to a sales invoice for works completed at our Melbost West development which is being funded by SSEN. Due to the payment terms and conditions in which HHP can invoice for works completed, Sundry Debts are likely to be higher for the duration of the project.

2.3 A virement is required to reflect the grant offer received from the Scottish Government of £332K for aids and adaptations in 2026/27.

Compliance

3.1 The competence issues relating to this report are at section 5.1 of the report

Recommendations

4.1 It is recommended that the Board:

a) approve to vire £188,661 to OT Works cost budget from reserves and £188,661 to OT Grants budget from reserves as a result of a Grant offer from Scottish Government for Aids & Adaptations;

b) note the Management Report at 31 July 2026 and revised forecast out turn at 31 March 2027 at Appendix 1; and

c) note the total debt owed to HHP at 26 July 2026 as £1,239,373 and current legal action on live arrears at Appendix 2.

APPENDIX 1	Management Report to 31 July 2026	
APPENDIX 2	Current Legal Action on Live Cases	
Background Papers	None	
Writer of Report	James Morrison	Tel: 0300 123 0773

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	The board approved budgets for 2026/27 in March 2026, which projected a surplus for the year of £1.66M. The current forecasted out-turn surplus is £1.74M. Covenants are forecast to be met for the year. A total of £9K has been spent on legal fees on arrears action during the financial period 2026/27. In the previous financial year, £5K was spent at this point.
Legal	The following Partnership rules are applicable: *Rule 69 - The Partnership must keep proper books of accounts to cover its income, expenditure transactions and its assets, liabilities and reserves in line with Part 7 of the Co-operative and Community Benefit Societies Act 2014. It must also set up and maintain a suitable system for controlling its books of accounts, its cash and its receipts and invoices.* The management of the current rent arrears and all other debts is covered by the Debt Management Policy. The Prescription (Scotland) Act 2018 sets out the conditions under which debts can no longer be pursued.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides ongoing assurance of evidence point 3,4,5 and 6 and AN3 and RS3 in relation to our Annual Assurance Statement.
Risk	Borrowing Arrangements & not meeting our Financial Covenants is highlighted on our Risk Register with a residual risk of 6, which is considered low. All covenants will be met for the year. Affordability for tenants is identified as a risk on our Risk Register with an inherent risk of 15 which is rated as high.
ESG	The Investment costs included in this report, which detail insulation and heating upgrades, are contributing to us delivering our ESG Strategy. The value of affordability and security is outlined in our ESG action plan with an associated target of arrears being less than 2%.

COMPLIANCE CHECKLIST	
Equalities	We are committed to promoting equality, diversity and inclusion. The are no equalities implications arising from the approval of this report.
Communication	Our Facilities Agreement with RBS requires us to provide our funders with a copy our Management Report at the end of each quarter.

Management Report 2025/26

To 31 July 2026

hhp | hebridean housing partnership

INTRODUCTION

The Management Report to 31 July 2026 is attached and if Board Members or Managers have any areas of concern or would like additional information, they should contact the Finance Manager or the Director of Finance & Corporate Services.

This report is an extract of the Management Report presented to the Development & Finance Committee for review and is made up of the following:

High level summary

Statement of Comprehensive Income

Statement of Financial Position

Debt Overview

Financial Covenants

Financial Ratios

Cashflow Forecast

Stock Levels

SECTION 1: HIGH LEVEL SUMMARY

	INDICATOR	STATUS	COMMENT
INCOME	FINANCIAL COVENANTS		
	FORECASTED SURPLUS		
	RENTAL INCOME		
	GRANT INCOME		
	DEVELOPMENT GRANTS		Delays in various projects has resulted in a decrease in anticipated grants for the year.
	OTHER INCOME		
EXPENDITURE	DEVELOPMENT COSTS		Delays in various projects has resulted in a decrease in anticipated costs for the year.
	INVESTMENT		Roof works in Uist & Barra may be at risk due to issues with contractor insurance relating to asbestos.
	REPAIRS & MAINTENANCE		Void repairs have had a small number of larger value clean and clear works.
	MANAGEMENT COSTS		
	INTEREST		

	**No Issues - On Track**
	**Requires Monitoring**
	**Issues**

SECTION 2: MANAGEMENT ACCOUNTS

STATEMENT OF COMPREHENSIVE INCOME

Line	Heading	CURRENT YEAR BUDGET Initial Budget £	Revised Budget £	BUDGET to 31-Jul-26 £	ACTUAL to 31-Jul-26 £	BUDGET VARIANCE Budget to date £	Budget to date %	BUDGET REMAINING Revised Budget £	Revised Budget %	FORECAST OUT-TURN Over/ (under) £	at 31-Mar-27 £
1	Dwelling rents (net)	13,167,780	13,167,780	4,538,257	4,554,644	16,387	0%	8,613,136	65%	-	13,167,780
2	Non Dwelling rents (net)	19,850	19,850	11,030	11,138	109	1%	8,712	44%	-	19,850
3	Profit/(Loss) on Disposal of Assets	(173,170)	(208,789)	(57,286)	(102,291)	(45,005)	79%	(106,498)	0%		(208,789)
4	Grant Funding	463,600	463,600	154,533	174,640	20,106	13%	288,960	62%	188,661	652,261
5	Other Income	228,620	228,620	76,654	76,673	18	0%	151,947	66%		228,620
6	**TOTAL INCOME**	13,706,680	13,671,061	4,723,188	4,714,804	(8,384)	0%	8,956,257	66%	188,661	13,859,722
7	Supervision & Management	3,631,800	3,708,420	1,282,425	1,183,858	98,567	8%	2,524,562	68%	-	3,708,420
8	Response Repairs	2,406,900	2,406,900	711,106	712,906	(1,800)	0%	1,693,994	70%	-	2,406,900
9	Estate Works	143,400	143,400	26,500	25,186	1,315	5%	118,214	82%	-	143,400
10	Planned/Cyclical Maintenance	1,904,500	1,904,500	528,322	552,868	(24,546)	-5%	1,351,632	71%	-	1,904,500
11	**Total Operating Expenditure**	8,086,600	8,163,220	2,548,354	2,474,818	73,536	3%	5,688,402	70%	-	8,163,220
12	Operating Surplus/(Deficit)	5,620,080	5,507,841	2,174,834	2,239,986	65,151	3%	3,267,855	59%	188,661	5,696,501
13	Interest received	35,800	37,330	16,900	16,920	20	0%	20,410	55%		37,330
14	Interest paid	733,900	733,900	239,603	238,572	1,031	0%	495,328	67%		733,900
15	Surplus/(Deficit)	4,921,980	4,811,271	1,952,131	2,018,333	66,202	3%	2,792,937	58%	188,661	4,999,932
16	Depreciation	5,498,150	5,498,150	1,840,717	1,840,408	310	0%	3,657,742	67%		5,498,150
17	Grant Amortisation	(2,235,120)	(2,235,120)	(734,661)	(734,183)	477	0%	(1,500,937)	67%		(2,235,120)
18	Surplus/(Deficit)	1,658,950	1,548,241	846,075	912,109.05	66,034	8%	636,132	41%	188,661	1,736,902
	CAPITAL INVESTMENT										
19	Aids & Adaptations	120,000	120,000	36,000	53,646	(17,646)	-49%	66,354	55%	188,661	308,661
20	Housing Investment Programme	5,711,390	5,648,026	484,275	269,562	214,713	44%	5,378,464	95%	-	5,648,026
21	Non Housing Investment	96,810	96,810	6,100	5,086	1,014	17%	91,724	95%	-	96,810
22	Development Programme	1,073,800	826,940	851,809	2,258,613	(1,406,804)	-165%	(1,431,673)	-173%	(8,884)	818,056
23		7,002,000	6,691,776	1,378,184	2,586,906	(1,208,723)	-88%	4,104,869	61%	179,777	6,871,552

Commentary on Performance

Income

Dwelling Rents are £16K ahead of budget due to the void performance being better than the budgeted year to date amount, with current levels at 0.66% against a budget target of 1%. We have received a funding offer for Aids & Adaptations totalling £332K which has increased the out turn on grant funding by £189K. This funding will be matched by expenditure in our Aids & Adaptations Capital Investment works.

Expenditure

Supervision and Management spend is currently under budget due to staff turnover. Planned/Cyclical Maintenance expenditure is above budget as Air Source Heat Pump servicing works have progressed faster than originally scheduled.

STATEMENT OF FINANCIAL POSITION

Line	Heading	Notes	31-Jul-26 £	30-Jun-26 £	31-Mar-26 £
	Fixed Assets				
1	Tangible assets-social housing	1	143,824,965	144,303,374	*145,312,454*
2	Development & Investment Programme		2,281,052	1,791,164	-
3	Tangible assets - property, plant and equipment	1	570,586	582,692	*626,395*
4	Landbank		340,746	340,746	*340,745*
5	Investments		2	2	*2*
6	**Total Fixed Assets**		147,017,351	147,017,979	146,279,596
	Current Assets				
7	Stock		23,928	23,928	23,928
8	Trade and other debtors due within one year	2	737,508	1,232,309	1,687,798
9	Debtors due after more than one year		135,129	136,376	140,115
10	Short-term deposits	3	2,906,167	905,761	5,403,888
11	Cash at bank and in hand	3	3,799,065	6,848,225	3,111,849
12	Loan to subsiduary		31,278	31,278	31,278
13	**Total Current Assets**		7,633,075	9,177,876	10,398,857
14	**Creditors: amounts falling due within one year**	4	(1,343,258)	(2,899,519)	*(3,638,528)*
15	**Net current assets**		6,289,817	6,278,358	*6,760,329*
16	**Total assets less current liabilities**		153,307,168	153,296,336	153,039,925
17	**Creditors:** amounts falling due after more than one year		(22,365,333)	(22,365,333)	*(22,365,333)*
18	Deferred capital grants		(79,637,095)	(79,726,064)	*(80,281,974)*
19	Pension Liability		-		-
20	**Net Assets**		**51,304,740**	**51,204,940**	50,392,618
	Capital and Reserves				
21	Share Capital		92	92	*86*
22	Revenue Reserve		51,304,648	51,204,848	*50,392,532*
23	**Total Capital and Reserves**		**51,304,740**	**51,204,940**	50,392,618

Commentary on Performance

Note 1 (Tangible Assets) – Tangible assets have decreased by £478K as depreciation exceeds capitalised costs.

Note 2 (Trade and other debtors due within one year) – A reduction of £495K is mainly due to receiving payment for March's VAT return and moving to a payable VAT position in July (£300K).

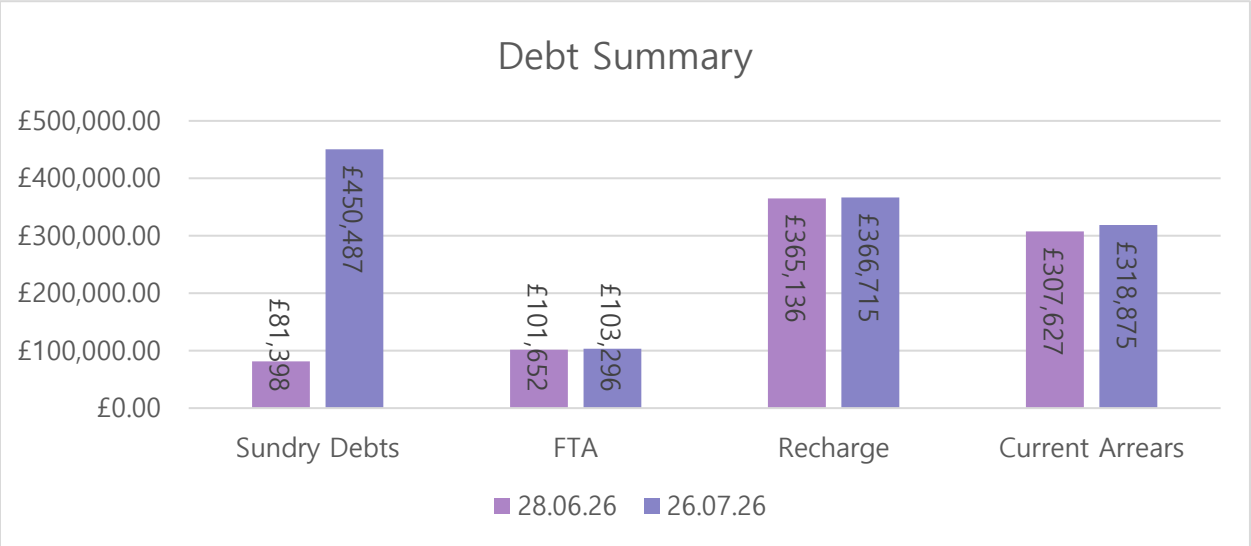
Note 3 (Cash) – Overall cash balances have reduced by £1.05M, mainly due to the timing of payments and receipts relating to the Melbost West development programme. £2M was placed on deposit in July and will mature in November.

Note 4 (Creditors: amounts falling due within one year) – The balance of Trade Payables in June was higher than usual due to the timing of an invoice received relating to Melbost West, which was paid at the beginning of July.

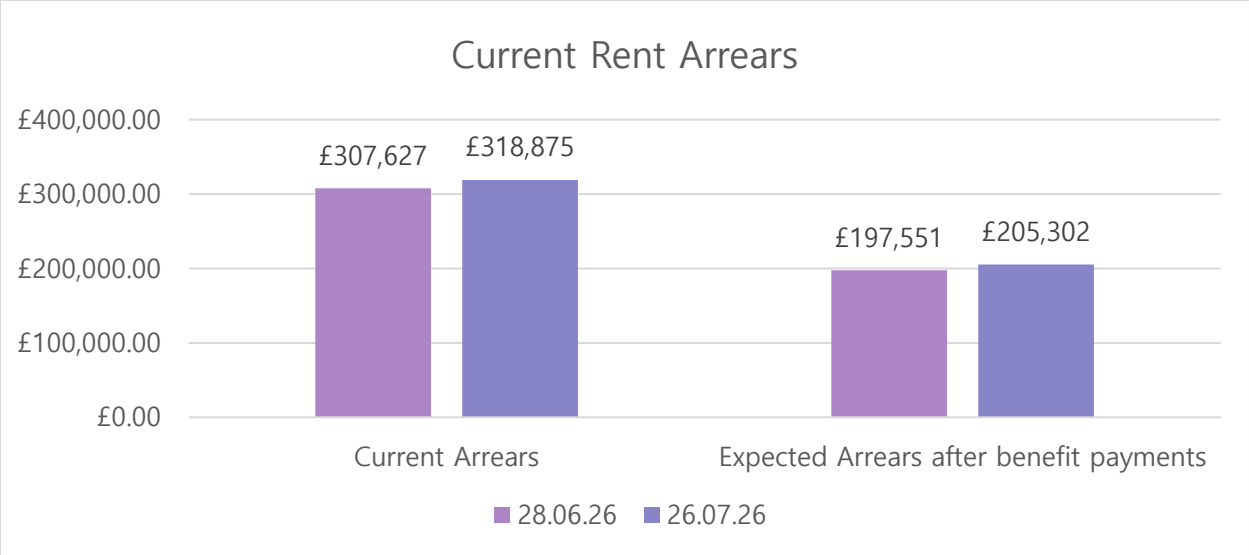
DEBT MANAGEMENT

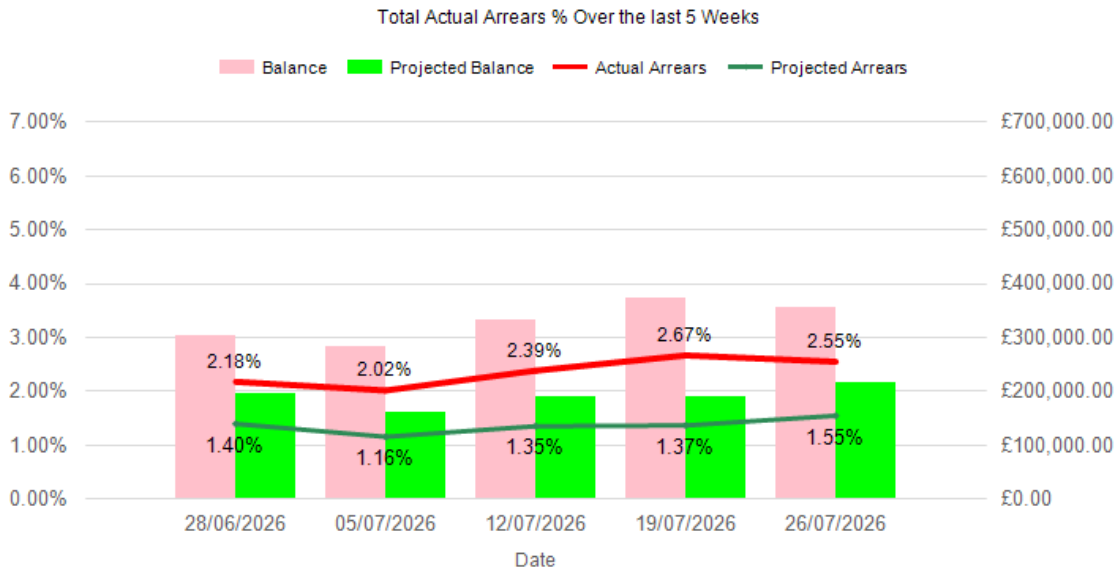
The below table provides a view of debt at the 4 weekly housing benefit payment date from June to July 2026:

	At 28 June 2026	At 31 July 2026
Total Gross Debt	£855,813	£1,239,373
Total Debt (Adjusted for expected benefit)	£745,737	£1,125,800



Debt Class	Movement	Commentary
Current Rent Arrears increase	£11,248	Small increase as a result of the timing of the reporting period as a portion of tenants pay rent on the last few days of the month.
Former Rent Arrears increase	£1,644	Raised 3 invoices (£4,002) and received 20 payments totaling £1,031 as well as 3 write offs totaling £1,327.
Sundry Debts increase	£369,089	82 Invoices raised (£3,960) with payments received of £51,258. 4 credit notes raised totaling £987. One further invoice raised was for SSEN Melbost West Project (£417,374) and was paid on 30 July.
Rechargeable Repairs increase	£1,579	17 Invoices raised (£4,669) with 62 payments received totalling £2,041 as well as 2 write offs (£312) and 3 credit notes (£737).
Total Increase in Debt	**£383,560**	


Current Rent Arrears
£400,000.00
£300,000.00
£200,000.00
£100,000.00
£0.00
£307,627
£318,875
£197,551
£205,302
Current Arrears
Expected Arrears after benefit payments
28.06.26
26.07.26


Total Actual Arrears % Over the last 5 Weeks
Balance
Projected Balance
Actual Arrears
Projected Arrears
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
£700,000.00
£600,000.00
£500,000.00
£400,000.00
£300,000.00
£200,000.00
£100,000.00
£0.00
2.18%
2.02%
2.39%
2.67%
2.55%
1.40%
1.16%
1.35%
1.37%
1.55%
28/06/2026
05/07/2026
12/07/2026
19/07/2026
26/07/2026
Date

FINANCIAL COVENANTS

HHP has a credit facility with RBS and we are required to comply with an interest cover covenant and a gearing covenant:

Line	Detail	2026/27	Forecast
1	Operating Surplus	£ 1,133,761	£ 2,443,004
2	Add back Depreciation	£ 1,840,408	£ 5,498,150
3	Add back Profit/(Loss) on sale of LIFT properties	£ -	£ -
4	Deduct Pension Contributions	£ -	£ -
5	Deduct Amortisation	(£ 734,183)	(£ 2,235,120)
6	Adjusted Operating Surplus	£ 2,239,986	£ 5,706,034
7	Interest Payable	£ 238,572	£ 733,900
8	Interest Receivable	£ 16,920	£ 37,330
9	Net Interest Payable	£ 221,652	£ 696,570
10	Covenant for 26/27	150%	150%
11	Adjusted Operating Surplus as percentage of Net interest Payable	1011%	819%
12	Historic Cost of Properties	£ 185,740,782	£ 191,831,392
13	Financial Indebtedness	£ 17,000,000	£ 17,000,000
14	Gearing Covenant for 26/27	30%	30%
15	Gearing	9%	9%

FINANCIAL RATIOS

Key Ratios

	2026/27	Forecast	2025/26
Current Ratio (Current Assets/Current Liabilities)	5.58	4.71	3.12
Net Debt Per Unit Borrowing/ stock units	£6,852	£6,849	£6,908
Voids% Voids as % of Rental Income Due	0.66%	0.91%	0.71%
Bad Debts % Bad Debts written off as % of Rental Income Due	0.13%	2.01%	0.14%
Staff Cost/Turnover %	19.35%	22.03%	18.93%

CASH FLOW FORECAST 2026/27

The below cash flow shows the anticipated cash position as at 31 July 2026 and a forecast for the remainder of the 26/27 Financial Year:

Monthly Cash Flow Forecast

Year Ended 31-Mar-27	31-Jul-26 Month 4	31-Aug-26 Month 5	30-Sep-26 Month 6	31-Oct-26 Month 7	30-Nov-26 Month 8	31-Dec-26 Month 9	31-Jan-27 Month 10	28-Feb-27 Month 11	31-Mar-27 Month 12	Total
Cash on Hand at beginning of month	**5,266,765**	**3,904,982**	**4,035,249**	**3,486,688**	**3,503,872**	**3,182,340**	**3,067,222**	**3,222,853**	**3,507,695**	**3,481,643**
Cash Receipts										
Rent	1,456,909	1,275,395	1,104,021	1,275,395	1,104,021	1,104,021	1,405,395	1,104,021	1,104,021	**13,987,415**
Sale of Assets	-	-	-	-	-	-	-	-	-	**50,389**
Grant Income	508,105	699,417	829,417	1,063,674	1,046,190	1,010,180	1,048,340	1,203,540	1,017,214	**8,953,232**
Bank Interest	9,786	-	-	8,950	-	-	8,950	-	8,950	**57,444**
Insurance Claims	-	-	-	-	-	-	-	-	-	**1,997**
Other income	186,009	-	-	-	-	-	-	-	-	**214,586**
Transfer from Deposit	1,500,000	-	-	-	-	-	-	-	-	**4,500,000**
Total	**3,660,809**	**1,974,812**	**1,933,437**	**2,348,018**	**2,150,211**	**2,114,201**	**2,462,685**	**2,307,561**	**2,130,185**	**27,765,063**
Total Cash Available	8,927,574	5,879,794	5,968,687	5,834,706	5,654,083	5,296,541	5,529,907	5,530,414	5,637,880	
Cash Paid Out										
Payroll	236,092	249,791	249,791	251,791	251,791	251,791	251,791	251,791	251,791	**2,940,810**
Management Costs	52,129	107,075	415,660	145,075	85,660	85,660	107,075	85,660	145,220	**1,412,896**
Repairs	539,657	281,798	281,798	281,798	301,798	474,254	474,254	474,254	474,254	**4,323,490**
Investment	135,195	682,948	894,333	556,431	897,253	464,374	464,374	259,463	513,920	**5,523,101**
Development	1,865,703	489,033	584,417	933,240	933,240	939,240	847,060	949,550	620,437	**9,723,242**
Total	**2,828,777**	**1,810,645**	**2,425,999**	**2,168,335**	**2,469,742**	**2,215,319**	**2,144,554**	**2,020,719**	**2,005,622**	**23,923,540**
Cash Paid Out (Non P & L)										
Loan Interest	161,961	-	12,000	160,000	-	12,000	160,000	-	148,615	**722,579**
Capital Purchase	29,095	31,400	42,000	-	-	-	-	-	-	**102,495**
Refunds	2,758	2,500	2,000	2,500	2,000	2,000	2,500	2,000	2,000	**38,189**
Transfer to Deposit Account	2,000,000	-	-	-	-	-	-	-	-	**2,000,000**
Total	**2,193,815**	**33,900**	**56,000**	**162,500**	**2,000**	**14,000**	**162,500**	**2,000**	**150,615**	**2,863,264**
Total Cash Paid out	5,022,592	1,844,545	2,481,999	2,330,835	2,471,742	2,229,319	2,307,054	2,022,719	2,156,237	
Cash Position at End of Month	3,904,982	4,035,249	3,486,688	3,503,872	3,182,340	3,067,222	3,222,853	3,507,695	3,481,643	-
Deposit Acct At end of Month	2,902,852	2,902,852	2,902,852	2,902,852	2,902,852	2,902,852	2,902,852	2,902,852	2,902,852	
Total Funds Available	6,807,834	6,938,101	6,389,540	6,406,723	6,085,192	5,970,074	6,125,705	6,410,547	6,384,495	

STOCK LEVELS 2026/27

The below shows the current stock level position at 31 July 2026:

Property Stock

The number of units of accommodation owned by the Partnership was as follows:

	Units in Management		Units under Development	
	2027	2026	2027	2026
Unimproved				
New Build	678	658	73	20
Improved	1,773	1,773	-	-
General Needs Housing	2,451	2,431	73	20
Shared Ownership Accommodation	2	3	-	-
Supported Housing Accommodation	28	28	-	-
Total Housing Stock	2,481	2,462	73	20
Other Property				
Garages	41	41	-	-
Commerical	6	6	-	-
Heritable-Partnership's offices	2	2	-	-
Total Other Property	49	49	-	-

Total housing stock number has increased by 20 since 31 March 2026 due to 6 new units at Rathad Na Ceardaich which were handed over in April and 14 new units at An Allt Dubh which were handed over in May which concludes the Blackwater project with 72 houses now completed at this site.

SUMMARY OF LIVE ARREARS CASES

APPENDIX 2

SUMMARY OF CURRENT POSITION

Monitoring Level	Number of cases	Current Arrear	Arrear at 5 April
CASES MONITORED BY HOUSING OFFICERS			
L1 Letter	8	£6,560	£6,076
L2 Letter	5	£2,827	£1,634
Pre NOP Letter	8	£9,411	£9,289
NOP Notice Letter	10	£6,911	£9,318
Exec Team Approved (Monitor)	14	£9,966	£9,192
CASES UNDERGOING LEGAL ACTION			
Passed to Legal	2	£2,382	£1,206
Court calling date	6	£12,180	£13,604
Sisted	8	£12,574	£13,115
Continued	8	£6,751	£4,402
Decree Granted	4	£7,251	£6,745
TOTAL	**73**	**£76,812**	**£79,584**

Current Performance

Arrear at approval	Current arrear	Movement	As a %
£83,812	£76,812	(£7,000)	8.35%

Number of cases where arrear has increased/decreased since approval	
Decrease	48
Increase	25

DEVELOPMENT REPORT

Board 25 August 2026

Report by Director of Operations

Purpose of Report

1.1 To provide a progress update on our 5-Year Development Plan (2025-30).

Summary

2.1 Good progress is being made on the Development Plan with 37% of planned houses completed and 16% on site.

2.2 Calmax construction is now on site at the Carloway Care Unit, and the acquisition is due to conclude in July 2026.

2.3 The initial procedural hearing for the judicial review regarding the planning decision for Scott Road was held on the 23 July 2026 and the substantive hearing is scheduled for 21 September 2026.

2.4 Work at Melbost West site is currently ahead of programme. Two Payment notices have been issued to SSEN and the first payment is due early August. Agreement on the lease Heads of Terms has not yet been reached and discussions between SSEN and Balfour Beatty are ongoing. Scottish Government have confirmed grant funding levels, and we await the formal grant offer. The Committee are asked to recommend a name for the development and current suggestions from the consultation exercise are at Appendix 4.

2.6 Planning approval for Grimsay is still awaited. However, the resumption application has now been submitted by the North Uist Estate.

2.7 A tender has been issued for Iochdar, South Uist development (5 homes) and Low Flyer development (4 homes), with submissions due by 21 August 2026.

Competence

3.1 The competence issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board:

a) approve a name for the Melbost West scheme; and

b) note the updated Development Plan.

APPENDIX 1:	New Build Updates
APPENDIX 2:	Development Plan Progress
APPENDIX 3:	Projects under construction (Photos)
APPENDIX 4:	Melbost West Name Consultation
Background Papers:	Development Risk Threshold

Sawan Morrison 17-July-26

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	The initial budget for development in 2026/27 was at £15.96m of expenditure, £10.2m Scottish Government (SG) Grant and £4.7m of SSEN funding resulting in a private finance requirement of £1.07m. The management accounts provide an overview of the forecasted out-turn and any required virements on the development program. The Melbost West Project is not anticipated to draw down any Scottish Government Grant this year as all works undertaken will be with for the SSEN funded units. £4.7m is forecasted to be drawn down this year. Scottish Government confirmed that the Resource Planning Assumption available to the Comhairle through the Affordable Housing Supply Programme for 2026/27 is £9.088m. This is for more than the provision of social housing by HHP. The annual review of the SHIP is underway.
Legal	There are no legal implications arising from the consideration of this report.
Regulatory	The Regulatory Standards checklist has been completed and there is nothing in the report which would result in a breach of the standards. This report provides ongoing assurance of evidence RS2.2, RS4.3 and RS7.7 in relation to our Annual Assurance Statement.
Risk	Development is inherently risky. Feasibility work to ascertain the suitability and capacity of potential sites for development helps to reduce risk. As part of the feasibility process, we carry out a Local Housing Needs Demand survey if our waiting list indicates that demand is limited for housing in the area. Our Housing Needs and Demands Analysis (HNDA) 2021 indicated that based on population trends, our Development Plan would in likelihood meet the current identified need for social rented housing by 2026/27. This is largely the case in broad terms where waiting lists are static or reduced slightly. However, there are specific areas where there may be some unmet need. A deep dive has been carried out by Audit and Risk committee on demographic trends and the risks these present. It has been agreed that investment decisions will include a review of population forecasts. The Risk Register identifies a number of risks which can impact on the delivery of the Development Plan with a residual risk rating of high or medium: • climate change with a residual risk rating of 12 (medium); and

COMPLIANCE CHECKLIST	
	• impact of regulatory and legislative changes on service delivery with a residual risk rating of 10 (medium); • construction process issues such as delayed or cancelled work with a residual risk rating of 9 (medium); and • rent affordability with a residual risk rating of 9 (medium); • housing component technology failure with a residual risk rating of 6 (low); • Failure to adapt to changing demographics and reducing population with a residual risk rating of 6 (low); and • infrastructure failure with a residual risk rating of 4 (low); There are specific risks with the Melbost site regarding timescales, the SSEN housing requirements and electricity network constraints on infrastructure capacity.
ESG	Our new build plan considers ESG implications at every point in the process. It does so through detailed planning feedback being sought at the onset of a project and by creating homes that are designed to be affordable to ensure sustainable tenancy in the long term. This ensures placemaking is at the heart of a development.
Equalities	We are committed to promoting equality, diversity and inclusion. There are no equalities implications arising from the approval of this report.
Communication	The official opening of Leverburgh is due to be held on the 12 of August 2026 with the First Minister. Official openings for An Alt Dubh and Rathad na Ceardaich phase 2 are being arranged for the summer following discussions with CNES and SG.

New Build Plan Updates **APPENDIX 1**

Amended Development Performance – 5 Year Development Plan 2025-2030 (Updated October 2025)

	RENT	NSSE	HWEC	TOTAL	% of Plan	Comments
Completed 2025/26	37	0	0	37	24%	12 homes at Leverburgh. 25 homes at Blackwater.
Completed 2026/27	20	0	0	20	13%	6 homes at Rathad na Ceardaich, Isle of Barra. 14 homes at Blackwater.
On Site	24	0	0	23	16%	-
Planned for 2026-30	62	0	10	73	47%	-
	143	**0**	**10**	**153**		

Table 1.2 - 5 Year Development Plan Summary

Type	Area	Location	Total Units	Stage	2025/26	2026/27	2027/28	2028/29	2029/30
RENT	Stornoway	Blackwater	39	Final phase completed 26/27	25	14			
RENT	Harris	South Harris - Leverburgh	12	Final phase completed in October 2025.	12				
RENT	Barra	Cleat Road- Phase 2	6	Completed May 2026		6			
RENT	Rural Lewis	Rural Lewis- Gravir	4	Tender has not received any bids. Next steps to be decided		4			
RENT	Rural Lewis	Carloway Care Unit	1	Contractor on site		1			
RENT	Stornoway	Melbost West	23	Contractor on site			23		
RENT	Harris	Scott Road	24	Site on hold until outcome of Judicial review concluded			24		
RENT	Uist	North Uist - Grimsay	8	Final surveys completed - awaiting planning decision. NUE has lodged resumption			8		
RENT	Rural Lewis	Rural Lewis- Bernera	4	Land acquisition - site access issue being clarified		4			
RENT	Uist	Benbecula Low Flyer	4	Progressed to tender			4		
RENT	Uist	Iochdar, South Uist	5	Progressed to tender - site capacity reduced due to community footpath			5		
RENT	Rural Lewis	Cross Skigersta Road	8	Negotiations ongoing with contractor.			8		
RENT	Rural Lewis	Point (Knock)	4	Full feasibility study received.				4	
HWEC	Barra	Barra HWEC	10	Initial Assessment					10
		Total Units	**152**		**37**	**29**	**72**	**4**	**10**

Table 1.3 Legacy Housing Projects

Area	Location	Total Units	Stage
Stornoway	Melbost West	50	This site is currently under construction. We are progressing discharge of conditions precedent to the funding agreement. We will provide 50 homes to SSEN for worker accommodation for a 3 year period
Stornoway	50 Macaulay Road	1	We have received re-tendered costs that we are looking to secure funding from SSEN to progress.

PROJECT UPDATES

APPENDIX 2

Current Development Projects

Scheme	Area	Units	Stage	Expected Handover	Comments by exception
Blackwater	Stornoway	72	Completed	Feb-26	Ph 1 - 33 homes handed over in November 2024. Ph 2 - 25 homes handed over in September 2025. Phase 3 – 14 homes completed in May 2026.
Barra Ph 2	Barra	6	Completed	Apr-26	The site was completed in April 2026.
Melbost West	Stornoway	73	On Site	Ap-29	Ph 1 – 50 homes due April 2028. Ph 2 – 23 homes due April 2029.
Carloway Care Unit	Rural Lewis	1	On Site	Sept-26	

PROJECT UPDATES

APPENDIX 2

Future Development Projects: Reporting as per Development Plan updated October 2025

YEAR	Scheme	Area	Units	Demand (Transfer/Waiting) *	Comments by exception
2026/27	Gravir, South Lochs	Rural Lewis	4	2↑ / 6 ↔	We had no tender returns. Limited Contractor feedback (2 firms) was inconsistent. Alternative contract packaging options being considered.
	Melbost West	Stornoway	23	84↑ / 209 ↓	Contactor is now on site for 73 homes. We are awaiting finalised funding agreements.
2027/28	Scott Rd	Harris	24	4 ↔ / 21 ↓	Procurement on hold awaiting outcome of judicial review lodged by Harris Distillery.
	Grimsay, North Uist	Uist	8	2↓ / 3 ↓	Additional information from planning requested. Landowner has lodged the resumption application.
	Rural Lewis – Bernera	Rural Lewis	4	0 ↔ / 4 ↔	Land transaction on hold as there is an issue with access to the site and landowner not responding.
	Benbecula – Low Flyer	Uist	4	12↓ / 24 ↔	Tender under way.
	Iochdar, South Uist	Uist	5	4↓ / 15↑	Tender under way – site capacity reduced to 5 units.
	Cross Skigersta Road	Rural Lewis	8	2↔/ 12↑	Negotiations ongoing with contractor.
2028/29	Point	Stornoway Market Area	4	3↔/ 11↓	Site at Seaview, Knock, full feasibility study concluded.
	Barra HWEC	Barra HWEC	10	TBC	Board decision taken to support the project subject to confirmation of funding from the various departments of Scottish Government and a fixed private finance contribution. No further update.

*Demand figures as of 17 July 2026. Arrows show changes from last Board and not general trends in demand.

APPENDIX 3

Melbost West

Construction of 73 homes

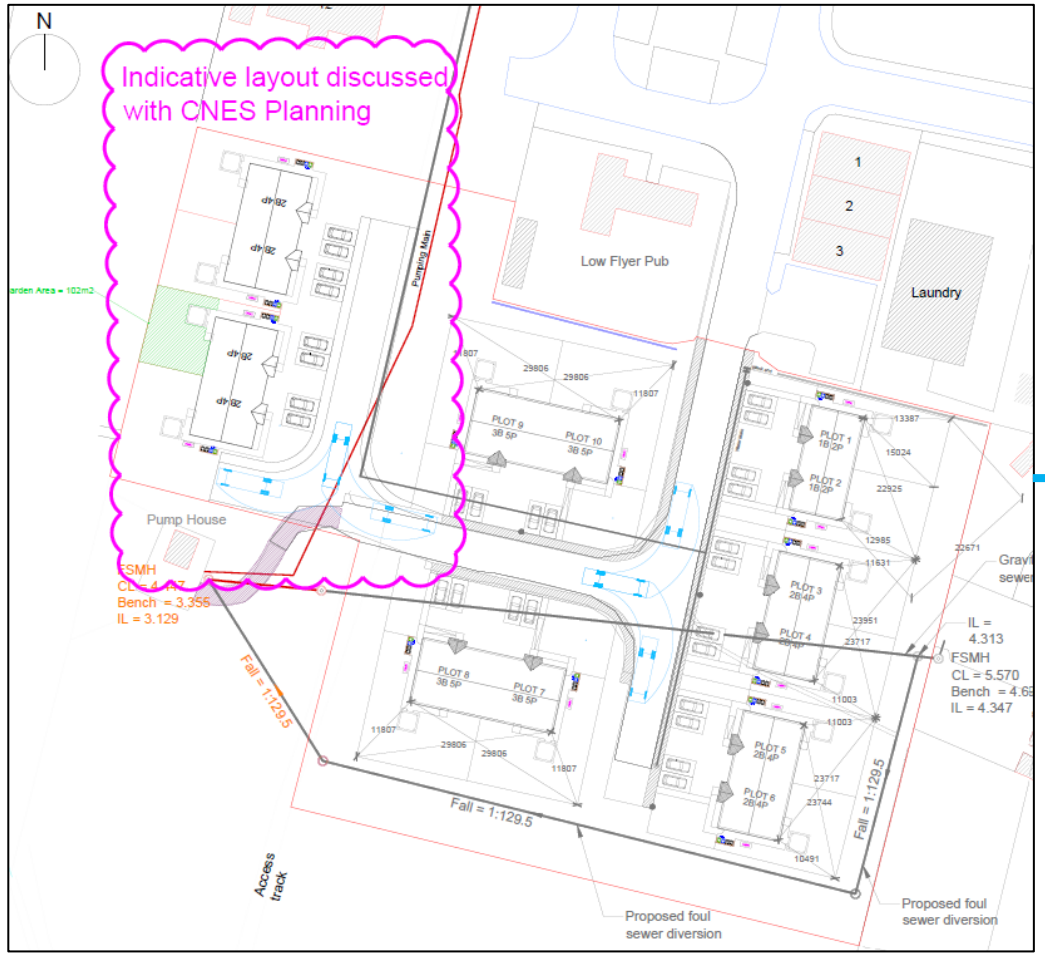
O'Mac Construction

APPENDIX 3

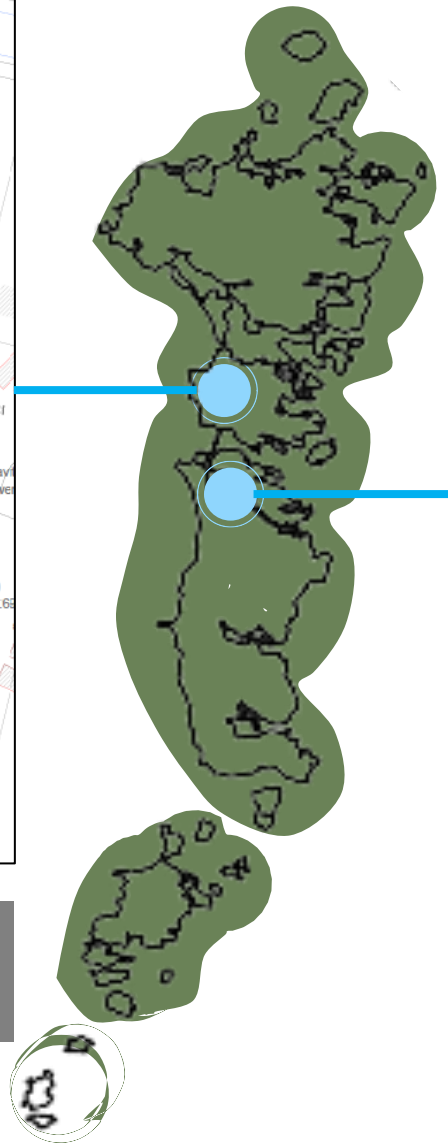
Carloway Care Unit Refurbishment

(Calmax)

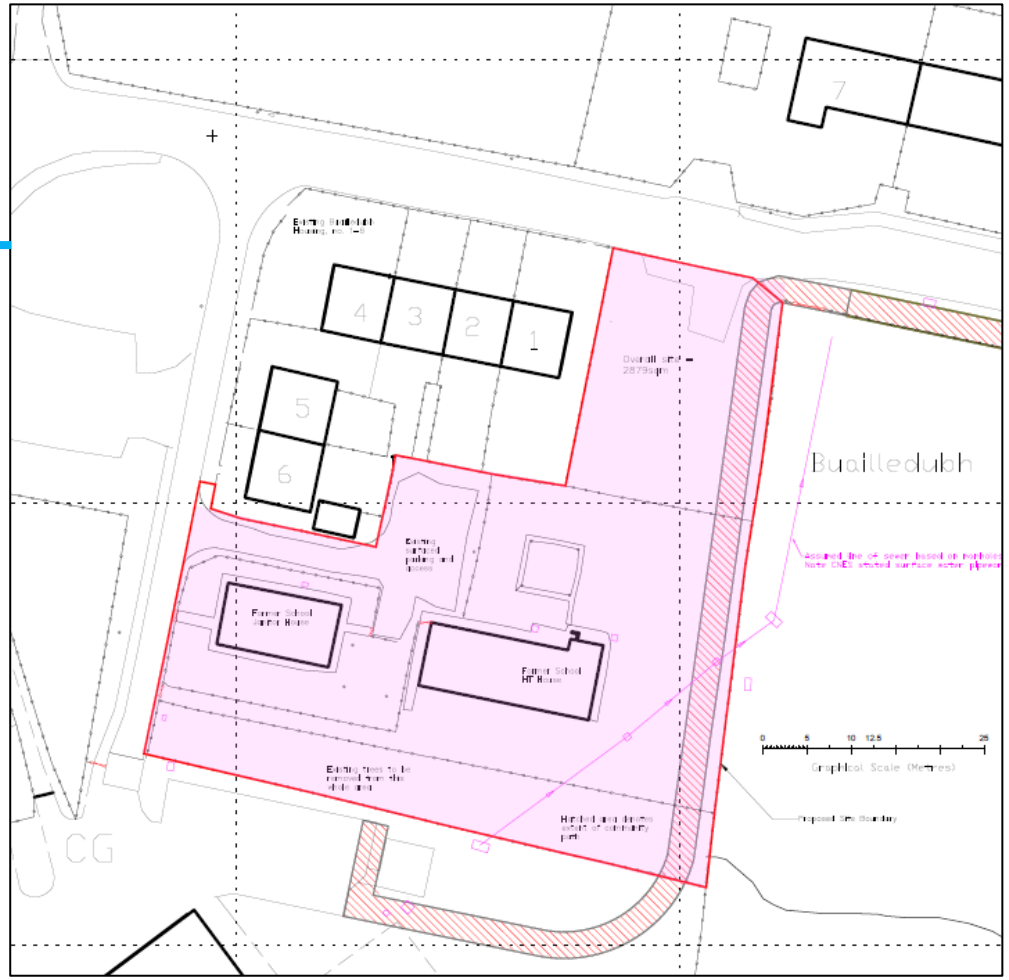
APPENDIX 3



Low Flyer, Johnstone Court
(4 homes)



Iochar, South Uist
(5 homes)



Melbost West Name Consultation

APPENDIX 4

Name Suggestion	Details	From
Iolaire View	To commemorate Iolaire	Parkend Holm group
Sandwick Hill	Historical name of the area	Stornoway Historical Society & HHP staff
Sandwick Victoria	Named after the village football team 1934-1951	Stornoway Historical Society
Chapman Drive	Chamberlain of the Lews 1800-1809 who farmed Melbost Farm	Stornoway Historical Society
TeeDee's Park	Melbost Farm was known as TeeDee's farm at one point	General Public & Stornoway Historical Society
Nicholson Place	Alasdair Nicholson who received an MBE for services to voluntary sector https://welovestornoway.com/index.php/articles/41458-work-of-alasdair-nicholson-recalled	HHP Staff
Thomas Macleod	First Lewis-man in the Antarctic. https://stornowayhistoricalsociety.org.uk/lewismanantarctic/	HHP Staff
Knock Sandwick	Another historic name of the area	HHP Staff
Mackenzie Grove	Mackenzie grove continues the regional legacy of the dairy farming pioneers	General public
Minch View	Can see the Minch from the upper part of the estate	General public
Machair Lane	Machair Lane works well because it feels local, distinctive, and gentle without sounding overly branded.	General public
Nicolson Gardens	Clan Nicolson is a family name (Clan Nicolson - Wikipedia)	General public
Links Park	In connection to the old Melbost Links golf course	Stornoway Historical Society
Braighe View	View of the Braighe	Stornoway Historical Society
Tathanas Road	Translates to Farm road	HHP Staff
Melbost Park	Link surrounding areas together (Mackenzie Park, Parkend)	HHP Staff
Meadow Park	Link surrounding areas together (Mackenzie Park, Parkend)	HHP Staff
West Sandwick	Link surrounding areas together (Sandwick, Mackenzie West etc)	HHP Staff
Flower Field	Every spring, the field was covered in yellow buttercup flowers. Gaelic options include Flùr Buidhe (Yellow Flower), Raon nam Flùraichean (Meadow of the Flowers), Achadh nam Blàth	HHP Staff
Hill Park	Other variations include Park Lane, Old Hill	HHP Staff

*Names highlighted in blue received the highest votes by staff

hebridean housing partnership

ITEM NO 6.8

INVESTMENT PROGRAMME

Board 25 August 2026

Report by Director of Operations

Purpose of Report

1.1 To provide an update on the 2026/27 Investment Programme.

Summary

2026/2027 Investment Programme

2.1 The majority of the works have been awarded as detailed in Appendix 1. We plan to progress the carry-forward roofing works in Uist and Barra through the Scotland Excel framework.

2.2 Heating replacement works remain on hold pending the outcome of the Scottish Housing Net Zero Fund grant application, with a decision expected in September.

2.3 Solar panel installations are underway. The Board agreed in June 2026 to install panels in up to 500 properties. The contractor has advised they have capacity to increase the number of installations subject to a review of EPC scores in properties currently assessed as 'low' C grades.

Aids and Adaptations 2026/27

2.4 A grant of £332K has been awarded by the Scottish Government and works continue to complete referrals as they are received from the OT service. The current position is summarised in Appendix 2.

Compliance

3.1 The competence issues relating to this report are at section 9.1 of the report.

Recommendations

4.1 **It is recommended that the Board:**

a) approve the installation of solar panels at up to 300 additional properties subject to assessment as being eligible for full funding under the ECO4 scheme;

b) note the future replacement of the installation be met through the reprofiling of investment plans following the stock condition survey in 2028; and

c) note the update on Aids and Adaptations and the waiting list at Appendix 2.

APPENDIX 1:	Investment Programme Update	
APPENDIX 2:	Occupational Therapy Referrals	
Background Papers:	Risk Register	
	Board approved Investment Programme - Nov 25	
Writer of Report:	Angus MacNeil	Tel: 0300 123 0773

Peter O'Donnell 24 Jul 2026

Report Details

2026/27 Investment Programme - progress

5.1 Porch works at Cearn Easaidh and Cearn Ronaidh which were carried forward from 2025/26, are incorporated into the current window contracts.

5.2 Roofing works carried forward from 2025/26 at St Brendan Road, Kersavagh, and Dunrossil Place continue to be delayed due to challenges in progressing the removal of asbestos cement slates. The contractor belives that they have identified a solution and this is under discussion.

5.3 Procurement of the remainder of the Investment Programme is now complete, and contracts are progressing either on site or through surveys.

Aids and Adaptations position

6.1 The current position on General Adaptations is detailed in Appendix 2. We have received an official award of £332k for 2026/27 from the Scottish Government.

6.2 We currently have 57 referrals within the 2026/27 programme with £155K of work completed or committed.

6.3 The general category of all referrals are as below:

Category	**Referrals**
Wet rooms/ LA and OB shower	19
Grab rails/ handrails	17
Stairlift/ Hoist	3
Steps	1
Access ramp	3
Miscellaneous	5

Solar Panel installations

7.1 As of 31 July 2026, we have installed solar panel systems to 94 properties. These are now operational and generating electricity, providing benefit to tenants.

Street	**Total to complete**	**Actual Completions**
Vatisker Park	19	15
Camach Park	7	6
Airidh a Bhreidhe	6	4
Clachan Biorach	4	2
Ford View/ Terrace	12	6
Bridge Cottages	12	7
Waterboard Houses	2	2
Plasterfield	29	25
Parkend	19	4
Cnoc Chusbaig	6	6
Macsween Drive	17	4
Carnan Park	12	8
Doune Road	7	5
Total	**152**	**94**

7.2 Visits were made to a number of tenants who were delighted with the solar panels. However, additional advice is required to ensure that tenants are clear as to when free electricity is available to use in their home. We are developing a guidance leaflet to assist with this.

7.3 Before tenants can export generated electricity approval is required from the local District Network Operator (DNO).

7.4 The DNO has been notified of the installations but there is a backlog for them to acknowledge the installations. Once this is processed the install team will return to help tenants sign up to the Smart Export Guarantee (SEG) which enables them to export excess generated electricity.

7.5 The contractor has advised that they may be able to carry out up to 300 more installations on Lewis properties within the funding window. This would involve properties in EPC band C. As these properties lie outside the original D to G funding agreement, we sought clarity on how this can now be funded.

7.6 They state that EPCs that are rated Band C are based on a previous SAP methodology that was used at the original assessment. However, under updated SAP methodology some of these properties may be appropriately reassessed as Band D and thereby qualify for funding as per the original agreement.

7.7 Whilst the current EPCs remain valid under the older assessment method, there is clearly scope to review them using the revised SAP calculations to reflect the updated methodology. The installer would arrange for any reassessment and provide all necessary supporting information, which is auditable through their SAP accredited provider.

7.8 Instagroup, who are the managing agent for the funding through OVO, have confirmed that re-assessment would be acceptable and allow current C-rated properties to be funded where these are re-assessed as Band D.

7.9 At present we have 1569 EPC certificates within band C. These range from a SAP rating of 69 through to 80. A lot of our older stock are at the lower end of band C and those would be prioritised based on the lowest SAP ratings.

7.10 Any additional solar installation works would focus on re-surveying those Lewis properties at the lower level of band C.

Mould, damp and condensation

8.1 As part of community benefit under our Investment programme contractors carrying out bathroom, kitchen and heating works have agreed to give tenants a new humidity and temperature monitor to help them understand the temperature and humidity in their home. The screen is user friendly and simple to understand. It should enable tenants to take corrective action to avoid high humidity levels (increase heat temperature/ open window/ switch on fan) and could help reduce mould and damp queries. The monitor uses a CR2450 Lithium Battery which can easily be replaced.

9.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	The cash planning limit for Investment budget for 2026/27 is £4.830M. The programme was approved on 18 November 2025. A grant award of £332K has been received from Scottish Government for Aids and Adaptations. A grant application for heating replacement has been submitted to the Net Zero fund for the 2026/27 programme and the outcome is still awaited.. The solar panel works are funded through UK Government ECO4 programme at no initial cost to us. We will be responsible for out of warranty repairs and any future replacement costs. The solar panels themselves have an expected life beyond 30 years and therefore have no current business plan implications. The inverters which are part of the installation have a 10 -15 year lifespan and provision will be made for replacement by reprofiling investment plans to address this following the next stock condition survey in 2028/29.The reprofiling will ensure there is no additional increase required to the rent to fund any replacements
Legal	The decision to approve or amend Strategy, Business Plan and Budgets including virements to or from a Budget Head in excess of £0.10M is reserved to the Board. Financial Regulations require that actual forecasts and progress on the Investment Programme be reported to each routine meeting of the Board.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides ongoing assurance of evidence point AN3 (H&S) in relation to our Annual Assurance Statement.
Risk	A number of relevant risks are highlighted in the Risk Register, including: • the health of the local economy and the capacity of contractors to deliver programmes. Capacity currently is limited both for contractors and elements of the supply chain. Our contract with OCS provides some resilience in service delivery and enables resources to be aligned with maintenance requirements based on historic knowledge. However, there is increased competition for a decreasing skilled labour pool. Supply

COMPLIANCE CHECKLIST	
	chain challenges are highlighted on our Risk Register with a residual risk of 6 which is considered low. • affordability for tenants leading to increased levels of fuel poverty. This has a residual risk of 12 which is considered a moderate risk.
ESG	There is an ESG impact arising from consideration of this report. The proposals on further solar panel installations would contribute positively to climate change and anti-poverty measures. • Social o Building Safety and Quality - maintaining Scottish Housing Quality Standard o Resident Voice - evaluate satisfaction. o Placemaking – sustainability embedded into contract. • Environmental o Climate Change - reducing waste, sustainability, recycling, local materials, renewable energy o Resource Management - regularly review standard specifications having regard to the environmental impact of individual products and materials. • Governance o Supply Chain Management – maximize sourcing of local materials, minimize travel, Living wage through supply chain
Equalities	We are committed to promoting equality, diversity, and inclusion. There are no equalities implications arising from the approval of this report.
Communication	Following approval of this report, tenants will be advised of programmes, and consultation will be carried out pre-work and satisfaction surveys conducted on completion. The Green Book publication has been distributed to all tenancies identifying investment plans to 2028 by Ward/ Street/ Works/ Years

Investment Lots Awarded

Contract	Contractor	Phase	Assets
Bathrooms Uist & Barra 2026/27	FES FM LTD	Cearn Eoghainn	2
		Columba Place	9
		Dun Mor	5
		Ionad Cheallaidh	6
		Slighe Ruairidh	5
		Trosaraidh	2
		Contract Total	**29**
Bathrooms Lewis & Harris 2026/27	FES FM LTD	Airidhantuim	7
		Cnoc Napier	8
		Creag Aonaich	5
		Graham Park	8
		Lios Na Glib	6
		Macqueen Street	9
		Milking Hill	3
		Mill Road	8
		Park View Terrace, Scalpay	8
		Tighean Allt Na Broige	8
		Uraghag	10
		Contract Total	**80**
		Sub-Programme Total	**109**
Carry Forward - Windows Lewis & Harris 2026/27	Alex Murray Construction	Cearn Easaidh	11
		Cearn Ronaidh	14
		Contract Total	**25**
		Sub-Programme Total	**1**
Environmentals Uist & Barra	FES FM LTD	Dunrossil Place	10
		Kersavagh	9
		Contract Total	**19**
Environmentals Lewis & Harris	Alex Murray Construction	Abhainn Ruadh	3
		Ceann A Tuath	9
		Gead Gorm	11
		Contract Total	**23**
		Sub-Programme Total	**42**
Kitchens Uist & Barra 2026/27	FES FM LTD	Church Road	8
		Cuithir	5
		Nurses Cottage	1
		Contract Total	**14**
Kitchens Lewis & Harris 2026/27	Alex Murray Construction	Riverview	15
		Taobh Na Mara	4
		Tigh Thorcuill	1
		Contract Total	**20**
		Sub-Programme Total	**34**
Roofing Lewis & Harris 2026/27	Alex Murray Construction	Clachan Biorach	19
		Gead Gorm	12
		St Ronans Drive	1
		Contract Total	**32**
		Sub-Programme Total	**32**
Roughcasting Lewis & Harris 2026/27	Alex Murray Construction	13 Keose Glebe	1
		Cearn Shiaraim	12
		Columbia Place	3
		Doune Road	7
		Doune Terrace	3
		Gead Gorm	12
		Goathill Road	4
		New Street	2
		Newton Street	6
		Contract Total	**50**

		Sub-Programme Total	**50**
Showers Uist & Barra 2026/27	FES FM LTD	Cearn Eoghainn	2
		Columba Place	9
		Dun Mor	5
		Ionad Cheallaidh	6
		Slighe Ruairidh	5
		Trosaraidh	2
		Contract Total	**29**
Showers Lewis & Harris 2026/27	FES FM LTD	Airidhantuim	7
		Cnoc Napier	8
		Creag Aonaich	5
		Graham Park	8
		Lios Na Glib	6
		Macqueen Street	9
		Milking Hill	3
		Mill Road	8
		Park View Terrace	8
		Tighean Allt Na Broige	8
		Uraghag	10
		Contract Total	**80**
		Sub-Programme Total	**109**
Windows Lewis & Harris 2026/27	Alex Murray Construction	6 Lewis Street	6
		Airidhantuim	6
		Cearn Bhoraraidh	10
		Cearn Chilleagraidh	6
		Cearn Phabaidh	19
		Cearn Shulaisgeir	8
		Druim An Aoil	7
		Druim Fraoich	3
		Druim Shiadair	8
		Mill Road	8
		Rathad Ur	4
		Vatisker Park	1
		Westview Terrace	6
		Contract Total	**92**
Windows Uist & Barra 2026/27	FES FM LTD	Beinn Mhor Cottages	8
		Cuithir	5
		Stomaigh	1
		Contract Total	**14**
		Sub-Programme Total	**106**
		Overall Programme Total	**362**

Investment Lots Pending Award

Contract	Phase	Asset Address
Roofing Uist & Barra 2026/27		**Contract Total**
		Sub-Programme Total
Roughcasting Uist & Barra 2026/27		**Contract Total**
		Sub-Programme Total
		Overall Programme Total

APPENDIX 2

Occupational Therapy Referrals Update	**2026/27**
Number of Properties	53
Number of **Referrals received** (some properties have more than one referral)	57
Number of **tasks** on Referrals **received** (a referral can have multiple tasks)	90
Number of Referrals **completed**	22
Number of Referral tasks **completed**	34
Number of Referrals **awaiting issue**	6
Number of Referral tasks **awaiting issue**	10
Number of Referrals **issued and awaiting completion**	29
Number of Referral tasks **issued and awaiting completion**	46
Budget – Adaptations and Adaptations	**£332,000**
Total Cost of works issued to date (31/7/26)	**£154,757**
Remaining budget	**£144,042**
Estimated cost of works awaiting issue	**£38,000**

GOVERNANCE REPORT

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 The purpose of this report is to present information and seek approval from the Board in respect of AGM charitable donations, to confirm compliance with our Rules and provide information in respect of AGM arrangements for 2026.

1.2 The report also provides assurance that our Corporate Registers are functioning in accordance with our constitutional documents, regulatory and legal requirements, and are fully up to date.

Summary

2.1 At the Board Meeting on 23 June 2026, it was agreed a Resolution be laid before Members at the AGM that £5,000 of the surplus at 31 March 2026 would be donated between 5 local charities during 2026/27.

2.2 The charities are drawn from a rolling list, initially agreed in June 2016 and updated periodically, as approved charities are added.

2.3 The 2026 AGM will be held in the Stornoway Town Hall on Wednesday, 26 August 2026 at 12.30pm. There will be a remote link available for those who are unable to attend in person.

2.4 Our rules require the Company Secretary to confirm in writing at the last Board Meeting before the Annual General Meeting that Rules 62 to 67 have been complied with. Details of each Rule are at Appendix 1.

2.5 In order to ensure good governance, probity and transparency, we must keep a number of registers recording business transactions and working practices across a number of areas.

2.6 Registers are updated regularly and reviewed annually to ensure compliance.

2.7 This report gives assurance that the following registers are being managed appropriately:

- Membership Register;
- Entitlements, Payments & Benefits Register;
- Disclosure of Interest Registers;
- Seal Register; and
- Register of Office Bearers.

Competence

3.1 The compliance issues relating to this report are at section 13.1 of the report.

Recommendations

4.1 **It is recommended that the Board:**

a) approve the 5 charities listed below to be proposed at the AGM on 25 August 2026:

- **MND Scotland**
- **Confide Western Isles**
- **Western Isles Cancer Care Initiative**
- **Hebridean Mountain Rescue**
- **Neuro Hebrides**

b) note the Partnership has complied with Rules 62 to 67 for the year ended 31 March 2026 as detailed at Appendix 1;

c) note the AGM arrangements for 2026;

d) note the review of the Corporate Registers; and

e) note the Policy review.

APPENDIX 1:	Rule Compliance
APPENDIX 2:	Delegations Register
Background Papers:	HHP Rules & Standing Orders
	Regulatory Standards of Governance and Financial Management
Writer of Report:	Iona France Tel: 0300 123 0773

Report Details

Charitable Donations

5.1 The charities proposed for 2026 are:

CHARITY	CHARITY NUMBER
MND Scotland	SC002662
Confide Western Isles	SC042212
Western Isles Cancer Care Initiative (WICCI)	SC047153
Hebridean Mountain Rescue Team	SC047799
Neuro Hebrides	SC049276

5.2 A rotational system is in place to ensure monies are distributed fairly and no single charity benefits too frequently.

Compliance

6.1 Assurance is hereby given to the Board that the requirements of Rules 62 – 67 have been complied with.

Membership Register

7.1 The Membership Register is fully up to date in accordance with Rules 64 and 65. Members' names and addresses are detailed in addition to the names and addresses of the Office Bearers of the Partnership, their positions, and the dates they took and left office.

Entitlements, Payments & Benefits Registers

8.1 The Scottish Housing Regulator's Guidance Note 5: Regulatory Standards of Governance and Financial Management does not prohibit payments and benefits to staff and connected persons but requires that RSLs manage them within a clear policy framework to ensure transparency, honesty and propriety.

8.2 Payments and Benefits to employees and connected persons are controlled by the Entitlements, Payments & Benefits Policy and recorded in three registers, as follows:

- Entitlements, Payments & Benefits Register (general) records instances of applications for housing or NSSE properties being made;
- Entitlements, Payments & Benefits Register (special exceptions) records instances of benefits being granted, such as houses being allocated and 'de minimis' payments being made; and
- Entitlements, Payments & Benefits Register (transactions) records any transactions between connected persons and, for example, contractors that may be on HHP's Framework. Permissions are sought from the Chief Executive in instances like these and full disclosures made and retained on staff personal files.

8.3 The Entitlements, Payments & Benefits Registers are fully up to date.

8.4 Gifts to the Partnership are raffled and the proceeds are donated to local charities throughout the year.

Disclosure of Interest Registers

9.1 We maintain a Register of Interests relating to Staff and Board Members.

9.2 Board Members are required to register their interests prior to their first Board Meeting. Thereafter, at the end of each financial year, they will be required to fill in a fresh Disclosure of Interest form.

9.3 Members of Staff are required to complete a Disclosure of Interest form when they are initially employed by us, and details will be recorded in the Staff Disclosure of Interest Register. Thereafter, Staff will be required to complete a Disclosure of Interest Update Form annually.

9.4 Board Members and Staff present at a meeting where a matter in which they have a personal (or a personal business or financial) interest is discussed, must inform the meeting Chair at the start of the meeting or during the meeting if an applicable matter arises.

9.5 All disclosures are recorded in the Disclosure of Interest Register. The Disclosure of Interest Registers are fully up to date.

Seal Register

10.1 When the seal is used, the deed or document must be signed by the Secretary or a Board Member or another person duly authorised to subscribe the deed or document on the Partnership's behalf and recorded in the Seal Register.

10.2 The Seal Register is fully up to date.

Delegation Register

11.1 The Delegation Register can be found at Appendix 2.

Policy Review

12.1 At the Board meeting on 25 June 2025, an amendment to the Standing Orders was approved, delegating authority to the Company Secretary to approve minor changes to policies without requiring Board approval.

12.2 The following policies have been reviewed in accordance with our policy review schedule and required either no changes or only minor modifications:

- Membership Policy
- Adoption Leave Policy
- Particular Housing Needs Policy

13.1 Compliance Section

COMPLIANCE CHECKLIST	
Financial	There will be a financial cost to the Partnership should the recommendation to approve the charitable donations be approved. This has been provided for in our 2025/26 surplus. Donations will only be made to registered charities and only in financial years where we make a surplus.
Legal	This report confirms to the Board that we comply with the requirements as set out at Rule 62 - 67. In respect of charitable donations made, all details of donations and recipients will be properly recorded in the appropriate register.
Regulatory	The Regulatory Standards checklist has been completed and there is nothing in the report which would result in a breach of the standards.
Risk	The risks of not complying with our Rules could lead to the Partnership being in breach of statute and regulation. Failure to update and review Registers regularly could lead to a perceived lack of transparency and probity from tenants and other stakeholders. Governance is highlighted on our Risk Register with a residual risk rating of 6 considered low.
ESG	Assisting locally based charity organisations and the work they do is part of our ESG Strategy.
Equalities	We are committed to promoting equality, diversity and inclusion. The charity recipients are taken from a rolling list with a diverse selection of charities located throughout the islands.
Communication	A press release will be issued following our AGM and each cheque handover. The charities and the work they do will feature in our tenants' newsletter.

RULE COMPLIANCE

Rule 62 Minutes
Minutes of every general meeting, Board Meeting and sub-committee meeting must be kept. Those minutes must be presented at the next appropriate meeting and if accepted as a true record, signed by the Chairperson of the meeting at which they are presented. All minutes signed by the Chairperson of the meeting shall be conclusive evidence that the minutes are a true record of the proceedings at the relevant meeting.

Rule 63 Seal
The Partnership shall execute deeds and documents in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995 and record the execution in the register. The use of a common seal is not required. The Partnership may have a seal which the Secretary must keep in a secure place unless the Board decides that someone else should look after it. The seal must only be used if the Board decides this. When the seal is used, the deed or document must be signed by the Secretary or a Member of the Board or another person duly authorised to subscribe the deed or document on the Partnership's behalf and recorded in the register.

Rule 64 Registers	
The Partnership must keep at its registered office a Register containing:	
64.1	the names and addresses of the Members and where provided for the purposes of electronic communication, fax numbers and e-mail addresses;
64.2	a statement of the share held by each Member and the amount each Member paid for it;
64.3	the date each person was entered in the Register as a Member and the date at which any person ceased to be a Member of the Partnership;
64.4	a statement of other property in the Partnership, whether in loans or loan stock held by each Member; and
64.5	the names and addresses of the Office Bearers of the Partnership, their positions and the dates they took and left office.

Rule 65.1 Registered Office	
The Partnership must also keep at its registered office	
65.1.1	a second copy of the Register showing the same details as above but not the statements of shares and property. This second register must be used to confirm the information recorded in the main Register.
65.1.2	a register of loans and to whom they are made.
65.1.3	a register showing details of all loans and charges on the Partnership's land.

Rule 66 Registered Name
The registered name of the Partnership must be clearly shown on the outside of every office or place where the Partnership's business is carried out. The name must also be engraved clearly on the Partnership's seal and printed on all its business letters, notices, adverts, official publications, website and legal and financial documents.

Rule 67 Documentation
The Partnership's books of account, registers, securities and other documents must be kept at the registered office or any other place the Board decides is secure.

Delegation Register

When a Board or Standing Committee delegate authority to an officer this is recorded in the Delegations Register with details of the delegation and when it was utilised. The following delegations were approved/utilised during 2025/2026

DELEGATION TO	DATE APPROVED	DATE UTILISED	ACTION
Executive Team to align Development Plan to the optimum number of properties tendered and developed in the 1st Phase of Melbost West	2 September 2025	6 October 2025	Tender issued for 73 properties – 50 for SSEN use and 23 for social rent.
The Chief Executive to complete and submit response to CNES' LHS following a draft being issued to Board Members	10 February 2026	2 March 2026	Chief Executive responded to consultation, along with a covering letter which supported the overall vision of the Strategy.
The Chief Executive, in discussion with Director of Operations, Director of F&CS and Chair, to approve the main works contract with SSEN for Melbost West	26 March 2026	31 March 2026	The main works contract with SSEN was signed by Chief Executive and Chair on 31 March 2026.
The Chief Executive, in discussion with Director of Operations, Director of F&CS and Chair, to approve the construction contract for Melbost West with O' Mac	26 March 2026	31 March 2026	The construction contract with O'Mac was signed by Chief Executive and Chair on 31 March 2026.

hebridean housing partnership

Making our house your home

ITEM NO 7.1

ALCOHOL & SUBSTANCE MISUSE POLICY

Board 25 August 2026

Report by Director of Operations

Purpose of Report

1.1 To approve the updated Alcohol & Substance Misuse Policy at Appendix 1.

Summary

2.1 Following the review, no significant changes have been identified. Some clarifications have been made to strengthen the regulatory and statutory basis underpinning the policy and to better explain the basis for carrying out testing with consent. The scope of the policy has been widened to include Board members and contractors.

2.2 We have aligned wording and process to be more in line with the requirements of the Equalities Act of 2010 and added an equalities section.

Competence

3.1 The compliance issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board review and approve the Alcohol & Substance Misuse Policy at Appendix 1.

APPENDIX 1:	Alcohol & Substance Misuse Policy	
Background Papers:	None	
Writer of Report:	Angus Smith	Tel: 0300 123 0773

Angus M Smith

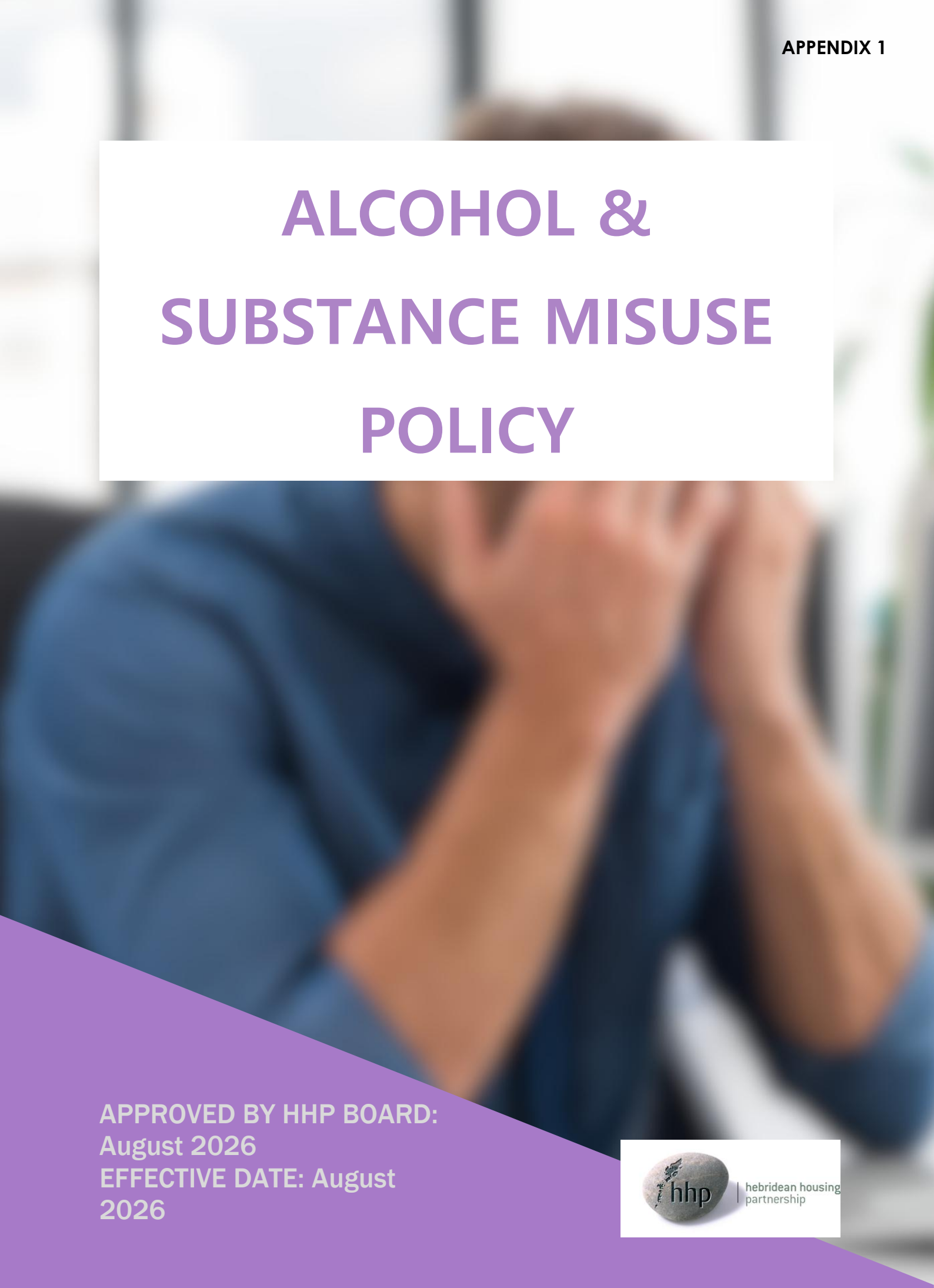
30 July 2026

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising directly from the consideration of this report
Legal	In relation to this policy, the Partnership is governed by: The Health and Safety at Work Act 1974; The Management of Health and Safety at Work Regulations 1999; The Misuse of Drugs Act 1971; The Equality Act 2010; The UK GDPR / Data Protection Act 2018; The Road Traffic Act 1988 and relevant drink/drug driving requirements; The Human Rights Act 1998; and The Employment Rights Act 1996
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides ongoing assurance of evidence point 4.3 and 5.2 in relation to our Annual Assurance Statement.
Risk	Alcohol & Substance misuse presents risks to an organization. Appropriate Polices, Procedures and Staff Guidance must be in place to manage these risks and to provide a support framework for employees where required. A serious breach of Health & Safety is highlighted on our Risk Register with a residual risk rating of 4 which is considered low.
ESG	There is no ESG impact arising from the consideration of this report
Equalities	We are committed to promoting equality, diversity and inclusion. The are no new equalities implications arising from the approval of this report.
Communication	Following approval of this report, the Policy and supporting documents will be shared with staff.

APPENDIX 1

ALCOHOL & SUBSTANCE MISUSE POLICY



APPROVED BY HHP BOARD: August 2026
EFFECTIVE DATE: August 2026

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CONTENTS

INTRODUCTION

1.1 Our employees are our most valuable resource, and their Health and Safety (H&S) is of the utmost importance. Alcohol and drug misuse has the potential to damage the health and well-being of our employees and Board Members.

1.2 It can in turn threaten the success of our business and can affect our organisational reputation.

1.3 The aim of this policy is therefore to protect the H&S of our employees and to help anyone who may be suffering from an alcohol or drug-related problem.

1.4 The policy sets out the principles we will follow but it is accepted that since no two cases are the same, this policy should be regarded as a framework for guidance only and not as being of contractual effect.

GENERAL PRINCIPLES

2.1 We strongly discourage employees from drinking alcohol or taking drugs prior to driving or reporting to work.

2.2 Employees must not attend work or perform their work duties under the influence of alcohol or drugs under any circumstance.

2.3 All employees have a responsibility to ensure the health, safety and wellbeing of others is not put at risk. If an employee has reason to believe that a colleague is misusing alcohol or substances, they must inform their Line Manager immediately.

2.4 Consumption of alcohol or drugs may affect an employee's ability to properly perform their job and may endanger the H&S of others. Employees are therefore required to advise their Line Manager if they are taking prescribed drugs that may impact their work.

2.5 We respect an individual's right to a private life, however HHP works within the community with a purpose of improving the lives of those who live there. As a result, we will not tolerate any instances of illegal activity concerning or associated with substances. Any employee found to be involved in or connected to illegal activity will be managed under our disciplinary procedures which will likely result in dismissal.

REGULATORY REQUIREMENTS

3.1 Under the Scottish Housing Regulator's Regulatory Standards of Governance and Financial Management, the Partnership is tasked with:

- protecting organisational reputation;
- ensuring effective control of risk;
- treating staff fairly and consistently;
- supporting a safe working environment;
- ensuring policies are kept up to date.

LEGISLATION

4.1 The Partnership is also governed by:

- The Health and Safety at Work Act 1974;
- The Management of Health and Safety at Work Regulations 1999;
- The Misuse of Drugs Act 1971;
- The Equality Act 2010;
- The UK GDPR / Data Protection Act 2018;
- The Road Traffic Act 1988 and relevant drink/drug driving requirements;
- The Human Rights Act 1998; and
- The Employment Rights Act 1996 / ACAS principles

IDENTIFYING ALCOHOL OR OTHER SUBSTANCE MISUSE

5.1 In circumstances where an employee is suspected of having an alcohol or legal substance dependency, we will provide reasonable support. In the first instance.

5.2 The Line Manager will have a meeting with the employee and make a referral to a counselling service. The Manager will then have follow-up meetings on an appropriate and regular timescale to determine the progress the individual is making.

5.3 If however, the concern directly involves the Line Manager, employees must bypass them. In the first instance this should be made to the next-level Manager/Director.

5.4 Alternatively, employees may contact the Human Resources directly.

5.5 For serious or unresolved concerns, reports can be escalated directly to the Chief Executive.

5.6 Whistleblowing protection: If the situation presents a serious health and safety risk, employees may utilise HHP's Whistleblowing Policy. The company guarantees protection from detriment or victimisation for any employee raising a good-faith concern.

5.7 We will manage alcohol misuse depending on its nature. Alcohol misuse will be dealt with under the following categories:

1) Alcohol overindulgence

2) Alcohol dependence

5.8 Where concern arises regarding alcohol overindulgence that results in socially unacceptable or dangerous behaviour but which is not related to a physical or psychological dependence, this will be treated as a conduct issue and will be dealt with under the organisation's disciplinary procedures.

5.9 Where concern arises regarding alcohol dependency and interferes with an employee's ability to carry out their duties, this will initially be considered as an ill-health issue and managed in accordance with the appropriate procedures.

5.10 Where there are performance issues relating to the dependence, appropriate performance plans will be put in place in accordance with our performance procedures. Where the improvement is not adequate or support via a counselling service is not adhered to, normal disciplinary procedures will be instigated which may result in dismissal.

TESTING

5.12 Where behaviour gives cause for concern we reserve the right to conduct or require an alcohol and drug screen on any employee whilst at work or on HHP property.

5.13 Any testing undertaken will be:

- justified by reasonable cause;
- proportionate;
- carried out by a competent independent provider;
- subject to informed written consent;
- handled confidentially;
- supported by clear data protection safeguards;

- applied consistently and without discrimination.

5.14 While any testing would only be carried out with the employee's consent, refusal to provide appropriate samples may lead us to draw our own inferences against the employee.

5.15 Appendix 1 provides further detail and guidance on the use and mis-use of alcohol and drugs.

MANAGING ALCOHOL OR LEGAL SUBSTANCE MISUSE

6.1 Employees should recognise that it is their responsibility and in their best interests to seek help at the earliest possible stage when treatment may be easier and before the problem affects work and becomes a disciplinary matter. substance

6.2 We will ensure that there are confidential means for employees to seek assistance and advice for any alcohol or drug problem, whether by self-referral or at our request.

6.3 Where appropriate, we will provide support internally and/or through external agencies to employees who seek help for an alcohol or drug problem.

ABSENCE

6.4 If any employee with an alcohol or drug problem fails to comply with the recommendations of the agreed programme of treatment, disciplinary action will be taken.

6.5 Employees enrolled on a rehabilitation programme will usually be subject to normal sickness/absence rules.

IMPLEMENTING THE POLICY

7.1 The Chief Executive has overall responsibility for the implementation of this policy.

7.2 Procedures relating to the implementation, monitoring and enforcement of this policy will be maintained by the Health & Safety Committee and updated as required.

7.3 Day-to-day responsibility for the implementation of this policy lies with Line Managers but all employees are obliged to adhere to and facilitate the implementation of the policy in the workplace.

7.4 Employees with alcohol or drug problems who are referred for treatment, whether voluntarily or mandatory will be dealt with in the strictest confidence.

GROSS MISCONDUCT

8.1 Any gross misconduct process will be undertaken with impartiality, underpinned by a fair investigation, and in line with the other discretionary and safeguards identified in the policy.

COMMUNICATING THE POLICY

9.1 We will inform our employees, about the Alcohol and Substance Misuse Policy. Managers responsible for implementing and operating the policy will receive regular training. All employees will be trained on alcohol and drug awareness.

9.2 All new employees will be given a copy of the Alcohol and Substance Misuse Policy (e.g. at induction).

9.3 A copy of the policy will be posted on our online HR system and online employee handbook.

EQUALITIES MONITORING

10.1 HHP is committed to applying this policy fairly, consistently and without discrimination. In implementing this policy, HHP will have regard to its responsibilities under the Equality Act 2010 and will ensure that no employee, Board Member or other individual is treated less favourably because of a protected characteristic.

10.2 HHP recognises that alcohol or substance misuse may, in some circumstances, be linked to underlying health conditions, disability, mental health, trauma or other personal circumstances.

10.3 Where appropriate, HHP will consider reasonable adjustments, occupational health advice and supportive interventions, while maintaining its duty to protect the health, safety and wellbeing of employees, Board Members, tenants, service users and the wider community.

10.4 Any action taken under this policy will be proportionate, evidence-based and applied consistently. Confidentiality will be maintained wherever possible, and personal information will be handled in accordance with data protection requirements.

CONFIDENTIALITY & GENERAL DATA PROTECTION REGULATIONS

11.1 Employees with alcohol or substance misuse problems who are referred for support, whether voluntarily or mandatory will be dealt with in the strictest confidence.

11.2 This information will be handled in line with our obligations under UK GDPR and Data Protection Act 2018; and our own Openness and Confidentiality Policy. Information regarding how your data will be stored can be obtained by contacting the Governance Officer or the Executive Office.

MONITORING & REVIEWING THE POLICY

12.1 This policy will be reviewed every three years. More frequent reviews will be considered if, for example, there is a need to respond to new legislation/policy guidance.

INTERPRETATIONS & ABBREVIATIONS

The following interpretation and abbreviations are used in this policy:

WORD	INTERPRETATION
HHP or Partnership	Hebridean Housing Partnership
Board	Means the Board of the Hebridean Housing Partnership
Board Members	All Members of the Board including co-opted Members
Alcohol Misuse	Refers to an alcohol related problem which is defined as any drinking, either intermittent or continual, which interferes with a person's health and social functioning and/or work capability or conduct.
Drug	Refers to any psychoactive drug whether illegal, over the counter from pharmacies and other retail outlets, or legal substances such as solvents. In the case of prescribed, their possession and proper use is acknowledged as legitimate.
Drug Misuse	Refers to use of illegal drugs and the misuse whether deliberate or unintentional of prescribed medicines or solvents.
Premises	HHP's Business Offices, Stores, Garages, Caravans, Houses, Flats, Vehicles or any other property used by HHP in the course of its business.
References to any gender in this policy include all individuals, regardless of gender.	

APPENDIX 1 – MISUSE TYPES AND INSTANCES

ALCOHOL AND LEGAL SUBSTANCES

1.1 Where concern arises regarding over indulgence in legally obtained substances which results in socially unacceptable or dangerous behaviour this will be treated as a conduct issue and will be dealt with under the organisation's disciplinary procedures. This also relates to prescription medication, whether required short or long term.

1.2 Where an issue arises concerning legal substance dependency which has been obtained legally and interferes with an employee's work, this will initially be managed as an ill-health issue and managed in accordance with the appropriate procedures. However, where there is no improvement, support is not accepted, programme completed, or no dependence is diagnosed we will instigate the disciplinary procedure.

DRIVING AT WORK

2.1 Drinking alcohol or taking substances can affect people in different ways. Should an employee drink alcohol or take a substance (legal or illegal) which impairs their ability to drive and then undertakes any occupational driving this will be deemed as breach of contract and will be dealt with under our Disciplinary procedure. This will also be reported to the Police.

2.2 All authorised car users must complete agreed On line Training Modules annually and drive in accordance with recommendations, which include carrying out a visual assessment.

2.3 Before any driving at work takes place, a risk assessment should be conducted. This should be completed by the driver and should include any alcohol or substance consumption. This is particularly relevant 'the morning after the night before'. If an employee is in any doubt as to whether they are safe to drive they should not do so.

2.4 If an employee suspects another staff member has consumed alcohol or substances or they have reason to believe the person may not be safe to drive, has driven or is intending to drive they have a responsibility to report this immediately to a Manager. The Manager will deal with the situation appropriately, which may include informing the Police. Should malicious allegations be made this will be treated very seriously and will be subject to formal disciplinary action.

ILLEGAL SUBSTANCE MISUSE

3.1 We will not tolerate the consumption or possession of illegal substances in any circumstances. This will always be considered to be gross misconduct.

ILLEGALLY OBTAINED LEGAL SUBSTANCES

4.1 We will not tolerate illegal activity concerning legal substances. Any employee who is suspected of being involved in any such activity will be dealt with in accordance with our disciplinary procedures as gross misconduct.

GENERAL ILLEGAL ACTIVITY

5.1 The use, possession, distribution, purchase, sale or being under the influence of alcohol or any controlled drugs whilst at work or on HHP property is prohibited and may be viewed as gross misconduct.

5.2 Any employee suspected to be involved in illegal activity concerning substances will also be reported to the police.

5.3 Employees should be aware that the Misuse of Drugs Act 1971 makes it a criminal offence for HHP to knowingly allow the production or supply on its premises of any controlled drugs, and for any individual who allows such activities by their neglect or connivance. We will press for the prosecution of any employee found breaking these laws on its premises.

5.4 Breach of this Policy by an employee will be fully investigated and normally be dealt with under our disciplinary procedure. Depending on the nature of the conduct, the employee may be dismissed without notice.

POLICE INVOLVEMENT

6.1 In circumstances where the police are involved in an investigation concerning any employee, we will continue with our own investigation and act on this accordingly regardless.

WORK EVENTS

7.1 Some employees will, in the course of their duties, attend events with clients for the purpose of building and maintaining client relationships. It may be that, during some of these events, alcohol will be readily available. Employees at these events are permitted to drink alcohol but must not allow themselves to surpass reasonable levels, become intoxicated or allow their judgment to become impaired. This includes ceasing

to drink alcohol when asked to by a manager where that manager reasonably believes that the employee is at risk of causing offence or harm to others, harm to themselves, reputational damage to the organisation and/or behaving in an unprofessional manner.

hebridean housing partnership

Making our house your home

ITEM NO 7.2

LONE WORKING POLICY
Board 25 August 2026

Report by Director of Operations

Purpose of Report

1.1 To approve the updated Lone Working Policy at Appendix 1.

Summary

2.1 The Partnership's Lone Working Policy is one of HHP's suite of Health & Safety policies. These are periodically scheduled for review, and this policy was last reviewed in 2023.

2.2 Following the review, no significant changes have been identified but several amendments have been to clarify and strengthen the regulatory and statutory basis underpinning the policy.

2.3 We have also sought to better align wording and process for consistency and in line with the requirements of the Equalities Act of 2010.

2.4 The revised Lone Working Policy is at Appendix 1.

Competence

3.1 The competence issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board review and approve the Lone Working Policy at Appendix 1.

APPENDIX 1:	Lone Working Policy	
Background Papers:	None	
Writer of Report:	Angus M Smith	Tel: 0300 123 0773

Angus M Smith

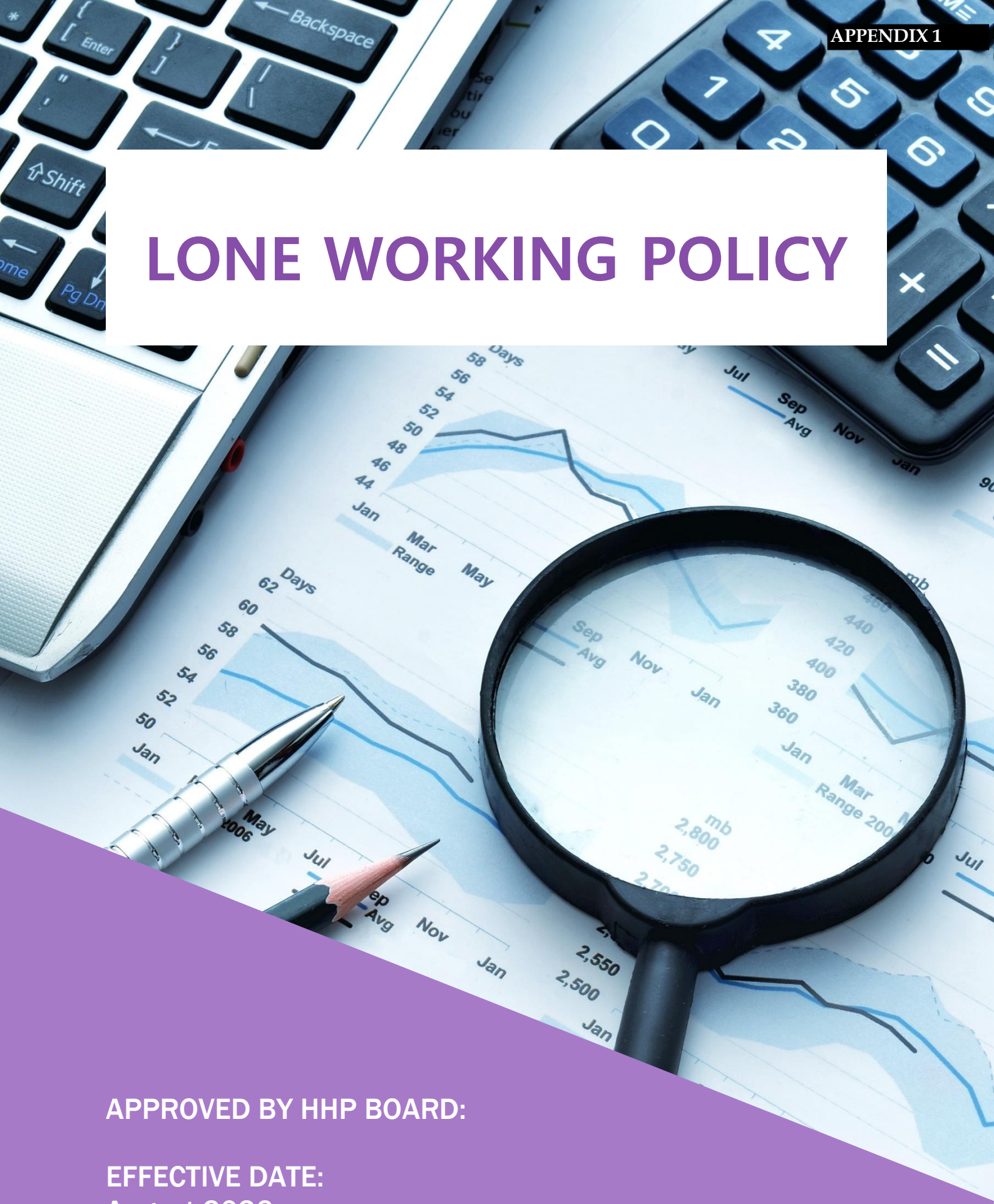
30 July 2026

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising directly from the consideration of this report
Legal	In relation to this policy, the Partnership is governed by: Health and Safety at Work Act 1974 Protection from Harassment Act 1997 The Management of Health and Safety at Work Regulations 1999, The Corporate Manslaughter and Homicide Act 2007 The Equality Act 2010 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) The UK GDPR/Data Protection Act 2018
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides ongoing assurance of evidence point 4.3 and 5.2 in relation to our Annual Assurance Statement.
Risk	In an organisation where an employee is in a position where they may be working alone, a number of risks arise. It is therefore important that Policies, Procedures and Staff Guidance are in place to manage the risks and to provide appropriate support and information. A serious breach of Health & Safety is highlighted on our Risk Register with a residual risk rating of 4 which is considered low.
ESG	There is no ESG impact arising from the consideration of this report
Equalities	We are committed to promoting equality, diversity and inclusion. The are no new equalities implications arising from the approval of this report.
Communication	Following approval of this report the policy and supporting documents will be shared with staff.

APPENDIX 1

LONE WORKING POLICY



APPROVED BY HHP BOARD:

EFFECTIVE DATE:
August 2026

hebridean housing partnership

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INTRODUCTION

1.1 The Partnership is fully committed to ensuring the health, safety, and welfare of all employees and people who work in its behalf in any capacity.

1.2 A suite of Health and Safety policies are in place to support this commitment and risks are regularly reviewed through the Partnership's Risk Management processes.

1.3 We recognise that lone working presents unique risks and hazards.

1.4 This policy ensures that robust systems are in place to identify, assess, and minimise these risks and hazards.

SCOPE

2.1 A lone worker is any individual who works entirely by themselves without close or direct supervision. This may include Board Members, employees (including temporary employees, contractors, volunteers, students and those on work experience).

2.2 This includes anyone working in-office or working remotely or at home, operating outside standard hours, or visiting external sites alone.

2.3 Procedures and Risk Assessments cover:

a) routine home working;
b) working alone out of hours;
c) high-risk tasks carried out at home;
d) welfare and isolation risks;

2.34 While the partnership provides safe working frameworks, procedures, training, and emergency communication tools, all employees share a legal and moral responsibility to follow these procedures, report new hazards, and actively prioritise their own personal safety.

AIMS

3.1 To increase employee awareness of safety issues relating to lone working.

3.2 Safety risks may include (not inclusive):

a) Visits where there is known history of aggression;
b) Working in Remote locations;
c) Working in Bad Weather;
d) Out-of-hours work;
e) Cash handling or transportation, if applicable

f) Visits where mobile/communication signal may be poor
g) Office Opening/Being the last member of staff in the office

3.2 To ensure the risk of lone working is assessed in a systematic and ongoing way, and safe systems and methods of work are put in place to reduce the risks so far as is reasonably practicable.

3.3 To ensure appropriate training is available to employees in all areas, equipping them to recognise risk and provide practical advice on safety when working alone.

3.4 To ensure appropriate support is available to employees who work alone.

3.5 To encourage full reporting and recording of all adverse incidents relating to lone working.

3.6 To reduce the number of incidents and injuries to employees related to lone working.

The above list is not exhaustive.

Definition of a Lone Worker

The Health and Safety Executive defines a lone worker as someone who "*works by themselves without close or direct supervision*"

At HHP a lone worker includes someone:

- Working outside normal office hours, even on a one-off basis
- Working with the public on your own or away from colleagues
- Working on their own, in an office, at home or some other location
- Working in other's homes or premises
- Traveling alone as part of their job (this does not include commuting)
- Working in the office but away from colleagues
- Who is a employee or an independent contractor working on HHP's behalf.

LEGISLATION

4.1 Although there is no single piece of legislation that explicitly applies to lone workers, the following apply indirectly:

- Health and Safety at Work Act 1974

- Protection from Harassment Act 1997
- The Management of Health and Safety at Work Regulations 1999,
- The Corporate Manslaughter and Homicide Act 2007
- Equality Act 2010
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- UK GDPR/Data Protection Act 2018

EMPLOYER RESPONSIBILITIES

5.1 As an employer, we have a responsibility to make sure employees are safe while working for us and this includes any time lone working.

5.2 The Chief Executive has overall responsibility for the implementation of this Policy.

5.3 Our Health & Safety Committee supports the implementation and monitoring of this Policy. The Committee's membership, remit and responsibilities are set out in the Health & Safety Policy.

5.4 Through the Health & Safety Committee, the Partnership will:

a) Ensure all equipment and systems that may pose a hazard are regularly checked and maintained;
b) Provide procedures for working safely while you are lone working;
c) Make sure you are provided with appropriate and relevant training to understand our procedures;
d) Have reporting systems in place to record, investigate and review any near misses and incidents;
e) Involve you when considering potential risks with lone working and reasonable control measures;
f) Make sure you are issued with a copy of this policy; and
g) Review this policy and update it as is appropriate.

5.5 Incidents, trends, and learning will be reported through the Committee Chairperson to the Chief Executive and to the Board.

5.6 All lone workers must have regular personal contact with their Line Manager at least once a week, or other defined period as required based on the individuals circumstances. In the instance of managers being on leave or long-term illness another manager must be put in place to maintain regular personal contact.

5.7 Operational procedures and oversight for safety check-ins before, during, and after higher-risk lone working are in place for staff.

5.8 All lone workers will be informed by their Line Manager who they should contact for help and support in fulfilling their duties. Where possible the contact will be an office-based employee, and readily available. In the event that the contact is unavailable and advice is urgently required, employees should contact Customer Services on telephone: 0300 123 0773.

5.9 All lone workers have quick and easy access to first-aid facilities. If appropriate, lone workers will be provided with a first-aid kit. The first aid requirements of all current lone workers will be assessed, and provision will be made as necessary.

5.10 In circumstances where we accept that a lone worker could have difficulty in raising the alarm in an emergency, we will install or provide an alarm system appropriate to the situation. (This system includes suitable monitoring and response actions).

5.11 Where lone workers are mobile during their working day, systems may be established whereby the location of individuals at any particular time can be determined; this may include the requirement to report to a central point at the end of an appointment or working day. Such systems must be strictly adhered to.

5.12 Any location or other data gathered here will meet GDPR/Data Protection legislative requirements.

a) It will be proportional and only be used for safety purposes;

b) It will only be accessed in emergency situations, or where a legitimate concern has been raised;

c) It will only re retained for the period of the risk period in question (and then no more than 1 week afterwards);

d) Any access will only be with Director approval

5.12 No ad hoc lone working will be permitted without prior written authorisation from the relevant Director.

EMPLOYEE RESPONSIBILITIES

6.1 You also have responsibilities which we expect you to fulfil. These are as follows:

a) Abide by our lone working procedures and speak to a manager if you are unsure

of anything;

b) Not knowingly put yourself at risk;
c) Remove yourself from any situation you do not feel comfortable and/or safe in;
d) Report all lone working incidents and near misses, by following our reporting procedures;
e) Attend training when this is provided;
f) Take part in our lone working risk assessment process;
g) Whilst in a lone working situation carry out an informal/dynamic risk assessment;
h) Know, understand and follow this policy and the procedures; and
i) Ensure your emergency contact person is provided with our contact details in line with our procedure.

MANAGING RISKS

7.1 The overall purpose of risk management is to identify, eliminate, reduce and control risks.

7.2 It is recognised that lone working can present increased risks to staff. It is therefore the responsibility of all of us to manage these.

7.3 In practice this means that we will carry out lone working risk assessments which will identify any potential risks. We will also consider the following during the exercise:

a) The remoteness of the workplace;
b) Potential communication problems;
c) The likelihood of a criminal attack;
d) Potential for verbal and physical abuse;
e) Consideration of lone workers' potential feelings of isolation, stress and depression;
f) Whether or not all equipment, materials, etc can be handled safely by one person;
g) Whether or not the person is medically fit and suitable to work alone;
h) How the lone worker will be supervised;
i) How the lone worker will obtain help in an emergency such as an assault, vehicle breakdown, accident or fire; and
j) Whether or not there is adequate first-aid cover.

7.4 In conducting the lone working risk assessment we will:

a) Consider individual circumstances, reasonable adjustments, pregnancy or maternity, disability, mental health, neurodiversity, language/communication needs, and any other relevant protected characteristics;
b) Where practical, have the risk owner conduct the risk assessment. Where this is not possible or practical they will, as a minimum, be involved in the process and in the development of safe working methods;
c) Maintain a file of all lone working assessments; and
d) Make sure those working alone are provided with adequate information, instruction, and training to understand the hazards and risks and the safe working procedures associated with working alone.

7.5 A formal risk assessment will take place for all known lone working situations and be signed off by the relevant Director. A review of risk assessments should occur annually, and may also be triggered following a change in role, location, health, or work pattern

7.6 These reviews will also be considered by the Health & Safety Committee. However, it is important that staff are aware and are comfortable to undertake a dynamic risk assessment in any lone worker situation you may find yourself in. If anyone feels that they require guidance on this, they should speak to their line manager.

COMMUNICATING THE POLICY

8.1 We will inform all employees, who operate from our offices, from their home and in any other designated location, about the Lone Working Policy. This will be through or normal digital channels for policies and procedures.

8.2 Line Managers responsible for implementing and operating the Policy will receive regular in-depth training. All employees will be regularly trained in the procedures and the operation of the Policy.

8.3 All new appointees to lone working positions will receive comprehensive induction training. All employees must satisfy their Line Manager that they are competent in:

a) the duties of the particular post;
b) Dynamic risk assessment;
c) De-escalation strategies/personal safety;
d) Incident reporting;

e) The use of lone worker technology; and

c) Emergency procedures: fire, accident, illness, physical attack.

MONITORING AND REVIEW OF POLICY

9.1 This Policy will be reviewed every 3 years. More frequent reviews will be considered if, for example, there is a need to respond to new legislation/policy guidance.

9.2 The Health & Safety Committee will be the primary monitors of lone working safety, and will review and take appropriate action in relation to:

a) incidents and near misses;
b) missed check-ins;
c) training completion;
d) risk assessment completion;
e) use of lone worker devices/apps;
f) audit findings;
g) feedback from staff.

INTERPRETATIONS & ABBREVIATIONS

The following interpretation and abbreviations are used in this policy:

WORD	INTERPRETATION
We/our/us/Partnership	Hebridean Housing Partnership/HHP
Board	Means the Board of the Hebridean Housing Partnership
Board Members	All Members of the Board including co-opted Members
Lone Workers	Any individual who works entirely by themselves without close or direct supervision. This may include Board Members, employees (including temporary employees, contractors, volunteers, students and those on work experience).
H&S	*Health and Safety*
Home Workers	Employees who have been given permission to work from their home on a pre-agreed schedule
References to any gender in this policy include all individuals, regardless of gender.	

RESPECTFUL ENGAGEMENT POLICY

Board 25 August 2026

Report by Director of Operations

Purpose of Report

1.1 To present the Respectful Engagement Policy to Board for approval.

Summary

2.1 The Engagement Policy was approved by Board in 2023 and is due for review on a 3-year cycle.

2.2 Our Engagement Policy was based on the Scottish Public Services Ombudsman's (SPSO) Engagement Policy. They have now updated their policy to be a Respectful Engagement Policy with a shift away from simply managing interactions to actively promoting respectful behaviour and positive engagement.

2.3 We have reviewed our policy in line with the SPSO's policy and made some changes to support everyone to engage with HHP in a positive and respectful way.

2.4 We have added a section at 19.1 and 19.2 to specifically include sexual harassment. This is in line with our Sexual Harassment Policy.

2.5 We have also added a section at 32.1 detailing connected policies that the Respectful Engagement Policy should be read in conjunction with.

2.6 Additional wording added throughout to improve compliance, strengthening provisions and making explicit statements regarding equalities and data protection legislation.

2.7 No other significant changes have been made to the policy.

Compliance

3.1 The competence issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board approve the Respectful Engagement Policy.

Appendix 1:	Respectful Engagement Policy	
Background Papers:	None	
Writer of Report:	Katrina Rowlands	Tel: 0300 123 0773

Katrina Rowlands 23 July 2026

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising from the approval of this report.
Legal	Our policy is in line with the SPSO's own Respectful Engagement Policy.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards.
Risk	The amendments to the policy have improved our compliance, reducing risk.
ESG	Complaint Handling is included in our ESG Action Plan in relation to response times and complaints upheld by the SPSO. The Respectful Engagement Policy is linked to this.
Equalities	We are committed to promoting equality, diversity and inclusion. There are no equalities implications arising from the approval of this report.
Communication	The policy encourages positive communication between HHP and our tenants. A link to this policy will be available on our website.

APPENDIX 1

RESPECTFUL ENGAGEMENT POLICY

APPROVED BY HHP BOARD: August 2026
EFFECTIVE DATE: August 2026

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INTRODUCTION

1.1 This policy is based on the Respectful Engagement Policy used by the Scottish Public Services Ombudsman. It replaces our previous Engagement Policy.

1.2 This Policy complies with applicable legal and regulatory requirements, including the Equality Act 2010, Human Rights Act 1998 and relevant data protection legislation. It supports compliance with the Scottish Housing Regulator's Regulatory Standards by ensuring fair, proportionate and transparent management of customer engagement. The Partnership is committed to promoting equality, diversity and inclusion, and will make reasonable adjustments to ensure services are accessible to all.

AIMS

2.1 We aim to support everyone engaging with us to do so positively. This helps us provide them with the best possible level of service. In some circumstances, we need to take action to protect our staff or service from types of engagement which impact our ability to provide a service or the well-being of our staff. This policy sets out how we identify and respond to those types of engagement.

WHO IS COVERED BY THIS POLICY?

3.1 This policy covers anyone who engages with HHP including, but not exclusively, service users, local council members, members of the public and stakeholders.

3.2 Engagement includes all forms of contact including verbal (over the phone, in person, etc.), written (letters, emails, online forms, etc.) as well as contact at HHP events, training sessions and online. Online comments about HHP or individual staff members, which are shared publicly or in a forum or way that means they are not private, count as engagement even when they are not shared directly with HHP.

SUPPORTING POSITIVE ENGAGEMENT

4.1 We support positive engagement and will let people know how they can engage positively with us by providing information about how they can access our service and request adjustments and explaining clearly what we need from them to provide the best possible service.

4.2 Supporting positive engagement includes supporting people to express concerns about HHP and service in a constructive manner by ensuring we apply our Complaints Policy fairly and openly when individual concerns are raised.

PROVIDING ADDITIONAL SUPPORT

5.1 We understand that people who come to us may have specific needs and requirements. We will ensure our staff have appropriate training to identify where additional support may be needed and are supported to treat our users with kindness and compassion.

5.2 We will seek to defuse and de-escalate situations. We regularly signpost to organisations who can provide independent advice and support.

MAKING REASONABLE ADJUSTMENTS TO OUR SERVICE

6.1 We are committed to ensuring that everyone has an equal opportunity to access our services. We will consider whether a person's behaviour or engagement may be linked to a disability, health condition, communication need, trauma, vulnerability or other personal circumstance before deciding whether to manage or restrict engagement. We will consider reasonable adjustments or additional support that may help the person engage positively with us, including changes to communication methods, additional time, plain language, alternative formats, involvement of an advocate or representative, agreed communication preferences, or other appropriate support measures. Restrictions will not be applied because a person communicates differently, is distressed or requires additional support. Any restriction must be necessary, proportionate and the least restrictive option available, while ensuring the person can still access services, raise concerns, make complaints and receive essential information.

6.2 HHP will not make assumptions about the cause of an individual's behaviour and will seek to understand whether a disability, health condition, communication need, trauma or other personal circumstance may be contributing to the situation before restrictions are considered.

OUR APPROACH TO MANAGING ENGAGEMENT

7.1 While we will work to support positive engagement, there are some situations that we will need to respond to or manage because of the negative impact on the wellbeing of our staff and our ability to provide a service. We do not need to actively respond to or manage any form of engagement simply because it is different or unusual. We also accept that individuals may be upset and distressed when they contact our office, and we want to support them to engage with us.

7.2 We will seek, whenever possible, to restore the relationship and to ensure we can communicate as normal. However, we recognise there may be a need to act if the situation becomes unacceptably challenging, is resulting in unreasonable demands on our offices or unreasonable behaviour towards HHP staff and others.

7.3 When we need to manage engagement in this way, we will ensure responses are proportionate to the behaviour and the impact on HHP and our staff. This guidance gives general advice, but we will, whenever possible clearly explain the reason for any specific decision to the person affected and/or keep a separate documented record if that is not possible or appropriate.

7.4 When making decisions, it is important to remember that we need to assess behaviour reasonably and consistently. Although at times our resources may be under more pressure than others, any assessment should take into consideration whether we would be able to deal with the behaviour if we were operating effectively and normally. We may also take into consideration whether the issue is due to staff training requirements.

7.5 At all times, we will work to ensure our response is proportionate and necessary and uses the least restrictive method available.

7.6 The decision whether or not to take a management approach does not affect the right of any member of HHP staff to end contact they find personally distressing or uncomfortable. This is because it is not appropriate for anyone to continue to engage if they are becoming distressed or it is having other negative impact on them. And this is the case even if we decide that the criteria for further management is not met. There is more information on this in the supporting staff section below.

RESTORATIVE APPROACHES, RECOVERING THE RELATIONSHIP.

8.1 Where possible, we should seek to act in ways that recover the relationship.

8.2 For example, staff may seek to defuse and de-escalate by suggesting breaks if conversations are becoming heated; intervene early before behaviour escalates and make proactive adjustments to our service to help individual users manage the anxiety and stress of engaging with us. Actively managing expectations can help to prevent issues from arising in the first place.

8.3 Reasonable adjustments should be made when appropriate to help individuals remain actively and positively involved with our service and, in some cases, we may take a multi-disciplinary approach, involving staff from across our service and seeking assistance on a pseudonymised basis from professionals outside the organisation or third sector experts where we consider the person is vulnerable and restrictions would have a disproportionate impact.

ACTIVELY MANAGING BEHAVIOUR, DELIVERING OUR SERVICE

9.1 When restorative approaches are not possible, appropriate or have been tried and failed, an active management approach will be taken. Active management seeks to maintain our ability to deliver our services while minimising the impact of the situation that is causing the disruption. It is important to note that this may not be the fault of an individual but because of circumstances out with their control.

9.2 The approach used should be tailored to the individual and the situation, this could include:

- Restricting contact by channel (e.g. phone or email) or to a named person.
- Not providing direct contact details or staff names (where there is a risk this will lead to harassment.)
- Communicating through a third party such as an advocate rather than direct contact.
- Restricting time/volume of contact.

9.3 To ensure consistency, a decision to actively manage a situation needs to be made by a Manager. All such restrictions require to be supported by evidence and can be challenged with an appeal to a Director.

9.4 Restrictions will normally be reviewed at least every 12 months, unless there is a clear reason why review would be inappropriate, for example where there is a continuing risk to staff safety. The outcome of any review will be recorded and, where appropriate, communicated to the affected individual.

PROTECTING OUR STAFF AND OTHERS

10.1 There are some situations that we are not able to accept, and we will always take action. We have zero tolerance of threats, violent and abusive behaviour towards staff. This is to ensure their own safety and wellbeing and also protects the office and others.

10.2 There is advice below on identifying situations that we do not find acceptable. Staff always need to take action to respond to or disengage when this happens and should always raise with their line manager what has happened and any steps they were able to take. It is important to note that in some situations, the only appropriate action is to end contact immediately.

Telephone or face-to-face contact

11.1 During phone or face-to-face contact, staff should issue a warning before ending contact if it is safe and they consider it appropriate to do so, but a warning is not required if it would be unsafe to do so or the language is intense, deeply upsetting or extreme.

11.2 If staff are informed, they are being recorded for later use in public or are being live streamed, they need to end contact politely but immediately.

Written or email correspondence to HHP

12.1 If we receive violent or abusive correspondence, the sender should be informed this is unacceptable. This could be done by a manager or from an account that is not linked to an individual if this has been aimed at an individual staff member.

12.2 The decision that correspondence is unacceptable should be made by a manager to ensure consistency. Where this behaviour is repeated despite warnings, or an individual instance is regarded as at the higher end of abusive we may need to take steps to restrict methods of contact with the office.

Online, web and social media

13.1 This is a fast-moving and changing area; nevertheless, the principles outlined in this policy will still apply. HHP will follow the best practice advice available at the time of any incident and note and record the reasons for our decisions. Actions may include;

- Blocking accounts or using other technical options available on the relevant platform to minimise exposure.
- Removing inappropriate comments on our social media accounts.
- Using the relevant social media platform's own reporting mechanisms to seek to have the content removed.
- Limiting contact with the individual through other channels to reduce risk to staff – this could include ensuring the person is not provided with contact details.
- Direct threats on social media should be dealt with like any physical threat (see below.)

Physical Threats

14.1 When a physical threat is made, we will normally report it to the police. This includes situations when the threat is made not to us but a threat to harm a third party.

14.2 It should be noted that deciding to contact the police is a matter of judgment and in some cases may not be appropriate (if, for example, the threat is immediately withdrawn and was clearly flippant). However, this is an important safeguard and the person who receives the threat, and particularly anyone who has been personally threatened, should not make a decision to not inform the police alone. It should be made by a manager who should clearly record the decision. The manager should take into account not only the views of the staff member but also consider the impact on other staff who may come into contact with the individual. If other staff have witnessed the event, they should all be asked to put this on record.

14.3 If the complainant makes a clear and immediate threat which risks the office or anyone else, staff should contact the police immediately and update their manager and leadership team as soon as possible.

IDENTIFYING TYPES OF ENGAGEMENT WE NEED TO MANAGE

15.1 It is important we are consistent when we take approaches to manage engagement and below are examples of when we may need to use one of the approaches above. This list is not exhaustive and we can manage types of engagement or behaviour not listed if it is impacting negatively on individuals or our ability to provide a service.

Violence

Violence towards staff or others will not be tolerated

16.1 Violence is not restricted to acts of aggression that may result in physical harm. It also includes actions or language (whether verbal or written) that could reasonably cause someone to feel offended, afraid, or threatened.

Abuse

Abuse of staff or others will not be tolerated

17.1 Abusive language includes all language that is designed or could be perceived as designed to insult or degrade, is racist, sexist or homophobic, or which makes serious allegations that individuals have committed criminal, corrupt or perverse conduct without any supporting evidence.

17.2 Language which makes unfounded allegations about an individual's professional ability or capability or seeks to belittle or denigrate them personally is also unacceptable.

17.3 Violent or abusive comments sent to HHP which are not aimed at us but at third parties are still unacceptable because of the effect that listening or reading them may have on our staff.

17.4 Comments made about HHP or HHP staff on social media which are designed to be, or which it is reasonable to assume may be, shared or made public are also covered for the same reason, even if they are not shared directly with us.

Harassment

18.1 Harassment of staff, whether accompanied or not by violence or abusive comments is not acceptable. Harassment would include:

- Repeatedly contacting or continuing to contact individual staff members when previously asked not to.
- Contacting staff outside of the office to seek to influence them.
- Targeting and naming them on public or other easily shared social media.

Sexual Harassment

19.1 Sexual Harassment of any form is unacceptable. Sexual harassment is when a person is subject to unwanted conduct which is of a sexual nature. The unwanted behaviour must have either violated the person's dignity, whether it was intended to or not, or created an intimidating, hostile, degrading, humiliating or offensive environment for the person, whether it was intended or not.

19.2 All instances of sexual harassment must be communicated immediately to a manager.

Contact outside the office

20.1 Any contact with an individual or organisation outside the office should be discussed with a manager who should decide whether this should be recorded. This includes contact via social network sites and includes social contact in public spaces. This, in part, reflects the need to ensure there is no appearance of bias and that any conflicts of interest that may not have been initially apparent are picked up (for example, where there is significant social overlap.)

Naming and targeting staff publicly

21.1 We encourage those who wish to criticise HHP online to name the office rather than naming individuals. We encourage complaints regarding HHP to be directed to our office and to follow our Complaints Process. Naming of individuals online may lead to restrictions being put in place.

21.2 Statements that individuals intend to record and then use that recording publicly or to live stream would be regarded as harassment even if there is no directly abusive content to the statement.

Demands on our office

22.1 A demand becomes unacceptable when it starts to (or when complying with the demand would) impact substantially on the work of the office. An example of such impact would be that the demand takes up an excessive amount of staff time and, in so doing, disadvantages other users and prevents us from providing a service to the person making the demands within a reasonable timescale.

22.2 Examples of actions grouped under this heading include:

- Repeatedly demanding response with an unreasonable timescale.
- Insisting on seeing or speaking to a particular member of staff when that is not possible.
- Repeatedly changing the substance of their issue or raising unrelated concerns.

Levels of contact

23.1 Sometimes the volume and duration of contact made to our office causes problems. This can occur over a short period, for example, a number of calls in one day or one hour. It may occur over the lifespan of an issue when someone repeatedly makes long telephone calls to us or inundates us with information that has been sent already or that is irrelevant to the service we are providing or sends repeated emails raising the same or similar issue.

23.2 We consider that the level of contact has become unacceptable when the amount of time spent on the telephone or responding to emails or written correspondence or managing the contact impacts on our ability to provide a service to that person or organisation, or to provide a service to others.

Refusal to co-operate

24.1 We want people to work with us. This can include agreeing with us the service we are providing, the issues we will look at; providing us with further information, evidence or comments on request; or helping us by summarising their concerns or completing a form for us.

24.2 Repeated refusals to co-operate make it difficult to find a resolution. We will always seek to assist someone if they have a specific, genuine difficulty complying with a request. However, we consider it is unreasonable to bring an issue to us, for example report a repair or complaint, and then not respond to any subsequent reasonable requests to allow us to provide a resolution.

Use of the complaint process

25.1 We ensure our policy seeks to resolve any negative experience as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of any negative allegations that may be instigated. We support the rights of people and organisations to complain more than once if subsequent incidents occur.

25.2 This contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent an organisation from pursuing a legitimate aim or implementing a legitimate decision. We consider access to our complaints system to be important, and it will only be in exceptional circumstances that we would consider such repeated use as unacceptable, but we reserve the right to do so in such cases, such decisions can only be made by a member of the management team.

25.3 Any restriction applied under this policy will not prevent an individual from accessing our complaints process, exercising their statutory rights, reporting repairs, raising safeguarding concerns, fulfilling tenancy obligations, or receiving essential communications from HHP. Where restrictions are in place, we will identify an appropriate method through which these services can continue to be accessed.

SUPPORTING STAFF

26.1 Staff will receive training to defuse and actively manage situations. They are encouraged to seek support if any contact causes them concern or distress.

Empowering staff to end contact they find distressing

Staff have the authority to end any engagement or interaction which they find personally distressing or difficult at that point of occurrence. Staff should not feel they need to continue to engage in contact if it is having a negative impact on them or which is making them feel uncomfortable. This is the case whether or not they consider it meets the zero tolerance criteria. Whenever possible and appropriate, staff should seek to end the engagement professionally and politely. This can include:

- Explaining they find the situation uncomfortable or distressing and explaining what they need to happen to be able to continue.
- Ending a call
- Ending an interview/meeting
- Not reading an email or other correspondence to the end

- Disengaging from HHP social media

26.2 When this occurs, they should take a note and discuss with their line manager as soon as possible.

Supporting Staff

27.1 When an incident has occurred or active management approach has had to be used, all staff involved are encouraged to have a de-brief meeting with their line manager and agreed actions from that discussion noted. This ensures that we are providing support to all colleagues. Staff will be able to take a short time away from all contact if requested and may request to no longer have contact with a specific individual.

27.2 Staff can ask for correspondence to be sent in the name of a senior manager or to be removed completely from involvement in engagement in a particular case or interaction. This may be appropriate if they have concerns about threats; have been or are at risk of being named publicly; or any other factor makes them more vulnerable.

APPROACH TO COMMUNICATING DECISIONS

28.1 We will provide guidance and support to staff to help them meet our standards to communicate with respect. When communicating that the situation needs to change or an active management technique is being introduced, we should always bear in mind the following[1]:

- Explain the situation neutrally and avoid blame, there may be many reasons why the situation has become difficult. Engaging with landlords can be stressful, people's situations, needs and abilities are complex. We may inadvertently trigger a memory of a difficult experience or engage in a way that is difficult for someone who has different needs or perspectives.
- Look for opportunities to restore the relationship. Try to see the situation from the points of view of all involved. When possible or appropriate, seek ways to help someone demonstrate their needs and perspective rather than asking them to defend their position. This can help move the relationship forward.
- Be clear and straightforward. We can provide access to more information, for example a copy of this policy, but that will not be required in all situations. Instead, a clear statement which focuses on the interaction and explains what has been decided and why is sufficient. Provide evidence but avoid dwelling on detail unnecessarily.

- Ensure the communication is accessible, inclusive and meets the needs of the person.

RECORDING AND SHARING INFORMATION

29.1 We will record, store and share information under this policy in accordance with UK GDPR, the Data Protection Act 2018,, the Data (Use and Access) Act 2026, our Privacy Policy, privacy notices and retention procedures. Information will only be recorded or shared where it is necessary, relevant and proportionate. Records must be factual, accurate and limited to what is needed to evidence incidents, decisions, restrictions, reviews or actions taken.

Recording

29.2 It is important that we keep a clear record whenever we have had to:

- Actively work to restore a relationship to avoid restrictions
- Put restrictions in place
- Take a zero-tolerance approach

29.3 This includes retaining relevant online evidence, such as screenshots.

29.4 Material stored as evidence may be distressing or sensitive. It must be stored securely so that it cannot be accidentally or unnecessarily accessed. Electronic files should be saved in restricted-access locations and clearly named to indicate where they contain distressing or sensitive material. Physical documents should be stored securely, for example in sealed envelopes or restricted-access files. Evidence must be retained only for as long as necessary in line with our retention schedule and securely deleted or destroyed when no longer required.

29.5 Individuals can feel shame and distress about situations that have become difficult. While we need to record what has happened, we should do so factually and ensure it can only be accessed by those who need to do so. Some of the actions we take may need to be highlighted in our system to allow staff to implement decisions or to be aware that steps may need to be taken to manage some interactions. When doing so, we should record the minimum required.

29.6 Access to records and evidence under this policy will be restricted to staff who need the information to carry out their role, implement an agreed restriction, support staff

safety, manage a complaint or fulfil a legal, safeguarding or regulatory obligation. Information should not be shared more widely than necessary.

Sharing information

30.1 Where we share information with Police Scotland, regulators, local authorities, advocates, support agencies or legal advisers, sharing will be undertaken only where lawful, necessary and proportionate.

30.2 There is specific advice in the section on physical threats about sharing with other agencies. Internally, we need to ensure all relevant staff are aware of actions taken and restrictions to make sure our actions are effective. This will vary depending on the action and decisions on sharing should be noted and recorded but as a minimum:

- Where the behaviour relates to phone contact, staff who respond to our 0300 and publicly available numbers on our website should be informed.
- For emails, we should ensure this information is shared with people who monitor online and other web contact.

Recording and sharing when staff named publicly (for example, online)

31.1 If you find that a member of HHP staff has been publicly named in relation to their duties, the following steps should be taken:

- An email should be sent to the member of staff's line manager. Where applicable, a link to the relevant webpage should be provided.
- To minimise impact on the named person, this information should not be shared any more widely than necessary to enable action to be taken.

31.2 The member of staff's line manager, and in their absence an alternative manager, will inform the member of staff in private about the content of the material. The affected member of staff will have a say in what, if any, action is taken in response.

31.3 Action to support the member of staff may include an informal discussion and an offer of counselling.

31.4 Any instances of HHP staff being publicly named online will be recorded and kept confidentially by HHP. We may actively seek to have the person's name removed unless the risks that would escalate the situation are felt to be significant. The incident will be shared with the Executive Team. It is for the affected individual and HR to determine whether a record is made in the staff member's personal records.

CONNECTED POLICIES

32.1 This policy should be read in conjunction with the following policies:

- Comments, Compliments and Complaints
- Communications
- Particular Housing Needs
- Equality and Diversity
- Sexual Harassment

MONITORING AND REVIEW OF POLICY

33.1 This policy will be reviewed every 3 years.

INTERPRETATIONS & ABBREVIATIONS

The following interpretation and abbreviations are used in this policy:

WORD	INTERPRETATION
HHP or Partnership	Hebridean Housing Partnership
Board	Means the Board of the Hebridean Housing Partnership
Board Members	All Members of the Board including co-opted Members

OPENNESS & CONFIDENTIALITY POLICY

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To present a revised Openness & Confidentiality Policy for Board approval and to summarise the key changes to the Policy.

Summary

2.1 The Openness & Confidentiality Policy has been reviewed in line with the Policy Review Schedule.

2.2 A summary of the key changes can be found in the body of the report.

2.3 The main change is a strengthened compliance framework, with clearer requirements for lawful data processing, information security, FOI handling, accessibility, equality considerations and secure data sharing with third parties.

2.4 In addition to the changes outlined at 5.1 the legal and regulatory framework has been expanded and security controls reflect current working practices and modern, secure data transfer methods.

Compliance

3.1 The competence issues relating to this report are at section 6.1 of the report.

Recommendations

4.1 It is recommended that the Board approve the Openness & Confidentiality Policy at Appendix 1.

APPENDIX 1:	Openness & Confidentiality Policy	
Background Papers:	None	
Writer of Report:	Iona France	Tel: 0300 123 0773

Iona France 9 July 2026

Report Details

5.1 The material changes to the Policy are highlighted in the table below:

Data Protection	Detail
The Policy has been updated to reflect current UK GDPR and Data Protection Act 2018	Replacing references that relied heavily on consent with a clearer focus on lawful bases for processing personal data. Expanded guidance on handling special category and criminal offence data. Updated Subject Access Request arrangements, including the current one-month response period. Stronger requirements around Data Protection Impact Assessments (DPIAs) and transparency obligations. Enhanced breach reporting requirements, including references to ICO reporting and notification obligations where applicable
Accessibility & Equality	Detail
The policy now contains stronger commitments to accessibility and inclusivity	Consideration of digital exclusion. References to reasonable adjustments. Explicit recognition of equality and human rights considerations. A requirement to consider equality impacts when implementing and reviewing the policy
Freedom of Information	Detail
The Freedom of Information section has been expanded	A formal review process for FOI responses. Information on appeal rights to the Scottish Information Commissioner. New provisions relating to Environmental Information (Scotland) Regulations 2004 requests
Confidentiality & Data Sharing	Detail
The revised policy adopts a more comprehensive approach to information security	Clarify lawful information sharing arrangements. Strengthens controls around access to personal information. Introduces clearer requirements for secure data sharing and accountability arrangements with third parties

6.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising directly from the consideration of this report
Legal	The revisions strengthen compliance with current information rights legislation, data protection requirements, FOI obligations and regulatory expectations for registered social landlords.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides ongoing assurance of evidence of Regulatory Standards 1, 2, 3 and 5 in relation to our Annual Assurance Statement.
Risk	Data Security & Integrity is highlighted on our Risk Register with a residual risk of 6 which is considered low. Governance and Reputational risks are also referenced in our Risk Register. The revised Policy reduces risk through clearer controls relating to: • Data Protection • Information Security • Breach Management • Third Party Sharing
ESG	The policy supports ESG requirements by outlining clear arrangements for transparency, confidentiality, data protection, FOI and environmental information requests, while supporting inclusive access to information and protecting privacy.
Equalities	We are committed to promoting equality, diversity and inclusion. The updated policy provides greater recognition of accessibility requirements, reasonable adjustments and equality considerations and supports our obligations under the Equality Act 2010.
Communication	The Policy will be made available on our website and in the Staff Handbook.

APPENDIX 1

OPENNESS & CONFIDENTIALITY POLICY

APPROVED BY HHP BOARD:

EFFECTIVE DATE:
August 2026

CONTENTS

INTRODUCTION

1.1 We aim to conduct our business in an open and accountable manner whilst, at the same time, ensuring that personal and commercial confidentiality is maintained where appropriate.

1.2 We believe that our members and any other interested parties should have access to information on how we conduct our business. As a general principle, information about HHP and our work should be widely and freely available. Requested information will be made available unless it is considered commercially sensitive, personally confidential or where disclosure is restricted by legislation.

1.3 Our staff and Board Members will:

a) treat all personal and sensitive organisational information as confidential to the Partnership;
b) comply with the law regarding the protection and disclosure of information including personal data;
c) process and disclose personal data only where there is an appropriate lawful basis under data protection legislation, and where required meet the additional conditions for special category or criminal offence data; and
d) not gain or attempt to gain access to information they are not authorised to have.

DATA PROTECTION

2.1 We process personal data in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and related information rights legislation. These laws set out how personal data must be collected, used, stored, shared, retained and protected, and the rights of individuals in relation to their personal data.

2.2 All personal information relating to tenants, applicants, staff and Board Members that is not a matter of public record will be held in accordance with UK GDPR principles.

Lawfulness, Fairness & Transparency

2.3 Principle A of the UK GDPR states that personal data must be:

"processed lawfully, fairly and in a transparent manner in relation to individuals"

2.3.1 Under the UK GDPR we are required to identify valid grounds (known as a 'Lawful Basis') for collecting and using personal data.

2.3.2 Our Information Asset Register (IAR) outlines the various types of personal data of individuals that we process and shows the lawful basis for each information type. The IAR also identifies conditions for processing special category or criminal offence data. The IAR is reviewed regularly to ensure it remains accurate and up to date.

2.3.3 We will only process personal data in ways that individuals would reasonably expect, or where we have clearly explained the processing and have an appropriate lawful basis. Before introducing any new processing that is likely to result in a high risk to individuals' rights and freedoms, we will carry out a Data Protection Impact Assessment (DPIA) and implement any necessary safeguards.

2.3.4 The ***Transparency*** requirement is closely linked to the Right to be Informed which gives individuals extended rights in respect of being informed about the collection and use of their personal data.

2.3.5 Our privacy information, including our Privacy Policy and relevant privacy notices, will be made available to individuals at the appropriate point in our relationship with them, or as soon as reasonably practicable where personal data is obtained from another source.

2.3.6 We will provide privacy information and relevant policy documents in accessible formats on request, and through appropriate channels for individuals who do not use digital services. We will take reasonable steps, and where required make reasonable adjustments, so that information is accessible and understandable.

2.3.7 Individuals are entitled to request access to their personal data through a Subject Access Request (SAR). We will respond without undue delay and in any event within one month of receipt, subject to any lawful extension permitted by data protection legislation.

2.3.8 We may need to verify an individual's identity prior to disclosure, and exemptions may apply where permitted by law.

2.3.9 We will be clear, open and honest with individuals from the start about how we use their personal data.

Purpose Limitation

2.4 Principle B of the UK GDPR states that personal data must be:

"collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes"

2.4.1 We have recorded our purposes for processing personal data in our Fair Processing Notices.

2.4.2 Personal data must not be used for a new purpose unless that purpose is compatible with the original purpose, the individual has been appropriately informed and, where required, a new lawful basis or additional condition has been identified.

2.4.3 Staff should familiarise themselves with our FPN and SFPN, and if any processing activity that is not documented in the Notices becomes a necessity, the DPO should be informed in good time to allow for updating the Notices and making them available to affected individuals.

2.4.4 Unauthorised or unidentified processing activities must be reported immediately in line with our data breach and incident procedures. We will assess each incident promptly and, where required by law, notify the Information Commissioner's Office without undue delay and, where feasible, within 72 hours of becoming aware of a reportable personal data breach. Where required, we will also notify affected individuals without undue delay.

Data Minimisation

2.5 Principle C of the UK GDPR states that personal data must be:

"adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed"

2.5.1 We can only retain information that is sufficient to properly fulfil our stated purpose, has a rational link to that purpose, and we do not hold more than we need for that purpose. We also need to be able to demonstrate that we have appropriate data minimisation practices in place.

2.5.2 We cannot collect personal data on the off-chance it might be useful in the future. However, we may be able to hold information for a foreseeable event that may never occur if we can justify it. For example, it is reasonable for us to retain relevant information on individuals who are no longer tenants if they have left and have an outstanding arrear, in order that we might pursue that debt if they become tenants at a later date. If we are unable to pursue that debt, i.e. in a bankruptcy case, we would not be able to retain the information.

2.5.3 For special category data and criminal offence data, additional care must be taken to ensure that only the minimum amount of information necessary is collected, used and retained, and that appropriate safeguards are in place.

Accuracy

2.6 Principle D of the UK GDPR states that personal data must be:

"accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay"

2.6.1 We need to ensure that the personal information we process is not incorrect or misleading, and we need to keep it as accurate and up-to-date as possible.

2.6.2 If we discover that any personal data is incorrect or misleading, we will take reasonable steps to rectify or erase it without undue delay, having regard to the purpose for which it is processed.

2.6.3 We will consider and respond appropriately to requests to rectify inaccurate personal data, and where necessary we will restrict processing while accuracy is being assessed.

2.6.4 Staff and Board Members' personal details are checked annually when they complete Disclosure of Interest Forms and we request an annual update in respect of personal information from our Membership prior to the AGM.

Storage Limitation

2.7 Principle E of the UK GDPR states that personal data must be:

"kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes

or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the UK GDPR in order to safeguard the rights and freedoms of individuals"

2.7.1 We cannot keep personal data for longer than we need it. Our Data Retention Schedule outlines how long we should retain personal data.

2.7.2 In addition, our *Maintenance of House Files* procedure gives guidance on the personal data of tenants that we should retain.

Integrity & Confidentiality

2.8 Principle F of the UK GDPR states that personal data must be:

"processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures"

2.8.1 In accordance with this principle, we must ensure that we have appropriate security measures in place to protect the personal data we hold.

2.8.2 Our Privacy Policy outlines our approach to storage of personal data in paper and electronic formats:

Paper Storage

If personal data is stored on paper, it must be kept securely so that unauthorised persons cannot access it. When it is no longer required and retention requirements have been met, it must be destroyed securely. If personal data requires to be retained on a physical file, that file must be stored in accordance with our records management and storage procedures.

Electronic Storage

Personal data stored electronically must be protected against unauthorised access, loss, destruction or damage. Where personal data is sent externally, approved secure transfer methods must be used. Personal data stored on laptops, tablets, removable media or other portable devices must be subject to appropriate technical and organisational safeguards.

2.8.3 In accordance with the above, and with our Information Communication Technology (ICT) Security Policy, access to personal information is controlled to ensure that it is only granted to users based on role, operational requirements, and the duration for which access is required. Any personal information which is in hard copy is stored in locked cabinets with restricted access. Any personal information which is held in electronic format is protected and appropriate security measures installed to only allow permitted usage. These measures include the use of multi-factor authentication, passwords, firewalls, secure networks and encryption.

2.8.4 Controlled, confidential or special category personal data must not be sent externally unless appropriate security measures are in place, such as encryption or another approved secure transfer method, in accordance with our ICT Security Policy and data sharing procedures. Failure to comply with this requirement may result in disciplinary action and, where relevant, incident reporting under data protection law.

FREEDOM OF INFORMATION (SCOTLAND) ACT 2002

3.1 Since 11 November 2019, Registered Social Landlords (RSLs) are classed as public bodies for the purposes of the Freedom of Information (Scotland) Act 2002 (FOISA).

3.2 Tenants and other individuals can request information from RSLs that may not previously have been available to the public at large.

3.3 The Data Protection Officer is responsible for responding to FOI requests.

3.4 A FOI request must be responded to within 20 working days.

3.5 A Guide to Information, which is an index of the information we publish and how to access it, is available on our website at the following link:

Hebridean Housing Partnership - Guide to Information

3.6 If a requester is dissatisfied with our response to a FOISA request, they may request a review. Reviews will be responded to within 20 working days. If they remain dissatisfied following review, they may appeal to the Scottish Information Commissioner in accordance with FOISA.

3.7 Requests made under the Environmental Information (Scotland) Regulations 2004 (EIRs) will be handled in accordance with those Regulations, including applicable timescales, exceptions and review rights.

GENERAL PRINCIPLES AND PRACTICE

Communication of Information

4.1 Information will be available through a range of channels considered appropriate to the information in question. This will include our website (www.hebrideanhousing.co.uk), social media, Tenants Handbooks, regular newsletters and in document form on request from our Head Office, and where practicable, Area Offices.

4.2 We will also provide an opportunity prior to our AGM for tenants to ask questions about performance, service standards and other general matters.

4.3 We will ensure that, wherever possible and practicable, information available to the public will be written in Plain English. Every effort will be made to avoid unexplained acronyms, jargon and technical language where Plain English alternatives exist.

4.4 In order to overcome barriers caused by disability, sensory impairment, language difficulties, literacy issues and other communication needs, we will, where reasonably practicable, make information available on request in a range of accessible formats and languages. This includes taking reasonable steps and, where required, making reasonable adjustments to ensure that individuals are not disadvantaged in accessing information or services.

PUBLICATION OF INFORMATION

5.1 The following paragraphs outline the information that will be made available on our website and the steps we will take to ensure compliance with this policy. This list is not considered to be exhaustive.

Annual Report and Accounts

5.1.1 The Annual Report will contain standard information required by law and will also report Performance against Operational targets. Monthly performance information will be available on request. The degree that tenants feel they are kept appropriately informed will be explored in Tenant Satisfaction Surveys, and the Partnership will increase the amount of information being circulated if any of the surveys suggest this.

How to become a Board Member or influence decisions in other ways

5.1.2 A leaflet is available to explain the process of becoming a Board Member.

5.1.3 It is recognised that on occasion tenants may wish to influence certain decisions, or have their voice heard, without necessarily joining the Board. Tenant Board Panel meetings can facilitate this.

5.1.4 Furthermore, where tenant and stakeholder views are being sought, consultation documents will be posted on our website.

Policies & Procedures

5.1.5 We will make available all key policies on our website and at our offices' reception. Availability of this information will be publicised from time to time in our relevant publications.

Results of External Audit

5.1.6 The external auditor will present the audited accounts at the AGM and respond to any questions submitted prior to the AGM.

Registers

5.1.7 We maintain a number of Registers which are available for inspection at the following locations:

Available at our Head Office	**Available on our website and at our Head Office**
Register of Board Members	Board Members Disclosure of Interest Register
Entitlements, Payment & Benefits Register	FOISA Register
Staff Disclosure of Interest Register	
Membership Register	

Board Agendas & Minutes

5.1.8 Non-confidential Board Agendas will be made available on the Partnership's website at least 3 days prior to Board meetings.

5.1.9 Non-confidential Board meeting minutes will be made available on the Partnership's website once they have been signed off by the Chair of the meeting. This will generally be after the next scheduled Board meeting.

Complaints

5.1.10 Information about complaints and complaint outcomes may be made available in anonymised or statistical form, where appropriate. Personal information relating to tenants, staff or other individuals will not be published or displayed.

ACCESS TO MEETINGS

Annual General Meeting

6.1 In accordance with our constitution, we will hold an Annual General Meeting (AGM) to which all members of the Partnership will be invited. Our AGMs are also open to members of the public.

Ordinary Meeting

6.2 Our Rules and Standing Orders state that all agenda items at Board meetings shall be considered as non-confidential unless otherwise agreed.

6.3 Minutes, with any confidential items omitted, may be viewed on our website and at our offices by the general public. Printed copies of the minutes can be made available on request for individuals without access to the internet. Where such a request is made, we will provide the document(s) within 7 working days.

CONFIDENTIALITY

7.1 Our staff will generally have access to all information they require to carry out their work and are under a duty to respect the confidentiality of all personal information held by us.

7.2 Staff must explain, where appropriate, the purpose for processing an individual's personal data and, where relevant, any categories of recipients outside the Partnership who may receive it. Personal data must only be processed or shared where there is an appropriate lawful basis and, where applicable, additional conditions for special category or criminal offence data. Where the circumstances require it, consent must be obtained in a valid manner and recorded.

7.3 The following items are considered confidential and should, at no time, be divulged inappropriately – this is not an exhaustive list:

a) The personal data of tenants and other members of the public will be treated as confidential and will only be shared where there is a legitimate need, an appropriate lawful basis, and appropriate safeguards. Personal identifiers and unnecessary personal detail should not be included in Board reports or minutes unless there is a clear and lawful reason to do so;

b) Access to personal data records, whether paper or electronic, will be restricted to those who require access for a legitimate business, governance or legal purpose and who are authorised to do so. Any such access must be proportionate, properly controlled and recorded where appropriate; and

c) Items adjudged, on an ad hoc basis, to be confidential.

7.4 Exceptions to the items listed in paragraph 7.3 are:

a) where a tenant or other member of the public complains or appeals to us about an issue and a personal representation is being made to the Board as the final stage in the procedure. In these circumstances, it is impossible to withhold information on the person's identity.

b) where we have a legal obligation to provide information to a third party, in respect of, for example, the prevention of fraud.

Regulation

7.5 We may share personal data with third parties where this is necessary to deliver services, meet legal or regulatory requirements, or support performance monitoring and improvement. In such cases, we will ensure that information is shared lawfully, proportionately and securely, with appropriate contractual, data sharing and accountability arrangements in place. Where we act as data controller, we will remain responsible for ensuring compliance with data protection law.

Data Security

7.6 The following technical and organisational measures must be followed to protect personal data security:

a) All computer held personal data should be protected by biometric and multi factor authentication where available (when not available passwords, in line with our corporate password criteria, are required) and accessible only to staff with a legitimate need to access or process the data;

b) Computer systems should be secure and sufficiently protected against unauthorised access, and personal data should be encrypted or otherwise protected where appropriate;
c) Sufficient safeguards must be in place to protect computer-held personal data from loss, destruction, damage or unauthorised access. Special category data and other high-risk personal data must only be stored on laptops, tablets, removable media or other portable devices where this is necessary and approved safeguards are in place;
d) All back up information should be held securely, and protected against unauthorised access;
e) All personal data must be erased from PC's or other hardware and measures taken to protect it from subsequent retrieval by unauthorised persons on the disposal of such hardware;
f) Manual files containing personal data should be kept in secure filing cabinets when not in use – this includes returning files to locked cabinets overnight;
g) Care should be taken to ensure that manual files containing personal data are protected from loss or damage when removed from the office. Removing files from the office is discouraged and should only be done in exceptional circumstances. Under no circumstances should personal files be left unattended in vehicles;
h) Staff members printing tenants' personal data must print using the 'User Authentication' facility on the network and not leave the printer unattended while printing these documents;
i) All correspondence of a personal nature must have "Private and Confidential" clearly marked on the envelope;
j) Regular audits should be in place to test that technical and organisational security measures are being adhered to;
k) Staff working at home must work in a private environment ensuring conversations cannot be overheard.
l) Board Members attending meetings on MS Teams should be in private environment ensuring conversations cannot be overheard

Disposal of Personal Data

7.7 With regard to document retention schedules, when no longer required, all personal information, including computer printouts of rent accounts and arrears, must be securely shredded or otherwise securely destroyed in line with the Data Retention Schedule.

7.8 Data held on computers/electronic filing systems should be treated in the same manner as paper print-outs in respect of retention, and deleted accordingly.

7.9 The destruction of original records and documents, in both electronic and paper formats, should be authorised by managers and a file note must document this authorisation. The method of disposal should be appropriate to the confidentiality or sensitivity of the record.

7.10 Personal files should be checked regularly, and information only retained if still relevant to the purposes for which it was intended to be kept. This should be done as a matter of routine whenever files are in use.

BREACH OF POLICY

8.1 A breach of confidentiality, whether deliberate or inadvertent, will be considered a serious matter. All breaches will be dealt with via the Staff Disciplinary and Grievance procedures and the Board Code of Governance, taking all circumstances into account, and may result in:

a) the staff member(s) being issued with a warning or dismissed; or

b) the Board Member(s) being requested to leave the Board.

COMPLAINTS & APPEALS

9.1 Complaints regarding the policy will be dealt with under our Comments, Compliments & Complaints Policy, a copy of which is available at our offices and on our website.

9.2 Requests for review or appeals relating to Freedom of Information requests will be handled in accordance with FOISA. Requesters will be informed of their right to seek a review and, where applicable, to appeal to the Scottish Information Commissioner.

LEGAL AND REGULATORY FRAMEWORK

Legislation

10.1 In formulating, implementing and reviewing this policy, we will have regard to relevant statutory, regulatory and good practice requirements relating to information rights, openness, confidentiality, accessibility, equality and human rights.

10.2 The legislation particularly relevant to this Policy includes:

a) the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and the Data (Use and Access) Act 2025: provide rights to individuals in relation to personal data held about them and regulate the collection, use, sharing, retention and security of personal data.

b) Freedom of Information (Scotland) Act 2002: entitles members of the public to request recorded information from a Scottish public authority, subject to certain exemptions. FOISA was extended to registered social landlords from 11 November 2019.

c) The Scottish Information Commissioner oversees FOISA and EIR matters, and complaints may be escalated to them where appropriate

d) Housing (Scotland) Act 2001, 2006, 2010 & 2014: provide a statutory right to all tenants with Scottish Secure Tenancies to receive information about their landlord's policies and procedures, in addition to obliging landlords to consult and provide tenants with information in developing their Tenant Participation Strategy. The 2010 Act introduced the Scottish Social Housing Charter which obliges landlords to consult with tenants in respect of desired standards and outcomes.

e) Scottish Public Services Ombudsman Act 2002: describes the statutory arrangements for conducting independent investigations of complaints relating to maladministration by a wide range of listed authorities, including Registered Social Landlords.

f) Human Rights Act 1998: gives individuals a right to respect for their privacy.

g) Environmental Information (Scotland) Regulations 2004: provide rights of access to environmental information held by Scottish public authorities, subject to specific exceptions.

h) Equality Act 2010: requires us to eliminate unlawful discrimination, advance equality of opportunity and foster good relations in the delivery of our services and functions, including by anticipating barriers, considering accessibility and making reasonable adjustments where required.

i) The Scottish Social Housing Charter and the Scottish Housing Regulator's regulatory framework: support openness, accountability, tenant communication, consultation and the provision of accessible information to tenants and other service users.

10.3 We will consider equality impacts when implementing and reviewing this policy, including the needs of people who may experience barriers because of disability, language, literacy, digital exclusion, sensory impairment or other protected characteristics. Where appropriate, we will use equality impact assessment processes to identify and address any adverse impacts.

TRAINING

11.1 The employee induction programme includes an overview of this policy, including responsibilities for the promotion and delivery of openness and confidentiality as relevant to their job descriptions.

11.2 Board Members and staff will receive updates on these issues and specific training on any specialised areas as required. Training needs are identified on an ongoing basis by various means including regular staff supervision sessions.

LINKS WITH OTHER POLICIES

12.1 The Openness & Confidentiality Policy is supported by related policies and procedures and should be read in conjunction with, but not limited to, the following:

- Code of Conduct for Staff;
- Code of Governance for Board Members;
- Communication Policy;
- Comments, Compliments & Complaints Policy
- Disclosure of Interest Policy;
- ICT Security Policy;
- Membership Policy;

- Privacy Policy; and
- Tenant Participation Strategy.

MONITORING AND REVIEW OF POLICY

Performance Monitoring

13.1 We report information request performance indicators in our Monthly Performance Report and a register of FOI/EICR requests received is available on our website.

13.2 Customer surveys will be carried out on a regular basis and the results of these surveys will be used to inform policy and service reviews. The tenants' newsletter will update tenants with how we have responded to survey feedback.

Review

13.3 We will review this policy every 4 years. More frequent reviews will be considered if, for example, there is a need to respond to new legislation, regulatory requirements, policy guidance, equality impacts or changes in good practice.

INTERPRETATIONS & ABBREVIATIONS

The following interpretation and abbreviations are used in this policy:

WORD	INTERPRETATION
HHP or Partnership	Hebridean Housing Partnership
Board	Means the Board of the Hebridean Housing Partnership
Board Members	All Members of the Board including co-opted Members
Data	Information which is: a) processed by computer or information planned to be processed by computer b) stored or collected for storage within a "relevant filing system"
Relevant Filing System	Information which is structured in such a way that specific personal data may be readily accessed.
Personal Data	Data about a living individual who can be identified from the data or any other readily obtainable information – this includes even basic information such as names and telephone numbers.
Special Category Data	Special category data is personal data that needs more protection because it is sensitive. It includes personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data used for identification, health data, and data concerning a person's sex life or sexual orientation. Information about criminal convictions and offences is subject to separate rules and safeguards under data protection law.
Data processing	Processing personal data means any operation carried out on personal data, whether by automated means or otherwise. This includes: • Obtaining • Recording • Holding

	• Organising • Adapting & altering • Retrieving • Consulting • Disclosing • Combining • Erasing • Blocking • Destroying References to "process" and "processed" shall be construed accordingly in this policy.
Commercially sensitive Data	Information, including personal data, the disclosure of which is likely to prejudice the legitimate commercial or business interests of the Partnership or another party. Whether information is commercially sensitive will depend on the circumstances and any applicable legal exemptions.
Data Controller	A person, company, or other body that determines the purpose and means of personal data processing.
AGM	Annual General Meeting
GDPR	General Data Protection Regulation. In this policy, references to GDPR should be read as referring to the UK GDPR unless otherwise stated.
FOISA	Freedom of Information (Scotland) Act 2002
EIR	Environmental Information (Scotland) Regulations 2004

SPECIAL LEAVE POLICY

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To update the Board on the proposed changes to the Special Leave Policy for employees that are undertaking professional qualifications.

Summary

2.1 It has been highlighted the Special Leave arrangements for those who are studying are not as clear as could be.

2.2 The summary of the proposed changes to the Special Leave Policy is at Appendix 1.

Compliance

3.1 The competence issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board approve the changes to the Special Leave Policy at Appendix 1.

APPENDIX 1: Special Leave Policy Changes
Background Papers: None
Writer of Report: Alex Mackay Tel: 0300 123 0773

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	Increasing paid special leave for professional qualifications may result in additional salary and service delivery costs arising from reduced employee availability and the need for work redistribution or temporary cover. However, these costs will be offset by improved workforce capability, retention and succession planning where qualifications support organisational priorities.
Legal	There are no legal implications arising from the consideration of this report.
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards. This report provides assurance of evidence RS1.1, RS2.5, RS3 and RS4 in relation to our Annual Assurance Statement.
Risk	There is no risk associated with the approval of this report.
ESG	There is no ESG impact arising from the consideration of this report
Equalities	We are committed to promoting equality, diversity and inclusion. The are no equalities implications arising from the approval of this report.
Communication	All staff will be informed of the change in the policy.

Special Leave Policy Changes

Original:

3.8 All post entry training and education must be linked into the Approved Training Plan and the Performance Appraisal process. Employees undertaking approved recognised qualifications will be granted a maximum of five days leave of absence with pay for attendance at examinations, to attend training sessions related to the approved course or exam or to complete modules. Such absence must be in accordance with the Training Contact which is an addendum to the employment contract and must be agreed in advance with the appropriate Director.

Amendment:

3.8 All post entry training and education must be linked to the Approved Training Plan and the Performance Appraisal process. Employees undertaking approved recognised qualifications will be granted leave of absence with pay for attendance at examinations, to attend training sessions related to the approved course or exam, or to complete modules. Such absence must be in accordance with the Training Contract which is an addendum to the employment contract and must be agreed in advance with the appropriate Director. To allow maximum flexibility for an employee to complete a qualification at their own pace the amount of leave available will be agreed prior to commencing the qualification. The number of days will be reviewed and agreed on an annual basis thereafter, approved by the Chief Executive and reported to the Personnel Working Group. The general rule will be:

Exam based qualification

- 1 day per exam
- 1 day study leave for each exam

Module based qualification

- 1 day to prepare module submission

WORKFORCE PLAN 2026 TO 2030

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To present the Workforce Plan 2026 to 2030 to the Board for review and approval to consult with staff and Unison.

Summary

2.1 The plan has been reviewed and updated for 2026 to 2030 with the input of managers and is at Appendix 1.

2.2 The key points are:

Competence

3.1 The financial, legal and other constraints to the recommendations in this report are detailed in Section 8 of this report.

Recommendations

4.1 **It is recommended that the Board:**

a) approve the Workforce Plan at Appendix 1 for consultation with staff and Unison; and

b) if there are no material comments arising from the consultation that the Workforce Plan be approved, otherwise a revised Plan will be presented to the next meeting of the Board.

APPENDIX 1:	Workforce Plan	
Writer of Report:	Dena Macleod	Tel: 0300 123 0773

Dena Macleod 8 August 2025

Report Details

5.1 The Workforce Plan was prepared taking into account the views of managers who were asked to complete a questionnaire which covered:

- expectation of new demands on the service
- increase in current service
- expected retirements in the next 5 years
- plans for reorganising their teams following a retirement

5.2 Data from the 2022 census was reviewed and confirms the reality of a declining and aging population which may make recruitment challenging in the coming years.

5.3 An Action Plan has been updated to address the main issues identified but it only includes new actions and not those already picked up in the Business Plan or Training Plan.

Organisational Review

6.1 The review has been undertaken with a final report due to be presented to the Personnel Working Group and the Board in November 2026. The review seeks to address the succession challenges raised in the Workforce Plan.

Monitoring

7.1 The Action Plan will be monitored as follows:

- Management Team-Quarterly
- Personnel Working Group-6 monthly
- Board-Annually

7.2 Staff and Unison will be consulted on the draft Workforce Plan with the following questions asked:

1. *Please list any changing demands that have been missed from para 23 to 36*
2. *Let us know of any other Actions that should be included in the Action Plan?*
3. *Is there anything else you would like us to include in the Workforce Plan? (please provide details)*

8.1 Compliance Section

COMPLIANCE CHECKLIST	
Financial	Provision is made for our current staffing establishment in the 2026/27 budgets. If savings cannot be identified for any proposed additions to the establishment, a report will be brought to the Board for review.
Legal	The Board has delegated the management of the staffing structure to the Chief Executive with the exception of Directors.
Regulatory	The Regulatory Standards checklist has been completed and there is nothing in the report which would result in a breach of standards. Standard 3.6 The governing body ensures that employee salaries, benefits and its pension offerings are at a level that is sufficient to ensure the appropriate quality of staff is to run the organisation successfully, but which is affordable and not more than is necessary for this purpose. Standard 4.3 The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives.
Risk	The risk register has identified the loss of key staff/skills as a risk; the completion and implementation of a Workforce Plan is one of the controls bringing the residual risk to a score of 6.
ESG	There are no specific targets in the ESG for staff but having a skilled workforce is critical to the delivery of the ESG Strategy.
Equalities	We are committed to promoting equality, diversity and inclusion in the delivery of our Workforce Plan.
Communication	A staff meeting will be held to explain the draft Workforce Plan and an opportunity provided for all staff and Unison to provide a written response.

Hebridean Housing Partnership

Appendix 1

Workforce Plan

2026/27 to 2030/31

Contents

Executive Summary

1. Our current Business Plan has four strategic goals one of which is to be an excellent employer that attracts and retains high quality staff.
2. To deliver the strategic goals the Board recognise that we need a dedicated and skilled workforce. A Workforce Plan that aligns with our business strategy is crucial.
3. This plan will be supported by the Training Plan and Well Being Strategy.

> Being an excellent employer that attracts and retains high quality staff

Baseline

4. We have 55 posts on the establishment, including 3 Modern Apprentices and 1 Graduate Apprentice. One post is currently on hold leaving 54 active posts. To deliver our Strategic Goals, we need to remain agile and open to doing things differently in an environment that is changing fast and challenging.

Gap Analysis

5. We analysed our data at 31 March 2026 along with NOMIS data 2025 and have concluded that:
    a. Skills gaps exist;
    b. We have an ageing workforce, with 40.8% of our current workforce due to reach normal pension age in the next 10 years (8 in 5 years and 12 in the next 5 years);
    c. Our stock will increase by 6% in the next 10 years to 2,630 homes;
    d. Over the past 5 years the demands on staff have changed, with more time needed to support tenants because of less family support and recruitment challenges in health services leaving support services stretched;
    e. The new housing system has freed up some administrative resource which is being redeployed to other areas;

f. AI is being used to release time from admin tasks which are repetitive, advances are expected to continue.

g. There is an increasing demand for our handyperson services and on our IT services.

h. Our apprenticeship programme is working well, with our first Graduate Apprentice started in August 2025 and our first Finance Apprentice started in June 2026.

i. New people coming into the organisation can bring a fresh approach to how we work and provide some revitalisation;

j. Our pay & benefits need to remain competitive;

k. Compliance work on our properties has increased but work previously carried out by the Property Team on Investments is now done by Contractors;

l. Transport links between the islands are still causing problems; and

m. We need to look at all our posts to see how they can be changed to be able to offer different working patterns for staff particularly as their lives change e.g. new parents, caring responsibilities and retirement.

n. Retirements present opportunities to reshape jobs, so they are ready for the future.

6. An organisational review has been underway for the past 9 months with proposals coming to the Board in November 2026 which will seek to address the above issues along with our Action Plan at Appendix A.

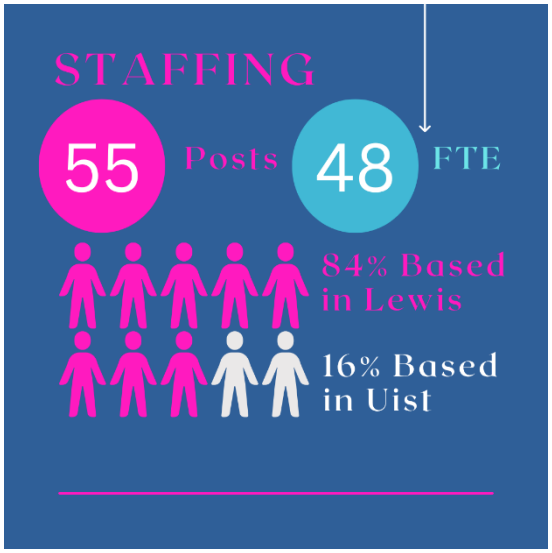
Purpose

1 Business plans are essential, but without a dedicated workforce, executing them becomes challenging. Therefore, having a Workforce Plan that aligns with our business strategy is crucial. This plan is not only for succession in case of retirement, but also for filling in gaps due to various reasons like long-term illness, parental leave, maternity leave, or secondments. It aims to prevent staff from being overburdened during absences while also ensuring the achievement of our Strategic Goals.

Baseline

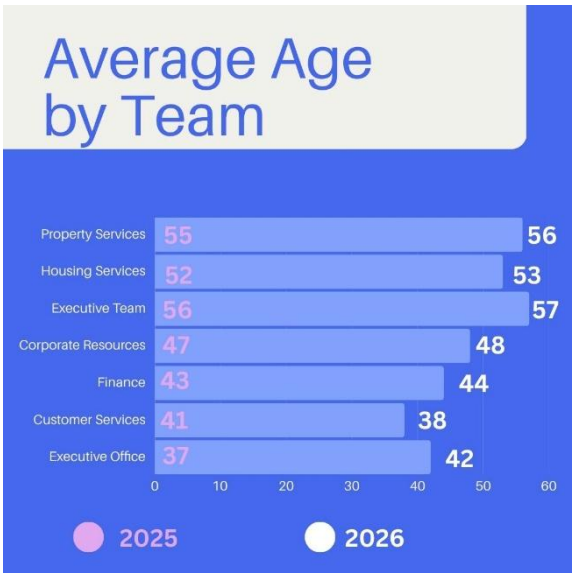
2 We have a total of 55 posts on our establishment: 3 are Modern Apprentices and 1 is a Graduate Apprentice, leaving 54 active posts and one inactive post.

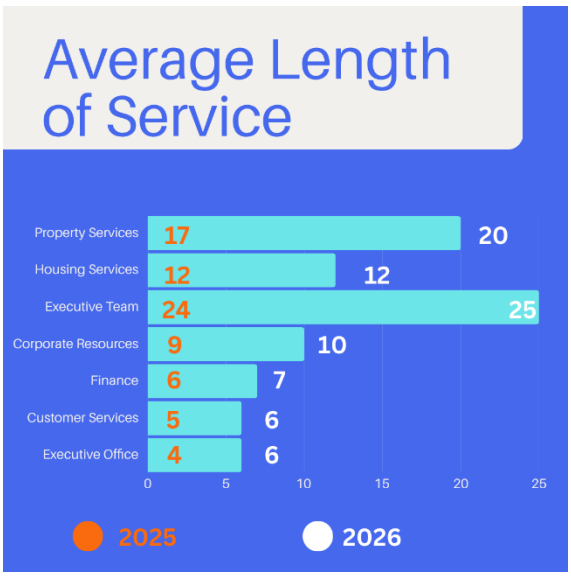
3 We manage a total of 2,481 houses from two offices, one based in Stornoway and the other in Balivanich. The majority of the corporate support staff are based in Stornoway.



Age Profile

4 The average age of the team is 49.5 years and the average length of service is 12.5 years.





Gender Split

5 The gender split has moved this year, with more men and fewer women: 47% women and 53% men.

Staff Turnover

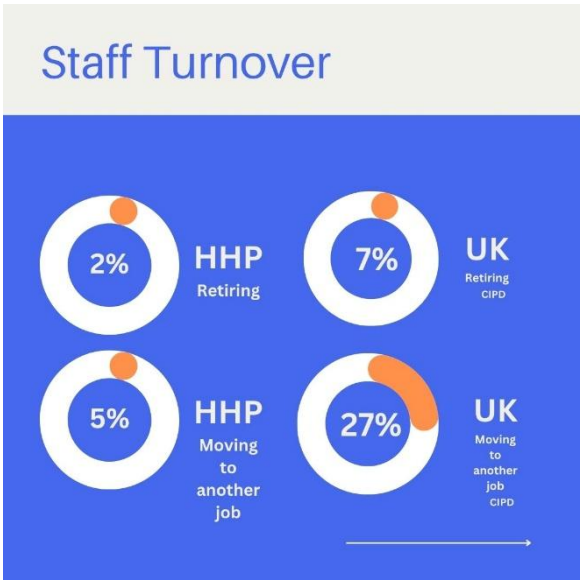
6 Our turnover decreased this year from 9.4% to 4.95%; the UK average for all employers is 32%.

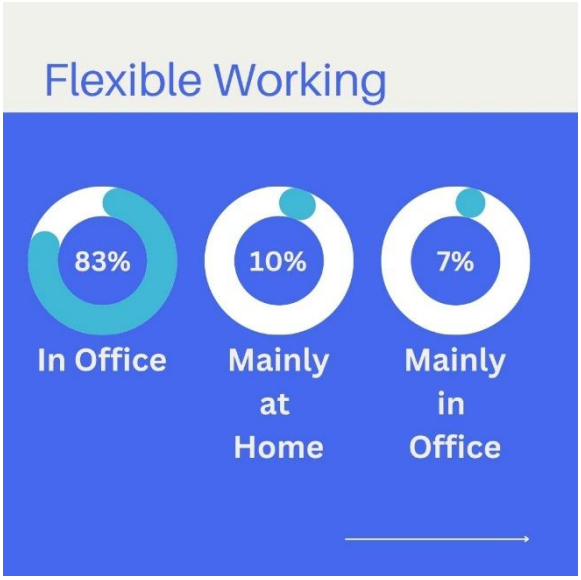
7 We offer Flexible Working with 10% of staff mainly working from home.

8 Our lower turnover rate could be indicative of a few things:

a. We are a good employer and people want to stay with us; and/or

b. People are comfortable doing jobs they have done for years and do not want a change.





Population

9 Since the 2011 Census, Scotland's population has grown, but the Outer Hebrides population has gone down. Out of the three island authorities, the Outer Hebrides has seen the largest % decline at 5.5%. Shetland was next at 1.2% but Orkney bucked the trend increasing its population by 3%.

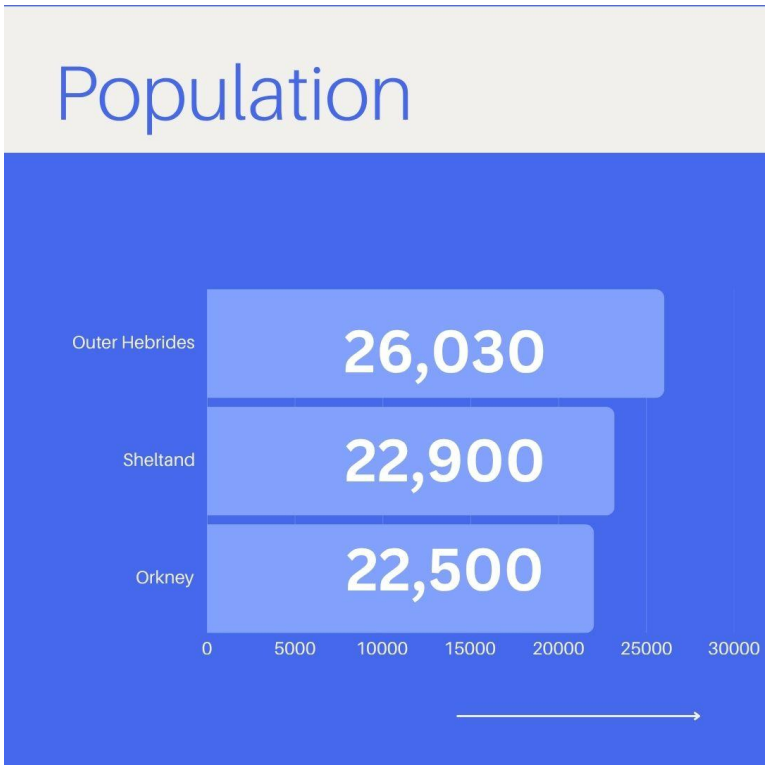
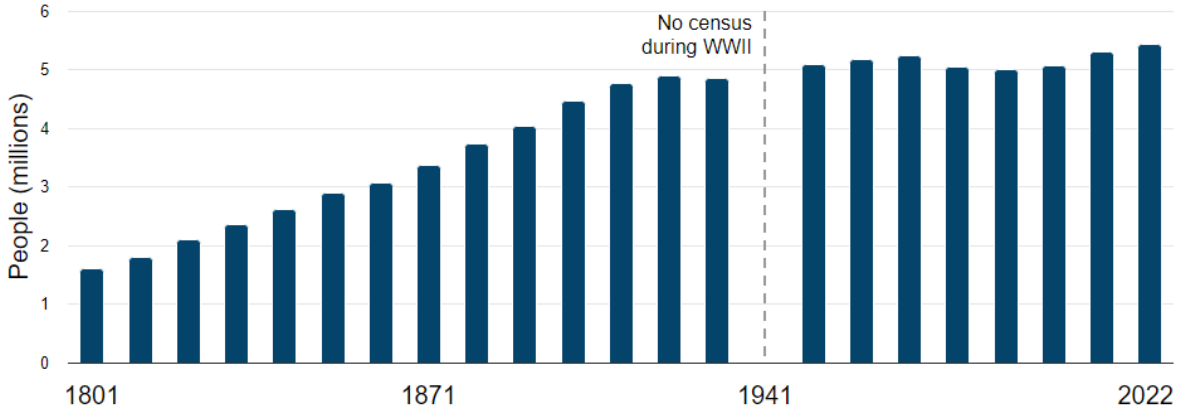


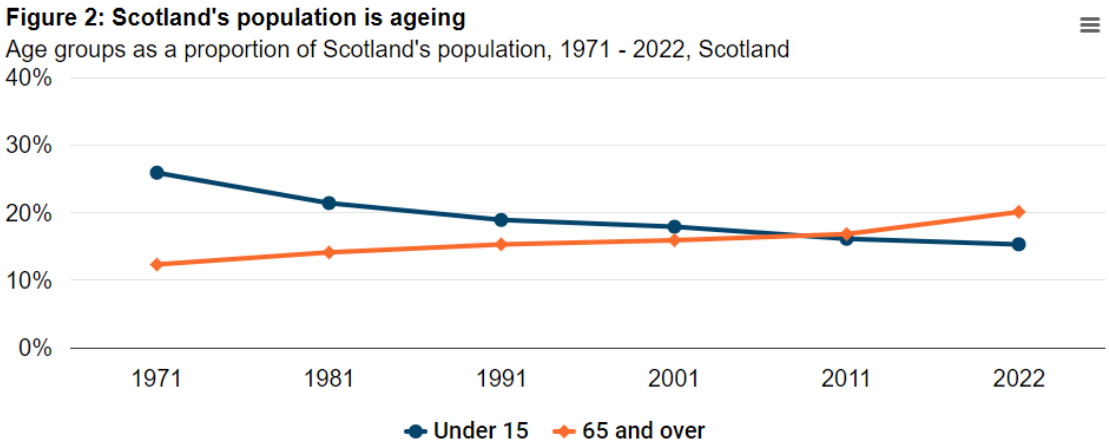
Figure 1: Scotland's population continued to increase

Census Day population estimates, 1801 - 2022, Scotland



10 The population in Scotland grew by less than other areas in the UK at 2.7% as opposed to 6.3% for England and Wales and 5.1% for Northern Ireland. Migration is what is keeping the population high as deaths outstripped births.

11 The extract below from the Census website confirms that Scotland has an ageing population.



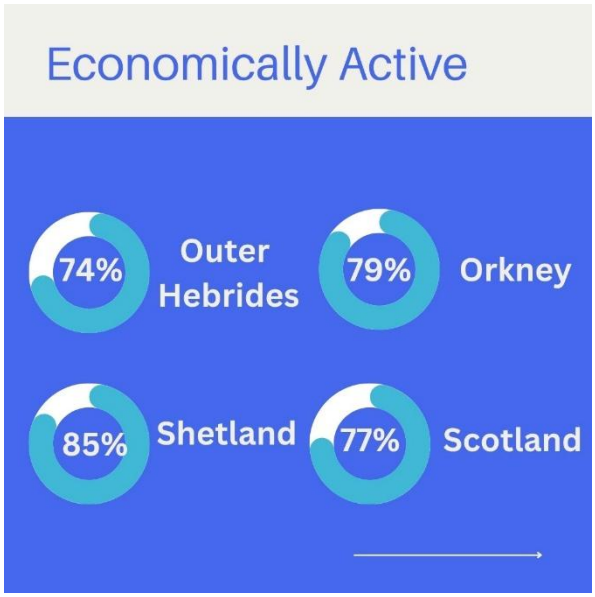
12 The reducing "under 15" population directly impacts the working population of the future.

13 Either people will have to continue to work longer or we need to attract people from other countries to move to Scotland.

14 In the Outer Hebrides the situation is more acute and there are significant gaps in a number of key sectors in the islands. We are facing the same challenges as every other rural area in Scotland which means we are competing to attract people to come and work in our area. So what can we offer to encourage them to come West instead of North?

Working Age Population

15 The Working Age population in the Outer Hebrides is around 15,092 people. We have a lower weekly gross pay than Orkney and Shetland which might make it harder to attract people to come to the Outer Hebrides but the gap has closed a bit with Orkney now at £5.70 per week.



Future Needs

16 A stable workforce with low turnover may look like a good thing, but are we going to face a real crunch in the not-too-distant future when more staff with a strong knowledge base and experience reach retirement? Despite all the technological advancements, we have yet to find a way to extract detailed

information shaped by experience and intuition from people's minds, although it could be argued that AI is about to change that considerably.

17 On the other hand, there is a risk that if older employees stay in the same job for too long, creativity may be stifled, and we lose the opportunity of bringing new employees with new skills on board.

18 Based on our current turnover rate, staffing structure and expected retirements we expect to fill 23 posts during the life of this plan, which is just under 5 a year.

Retirements

19 If staff retire at normal pension age, we will have 8 retirements over the next 5 years. It is very likely that a number of staff will retire ahead of normal pension age but that has not been confirmed.

20 It generally takes about 3 months to fill a vacant post and probably a further 3 months for the person to be fully up to speed with how we work and their new role. If we were filling posts like for like we would expect to be able to fill the posts left vacant from retirement.

21 A couple of members of staff have expressed a wish to apply for phased retirement, which generally involves going part time for two to three years before retiring completely. This will allow opportunities for acting up by other team members, providing resilience.

22 As part of our flexible working approach, we will need to look at all our posts to see how they can be adapted to enable flexible working. We will also review how jobs are likely to change over time, and this will be done as part of the organisational review currently underway.

Succession Planning

23 In terms of succession planning the posts that are likely to become vacant in the next 10 years are:

24 The potential retirements are two from the Executive Team, two Admin roles, one manager and three officer roles.

25 We will develop a Leadership Talent Pipeline, which will be split into three categories:

a. Emerging Leaders – staff demonstrating management potential
b. Operational Leaders – current managers and team leaders
c. Executive Leaders – potential future Directors and CEO

26 The current succession risks are:

RISK	Rating	Mitigation
Retirement of senior leaders	Amber	Develop successors now using the talent pipeline
Lack of external candidates	Red	Grow internal talent e.g. apprenticeship programme
Single points of failure	Red	Knowledge transfer plans to be prepared
Loss of specialist knowledge	Red	Develop a documentation programme

27 The organisational review will address some of the mitigation actions and the Action Plan at Appendix 1 has been updated to ensure the risk is mitigated.

Changing Demands

28 Over the past 10 years, we have seen a trend of increasing workload for RSLs to deal with welfare concerns, compliance and governance matters. There has also been an increase in the resource required to deal with communications. Technology has helped with some of the additional burden, but there are some aspects that cannot be dealt with by technology.

Welfare Cases

29 The increase in the number of welfare cases being managed by the Housing Services Team.

Compliance Work

30 There has been a significant increase in the amount of compliance work required in our properties e.g. fire suppression systems, EICR.

Data Analysis

31 The value of data integrity cannot be underestimated. When we have full confidence in our systems, it reduces the time required to gather data for planning and frees up storage space on our systems, reducing costs over time.

32 With the new housing system, it is vital that it is supported by data analysis with robust systems in place to ensure the data is sound.

Communications: PR

33 There has been a significant increase in the amount of time required to deal with press and media enquiries. This is an area where we need to enhance the skills we have and perhaps realign available resources.

Estate Management

34 Handyperson Service – possible expansion and being able to offer the service to others via the subsidiary.

Senior Management

35 The organisational review will look at proposing options to provide staff with a career path to prepare them to be in the best position to apply for senior management roles.

Flexible Working

36 According to HR Review hybrid or flexible work models have had the lowest overall turnover rates since 2019 with fully remote roles predicted to have the highest retention rate in 2023 with 39.3%

37 Our Retirement Policy makes provision for staff to apply for flexible retirement, so we will need to look at all posts to see how we can enable that for as many jobs as possible. There will be some jobs where it is not feasible, but these should be few in number.

Technology

38 The advancements in technology are providing opportunities to reduce the number of resources dedicated to administrative tasks and allow staff to be redeployed in other areas where demand is increasing. It might also provide more opportunities for flexible working as mentioned above.

39 The freeing up of resources due to new systems does not extend to the staff who provide support for all our IT systems. An exercise is required to analyse the level of resources required internally and externally to provide robust IT support, including ensuring that expertise is shared by staff and not held by one or two people.

40 AI is changing the way we work and it is important to embrace it, with all the necessary safeguards so we can be as agile and skilled as possible enabling us to deliver consistently excellent services.

Debt Management

41 Debt has been increasing over the past three years at a higher rate than in the past, particularly in Former Tenant arrears and Rechargeable Repairs. An analysis of the process and resource we deploy to collect debt will be undertaken to ensure it is being targeted at the right time and in the most effective way. We also need to consider whether employing our own lawyer could bring benefits.

Increasing expectations

42 As service standards rise so do the expectations of customers. People expect more for the same price. As a starting point we will identify how expectations have changed over the last three years and the implications on our resources. An assessment will be made whether we need to incorporate a "buffer" in our resources going forward or whether it can be accommodated through the benefits from new technologies.

Supply-what's the market like

43 At the end of July, there were 44 vacancies being advertised on HiJobs, compared with 33 in 2024, with the majority of these in the health sector and local government.

44 We recently carried out a benchmarking exercise which confirmed that the rates we are paying for the type of jobs we have is right for the current market. We will carry out another benchmarking exercise in 2027.

45 Based on our current turnover rate, staffing structure and expected retirements we expect to fill 23 posts during the life of this plan.

46 We are exploring options for our Subsidiary Dachaigh Property Solutions which will involve employing an additional member of staff.

Gap Analysis

47 To attract the best candidates for any post, we are committed to benchmarking our salaries to ensure they remain competitive, building and developing a good, wholesome culture so people are happy in their work, and providing training opportunities for our current staff so they can gain new skills.

Pay

48 Our gross weekly pay is £745, based on an average salary of £38,723. We offer a very good overall package, including an 18% pension contribution. The package will be kept under review to ensure we are attracting great candidates.

49 We are a Living Wage and Living Pension employer and committed to Fair Work First principles which should make us an attractive employer. We are also signed up to the Army Covenant (Bronze level) which could make us more attractive to veterans.

Promotion Prospects

50 There can be too big a gap between some posts, and it is proposed that, as part of the organisational review, we look at providing more opportunities throughout the structure for advancement. The downside of this will be more tiers rather than a flatter structure, but it is hard to see how there is any other option.

Job Design

51 When posts become vacant there will be a more robust process for managers to go through before the post is released to ensure we don't miss opportunities for a job redesign.

52 We are using AI in a number of ways which should free up time for staff to do more planning.

53 Areas to look at include data analysis, compliance for properties, communications, welfare, estate management and support for new IT systems.

54 We need to minimise an increase in the cost of the service unless there is a very clear reason to do so with a demonstrable benefit to the tenant. Tenants will need to be asked for their views around any changes to service delivery.

Culture & Wellbeing

55 We spend a minimum of 30% of waking time at our work and this should be as positive an experience as possible by ensuring we have a good vibrant culture where people trust each other and support each other when things are tough.

56 We are building on the culture work done in 2024, and a Wellbeing Strategy has been approved and is being implemented. We are also taking part in a pilot to gain a Mental Health Accreditation with the Health Board.

57 Our Gender Gap report for 31 March 2026 confirmed there are no equality issues with our pay structure.

Apprentices

58 Our apprenticeship scheme has proved beneficial, but the volume of applications has not been overwhelming. There is work to be done in developing the scheme and strengthening our relationship with the Apprenticeship Team at the Comhairle.

Action Plan

59 The Action Plan is at Appendix A. It will be monitored by Management Team quarterly, with a six-month report going to the Personnel Working Group and an annual update to the Board.

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ITEM NO 7.7

RISK MANAGEMENT FRAMEWORK

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To present the annual review of the Risk Management Framework for review and approval.

Summary

2.1 The Risk Management Framework is to be reviewed annually by Audit & Risk Committee and the Board.

2.2 The Framework remains fundamentally fit for purpose but there are few amendments proposed to strengthen it.

- Annual report to Audit & Risk Committee on outcome of Business Continuity testing during the year
- Audit & Risk Committee to agree an annual programme for carrying out Deep Dives

Competence

3.1 The competence issues relating to this report are shown at section 5.1 of the report.

Recommendations

4.1 **It is recommended that the Board:**

a) review and approve the updated Risk Management Framework at Appendix 1; and

b) note the Audit & Risk Committee's view on the annual review of the effectiveness of the Risk Management Framework at Appendix 2.

APPENDIX 1:	Risk Management Framework	
APPENDIX 2:	Risk Management Framework-effectiveness review	
Background Papers	None	
Writer of Report	Dena Macleod	Tel: 0300 123 0773

Dena Macleod 22-Jul-26

5.1 Compliance Section

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising from the recommendations for this report being implemented.
Legal	The approval and amendment of strategies is a matter reserved to the Board. The Board has referred the following function to the Audit & Risk Committee: • Monitoring and reviewing policies and procedures relating to the Board's system of internal control, risk evaluation and corporate governance. • Making arrangements to identify, review, evaluate and manage risks. • Considering quarterly presentation on the evaluation of key business risks.
Regulatory	The Regulatory Standards checklist has been completed and there is nothing in the report which would result in a breach of the standards.
Risk	A Risk Management Strategy is critical to our long-term viability. Reviewing and updating the Strategy regularly ensures a solid foundation for good governance and mitigates the risk of poor governance.
ESG	The ESG Strategy requires that we regularly evaluate and update all risks to the organisation through our risk register. The Risk Register is reviewed monthly and the annual review of the Strategy provides additional assurance that risks are being effectively identified and managed.
Equalities	Nothing was highlighted in the review which will affect our commitment to promoting equality, diversity and inclusion.
Communication	The report was discussed at Executive Team and at Managers meeting prior to being considered by the Board.

APPENDIX 1

RISK MANAGEMENT FRAMEWORK

APPROVED BY HHP BOARD:
25 August 2026
EFFECTIVE DATE:
25 August 2026

hhp | hebridean housing partnership

INTRODUCTION

1.1 The Risk Management Framework provides the structure, processes and tools needed to implement the Risk Management Strategy. It is the "How", the toolkit and operating manual that supports the Strategy.

AIMS

2.1 The aims of the Framework are to:

- Assess the likelihood of risk arising and the impact on the organisation should they arise, and once assessed prioritising the risk
- Ensure we have an appropriate system of controls which limit and manage the level of risk such that residual risk can be borne without serious permanent damage to the Partnership
- Ensure that risk management flows through the business at all levels and that there are consistent and effective risk management practices across the organisation

GOVERNANCE

THE ROLE OF THE BOARD

3.1 The Board has a fundamental role to play in the management of risk and is ultimately responsible for identifying and assessing risks associated with HHP's activities and for overseeing a framework for the management of these risks, namely the Strategy and the Framework.

3.2 The Board will

- Determine what categories of risk are acceptable and which are not
- Be aware of and understand key business risks in a rapidly changing environment
- Determine an appropriate Risk Appetite
- Monitor the management of significant risks to reduce the likelihood of unwelcome surprises
- Annually review the Risk Management Framework

THE ROLE OF AUDIT & RISK COMMITTEE

3.3 The Audit & Risk Committee has responsibility for overseeing the development and management of appropriate risk management on behalf of the Board. Specifically:

- Consider quarterly presentations on evaluation of key business risks including reviewing a "Deep Dive" presentation on new risks or one which has materially changed
- Agreeing an annual programme of work for the Committee including the programme for the Deep Dives
- Review the Risk Management Framework annually and report to the Board on its effectiveness
- Agree Risk Control Indicators

THE ROLE OF EXECUTIVE TEAM

3.4 The Executive Team will ensure that HHP manages risk systematically and effectively through the Risk Management Framework, it will:

- Support the Board by developing, implementing and reviewing the Risk Management Framework
- Assessing risks based on recommendations from Team Leaders
- Ensure the Risk Register is kept up to date is regularly reviewed and takes into account national/international environment
- Review reports from Health & Safety Committee and ensure all known risks are captured in the Risk Register
- Report to the Audit & Risk Committee at each meeting on the Risk Register
- Ensure there are contingency plans in place for all high-level risks
- Ensure staff and Board receive regular and appropriate risk management training with risk training included within induction training for new members of staff and new Board members

EXECUTIVE OFFICE

3.5 The Executive Office will be responsible for ensuring the Risk Management Framework is implemented and reviewed regularly. Executive Office will:

- Provide support to the Audit & Risk Committee
- Act as the Risk Co-Ordinator

MANAGEMENT TEAM

3.6 Management Team are responsible for ensuring they manage risk within their own area of responsibility and:

- Ensuring the Risk Register is kept up to date
- Disseminating the Risk Management Strategy and the Risk Management Framework to their team members
- Ensuring their team completes the annual Risk Training Modules
- Recommend training for their team members on risk management
- Ensure the Framework is implemented
- Reporting to the Audit & Risk Committee annually on the outcome of Business Continuity testing and the effectiveness of the Acceptable Use Policy: AI
- Contribute to the development of the Risk Management Framework
- Highlighting any new risks

RISK CO-ORDINATOR

3.7 The Risk Co-Ordinator will provide admin support for risk management and the Audit & Risk Committee. The Officer responsible for providing support to the Audit & Risk Committee will be the designated Risk Co-Ordinator. They will be responsible for:

- Day-to-day management of the risk process and reporting any identified risks to Executive Team
- Arranging training for staff

ALL STAFF

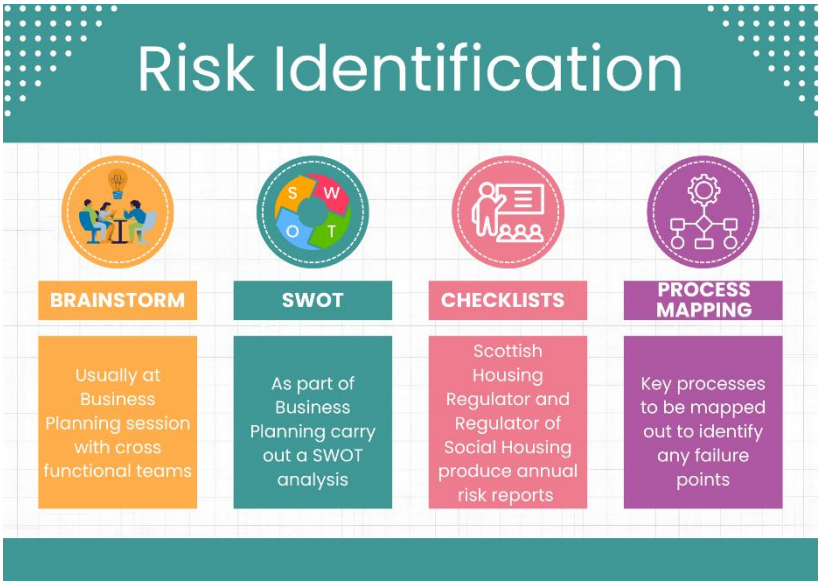
3.8 Every member of staff is responsible for contributing to the management of risk within their own team, and through a culture of proactive awareness, is encouraged to speak up around issues, including:

- Identifying potential and actual hazards/risk within the workplace
- assisting with the removal or reduction of hazards and risks
- complying with current Risk Management Framework and health and safety policies
- completing annual risk training modules timeously

PROCESSES

RISK IDENTIFICATION

4.1 Risks can be identified in a variety of ways; we will normally use the four below:



4.2 Once a risk has been identified it should be documented as follows:

- Risk Title
- Risk of
- Resulting in
- Category

RISK ASSESSMENT

4.3 Each risk identified will be assessed for the likelihood of the risk occurring and then the impact if it did occur. The criteria are outlined in the Risk Management Strategy. Guidance is provided at Appendix 1 for the assessment of the Likelihood and at Appendix 2 for the assessment of Impact.

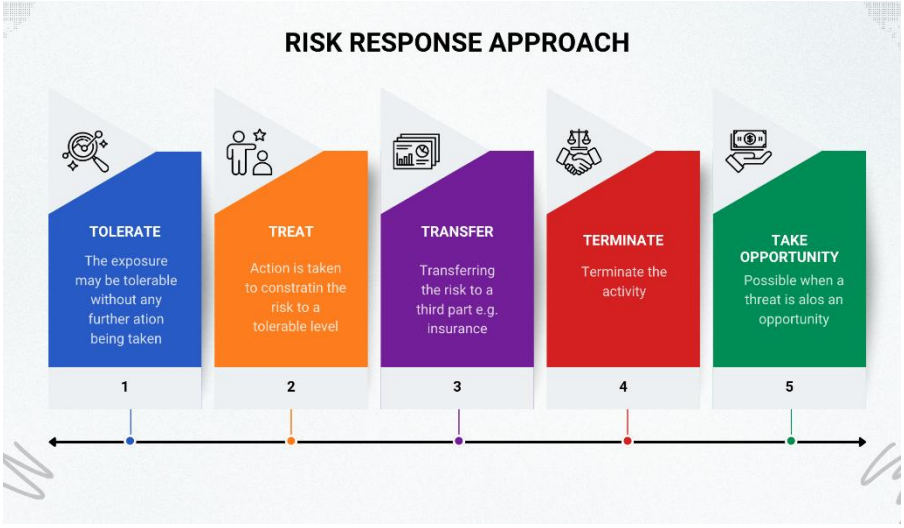
4.4 The assessment will also look at how the risk will impact the delivery of our strategic goals.

4.5 A Risk Owner should be identified. There may be occasions where there could be more than one owner but it preferable to have one owner who is responsible for ensuring controls are operating and that any actions agreed to reduce risk are completed within agreed timeframes.

4.6 The risk score will show our Inherent Risk which is our risk exposure without any mitigation.

RISK MITIGATION

4.7 The treatment of the risk will be agreed in line with the Risk Management Strategy



4.8 A list of all the controls that are in place should be made documenting

a) The control
b) The type of control
    a. Corporate oversight
    b. Operational Control
    c. Internal Audit
    d. External Assurance
c) The owner
d) When it was last reviewed
e) When it will be reviewed next
f) Control status
    a. Green-Effective
    b. Amber-Partially effective
    c. Red-Ineffective

4.9 The risk score will be adjusted after all the controls have been documented to reflect the Residual Risk.

TARGET RISK

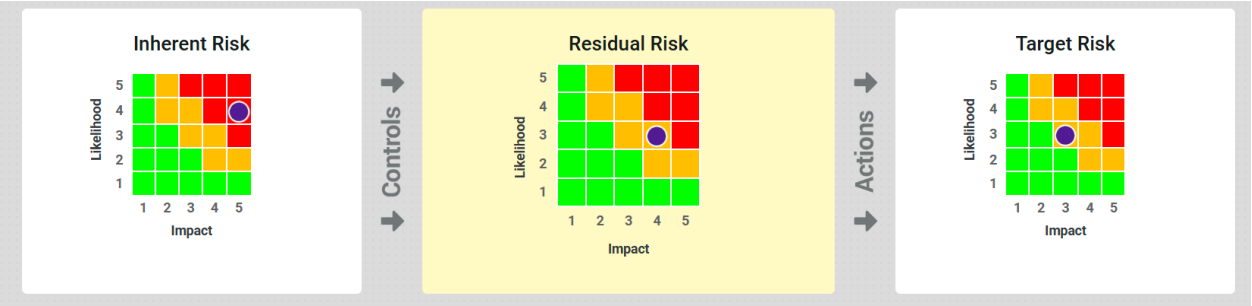
4.10 Taking into account our Risk Appetite and Rick Capacity an assessment will be made of what the target risk is for each risk.

4.11 A list of actions required to reduce the Residual Risk score to the Target Risk score will be prepared. The actions should be clear and achievable and shown:

- The action
- The owner

- Due date
- Status

4.12 An example is shown below for what the risk of Rent Affordabilty might look like

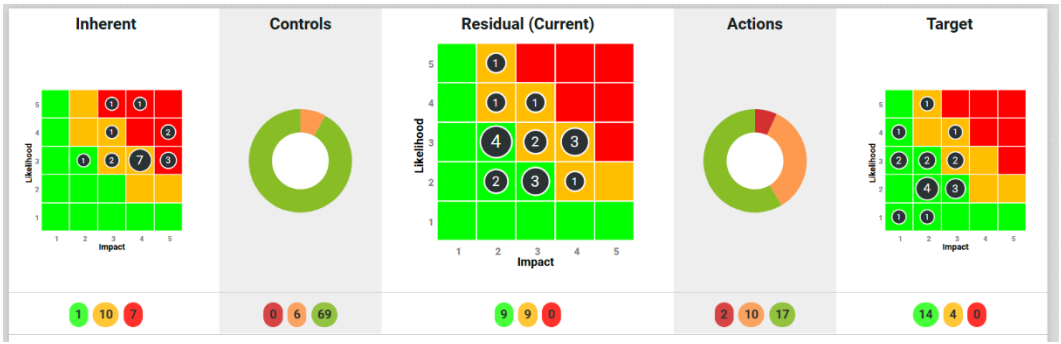


MONITORING AND REPORTING

4.13 The Risk Register will be maintained on approved software which will be reviewed and updated on an ongoing basis by Managers, having consulted with their teams to ensure all known risks are captured and assessed.

TOOLS

5.1 The Risk Register which is held on approved software is available to all managers and Board members and the overall status can be checked very quickly as the system provides a dash board.



5.2 There are tools now available through AI that will assess a Business Plan and Risk Register and tell you if you have missed any risks. The tools will also review the controls and advise if they are robust or whether additional tools or actions are required. We will examine the value of those tools and the benefits of using them.

RISK REGISTERS

6.1 The software allows for up to three risk registers to be held. We will operate the following:

a) Main HHP Risk Register
b) ITC Risk Register
c) Development Risk Register

MAIN HHP RISK REGISTER

6.2 This register will hold all our risks including any which may flow from the detailed ITC and Development Risk Registers

ITC RISK REGISTER.

6.3 A separate detailed risk register will be held for ITC risks. Information and cyber security is a continued threat and it is vital that the Board are able to access the ITC Risk Register.

DEVELOPMENT RISK REGISTER

6.4 The third risk register is for Development, another inherently risk area and this will provide a list of current developments and feasibilities with an indication of the risk to HHP for proceeding or not proceeding with the development.

RISK MANAGEMENT CYCLE TIMETABLE

7.1 We will operate an annual risk management cycle based on the business year. This cycle will have the following key milestones:

Date	Activity	Responsibility
April	Annual review of effectiveness of the Risk Framework	Chief Executive / Managers
August	Report on Annual Review of Risk Framework to Audit & Risk Committee	Chief Executive
	Each meeting of Audit & Risk Committee and Managers meeting will review the Risk Register	Risk Co-ordinator & Executive Team
December	Agree Risk Capacity and Risk Appettie for next business year	Executive Team & Board Business Planning Day
December	Map risks to Strategic Objectives	Executive Team & Board Business Planning Day
February	Report on Risk Capacity and Risk Appetite from Business Planning Day to Board	Chief Executive / Risk Co-ordinator

MONITORING AND REVIEW OF FRAMEWORK

8.1 Responsibility for monitoring the application of this Framework will rest with the Chief Executive.

8.2 The Framework will be reviewed every year by the Audit & Risk Committee and Board with amendments being made as appropriate and communicated to all staff and relevant stakeholders.

INTERPRETATIONS & ABBREVIATIONS

The following interpretation and abbreviations are used in this framework:

WORD	INTERPRETATION
HHP or Partnership	Hebridean Housing Partnership
Board	Means the Board of the Hebridean Housing Partnership
Board Members	All Members of the Board including co-opted Members
Risk Co-ordinator	Officer who provides admin support to the Audit & Risk Committee
Executive Team	Chief Executive, Director of Operations and Director of Finance & Corporate Services
Risk Capacity	The ability of an organisation to bear risk, quantified against objectives
Risk Appetite	The amount and type of risk that is acceptable to be taken by an organisation over a defined period to achieve its goals
Inherent Risk	The raw natural level of risk present in a process without any controls or mitigations applied.
Residual Risk	The amount of risk that remains after mitigation strategies are implemented, e.g. controls.
Target Risk	The desired level of risk that the Board wishes to achieve through specific actions.

APPENDIX A CRITERIA FOR "LIKELIHOOD" SCORING

Rating	Rating Scale	Likelihood	Percentage	Example of Loss Event Frequency
Rare	1	This will probably never happen/recur	0-5%	10 years or less frequently
Unlikely	2	Do not expect it to happen/recur, but it is possible it may do so	5-10%	Once every 5 years
Possible	3	Might happen/recur occasionally	10-25%	Once every 2 years
Likely	4	Will probably happen/recur but it is not a persisting issue	25-75%	Annually
Almost Certain	5	Will undoubtedly happen/recur, possibly frequently	75-100%	At least annually

APPENDIX B CRITERIA FOR "IMPACT" SCORING

Rating	Rating Scale	Safety	Reputation	Media Attitude	SHR	Legal Action
Insignificant	1	No risk of injury. H & S compliant	Tenants not impacted or aware of the problem	No adverse media or trade press reporting	High compliance standards recognised	Unsupported threat of legal action
Minor	2	Small risk of minor injury. H & S Policy not regularly reviewed.	Some tenants aware of the problem but impact on them is minimal	Negative general Housing Association article in which HHP is mentioned	Verbal comments received	Legal action with limited potential for decision against
Moderate	3	High risk of injury, possibly serious. H & S standards insufficient/ poor training	A number of tenants are aware and impacted	Critical article in the Press or TV. Public criticism from industry body	Findings in written examination report. Potential SHR intervention	Probable settlement out of court
Major	4	Serious risk or injury possibly leading to loss of life. H & S investigation resulting in investigation and loss of revenue	Significant disruptions and or cost to tenants/third parties	Story in multiple media outlets and/or national TV main news over more than one day	Multiple or repeat governance failings results in SHR intervention	Law suit against for major breach with limited opportunity for settlement out of court
Critical	5	Potential to cause one or a number of fatalities. H & S breach causing serious fine, investigation, legal fees and possible stop notice	Tenants/third parties suffer major loss or cost	Governmental or comparable political repercussion. Loss of confidence by public	Action brought against HHP for significant governance failings. Forced merger	Action brought against HHP for significant breach

Rating	Rating Scale	Colleague	Criminal	Direct Loss	Regulatory/Industry Status	Service Quality
Insignificant	1	Minimal effect on colleague	High control standards maintained and recognised	Between £0 to £1,000	No or little change to regulation in recent history/near future	Negligible effect on service quality
Minor	2	Potential for additional workloads intruding into normal non-working time	Attempted unsuccessful access to operational systems; minor operational information leaked or compromised	Between £1,000 and £10,000	Limited recent or anticipated changes	Marginally impaired-slight adjustment to service delivery
Moderate	3	Increase in workloads. Intrusion into normal non-working time	Logical or physical attack into operational systems	Between £10,000 and £50,000	Modest changes recently or anticipated	Service quality impaired-changes in service delivery required to maintain quality
Major	4	Significant injuries, potential death. Major intrusion into normal non-working time	Police investigation launched; operational data or control systems may be compromised	Between £50,000 and £300,000	Potential intervention by lead regulator. Significant changes to industry	Significant reduction in service quality experienced
Critical	5	Deaths and/or major effect on colleagues lives	Major successful fraud; prosecution brought against HHP and Exec for significant failure; systems totally compromised	Over £300,000	Major complex changes to industry. Interventions on behalf of the Lead Regulator	Complete failure of services

Risk Management Framework

2026 Effectiveness Review

A Copilot review of the Framework has assessed the overall effectiveness of the Risk Management Framework as "GOOD" approximately 8/10.

What Has Worked Well

Area	Detail	Assessment
Governance	The Framework clearly allocates responsibilities between the Board, Audit & Risk Committee, Executive Team, managers and staff. This is often one of the weaker areas in risk management arrangements but is well defined here	Effective
Business Planning	The Strategy requires risk capacity and risk appetite to be considered through the annual business planning process and links risks to delivery of objectives. The Framework also requires risks to be mapped to strategic objectives. For HHP this is particularly important given: • Organisational review • Workforce planning • Development ambitions • Demographic change challenges	Strong
Risk Assessment	The approach is a reasonably mature practice for a Scottish RSL	Strong
Board Oversight arrangements	Good solid framework	Strong
Specialist Registers	It recognises that some risk areas require more detailed management, Development and IT For HHP these are the two areas where exposure can grow rapidly if not properly controlled	Good

Areas where there has been a decline since 2026

Area	Detail	Assessment	HHP response
AI	AI Risks not properly identified	Material Gap	Separate policy in place for AI
Climate and Asset Resilience	The document does not give explicit prominence to: • Climate adaptation • Net zero transition • Severe weather resilience • Asset resilience although these are increasingly material risks for Scottish landlords	Material Gap	ESG Strategy in place. Suggest Climate Change is on the Deep Dive programme
Emerging Risks	The Strategy recognises future risks but there is no formal horizon-scanning process There is no requirement for: • Emerging risk reports • Future trends reviews • Demographic change assessment • Policy scanning Given the pace of change in housing, technology and workforce availability, this is becoming more important	Moderate weakness	Whilst there is no formal process in place horizon scanning is done as part of the monthly review of the Risk Register. Actions from the Deep Dive on population will address the future trends and the demographic changes
Assurance	The Framework records controls and assurance sources but does not explicitly require testing of control effectiveness. A mature framework would increasingly ask: • Are controls operating? • How do we know? What evidence supports the assurance	Development Opportunity	We have a robust internal audit programme that specifically looks at internal controls with an action plan for any areas that need to be improved

Overall Conclusion

The Risk Management Framework remain effective and fit for purpose. It provides a clear governance structure, robust risk assessment methodology and effective integration with business planning.

No fundamental weaknesses have been identified.

However, developments in artificial intelligence, cyber security, climate resilience, workforce sustainability and strategic horizon scanning mean that a refresh is required to ensure the framework remains aligned with emerging risks and leading practice within the Scottish housing sector.

Suggested Overall Rating

Area	Rating
Governance	Strong
Risk Assessment Methodology	Strong
Business Planning Integration	Strong
Board Oversight	Strong
Risk Appetite	Satisfactory
Assurance Framework	Satisfactory
Emerging Risks	Requires Enhancement
AI Governance	Requires Enhancement
Climate Resilience	Requires Enhancement

Overall Effectiveness Rating: Good (Green/Amber)

A reasonable Audit & Risk Committee conclusion would be:

"The Framework is operating effectively and remains fit for purpose, subject to the implementation of a number of enhancements during 2026/27."

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ITEM NO 8.1

QUARTERLY TREASURY REPORT TO 30 JUNE 2026

Board 25 August 2026

Report by Director of Finance & Corporate Services

Purpose of Report

1.1 To inform the Board of the Treasury Management activities for the first quarter of 2026/27.

Summary

2.1 The quarterly Analysis of Investment and Borrowing report required by the Treasury Management Policy is at Appendix 1.

2.2 Borrowing remains unchanged from prior quarter and cash balances have reduced by £0.656m to £7.644m. Further details on income & expenditure during the period can be found at Appendix 2.

Competence

3.1 The competence issues relating to this report are at section 6.1.

Recommendations

4.1 **It is recommended that the Board note the:**

a) quarterly report on the Analysis of Investment and Borrowing as shown at Appendix 1;
b) outstanding loans at 30 June 2026 of £17m; and
c) cash balance at 30 June 2026 of £7.644m.

APPENDIX 1:	Analysis of Investment and Borrowings	
APPENDIX 2:	Quarterly Income and Expenditure Profile	
Background Papers	None	
Writer of Report	Donald Macleod	Tel: 0300 123 0773

Report Details

First Quarter Treasury Update

5.1 The first quarter of the year saw £3.920m expenditure of which £1.561m related to new build. Appendix 2 provides commentary on how we are performing against the initial cash flow forecast.

5.2 The income for the first quarter was £3.683m and comprised Rental Income (83%), Government Grants including new build (14%), bank interest (1%), Sale of Assets (1%) and Other Income (1%).

5.3 In this quarter there was no change in total borrowing (£17m drawn).

5.4 Appendix 2 summarises the income and expenditure profiles for the first quarter.

5.5 The cash balances at 30 June 2026 decreased quarter on quarter by £0.656m to £7.644m.

5.6 All covenants are forecast to be complied with for 2026/27.

6.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	This report deals entirely with the cash resources utilised over the first quarter of 2026/27.
Legal	Rule 19.1 to 20.1 details the Partnership's borrowing powers. The effecting of borrowing and lending money is in accordance with the Partnership's borrowing and lending policies and CIPFA's "Treasury Management in Housing Partnerships: A Code of Practice" and has been delegated to the Director of Finance & Corporate Services. The Treasury Management Policy requires that as a minimum a quarterly report is provided to the Board in the form "Analysis of Investment and Borrowing". The Treasury Management Policy requires that if the cash balances exceed £4m the funds should be spread over no fewer than four interest bearing accounts. The cash balances are in a special interest account with Royal Bank of Scotland (RBOS). The remainder is held in the current accounts with the RBOS. The Treasury Management Policy states that we "will ensure at least 50% of net debt is to be hedged (either through entering into fixed rates or using another acceptable instrument) at any one time and so a maximum of 50% of forecast net debt exposed to the risk of rising interest rates".
Regulatory	The Regulatory Standards Checklist has been completed and there is nothing in this report which would breach these standards.
Risk	There are a number of risks highlighted in the Risk Register in relation to Treasury Management. The risk scored as "high" is the impact of increases in the interest rate and inflation rate and this has been addressed in Appendix 1. The wars in Ukraine and the Middle East coupled with the introduction of trade tariffs has resulted in turmoil in the financial markets. The Bank of England have maintained the base rate at 3.75% with fears of rising inflation over the coming months mainly due to increased energy costs. Interest rate risk is managed through hedging the proportion of debt between Fixed and Variable. We are in a strong hedging position with only £1.5m of current debt drawn on a variable basis.

COMPLIANCE CHECKLIST	
ESG	There is no ESG impact arising from the consideration of this report.
Equalities	We are committed to promoting equality, diversity and inclusion. The are no equalities implications arising from the approval of this report.
Communication	There are no communications required following the consideration of this report.

30JUN26 ANALYSIS OF INVESTMENTS AND BORROWINGS

INVESTMENTS

	Mar-26	Jun-26	Average
DEPOSIT ACCOUNTS	**£000's**	£000's	£000's
Royal Bank	**5,250**	750	3,000
CWS	**0**	0	0
BOS	**57**	59	58
Santander	**95**	96	95
Total Deposit	**5,402**	905	3,153
CURRENT ACCOUNTS			
General Account	**685**	**4,468**	2,576
Standing Order	**695**	**750**	723
Direct Debit	**750**	**750**	750
Office/Cash	**750**	**750**	750
Property Factoring	**18**	**21**	19
Total current	**2,898**	6,739	4,818
Total	**8,300**	7,644	7,971

Balances shown are taken from the Bank Statements and not the ledger.

The cash held at the Royal Bank is split between 5 operational accounts totalling £6.739M. 7 deposit accounts held with the 4 banks shown above total £0.905M. We prepare weekly cashflow forecasts and any excess funds are placed on deposit to achieve a higher rate of interest receivable. £2M was placed on deposit in July 2026 for a 4 month period.

BORROWINGS

Core Funding Facility	£m
Estimated debt outstanding (per Business Plan)	17.00
Actual amount outstanding	17.00
Difference	-

Interest Rates

The Interest Rate that applies to the Partnership is SONIA plus an agreed margin. SONIA is the Sterling Overnight Index Average and replaces LIBOR (London Inter Bank Offer Rate). SONIA was 3.73% at 30 June 2026.

The Base Rate at the end of June was 3.75%. The Bank of England (BOE), have voiced caution on rising inflation and the prospect of further rate reductions this year.

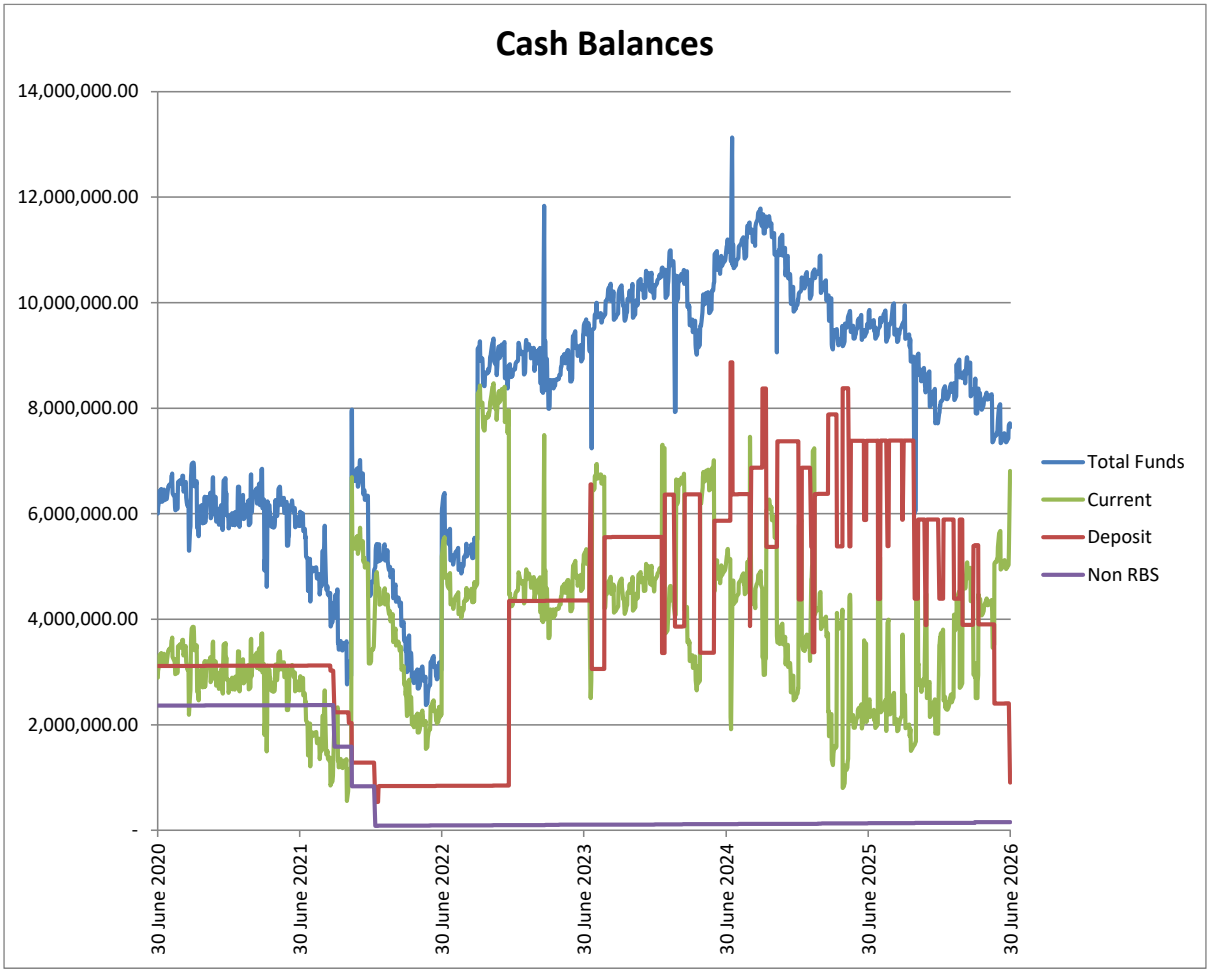
Borrowings	**Mar-26** £000's	**Jun-26** £000's	**Average** £000's
Facilities arranged	25,000	25,000	25,000
Loans outstanding	17,000	17,000	17,000
Variable/Fixed analysis-amounts			
Variable amount	1,500	1,500	1,500
Fixed amount	15,500	15,500	15,500
Other Hedging	-	-	-
	17,000	17,000	17,000
Variable/Fixed analysis-Percentages			
Variable	8.82%	8.82%	8.82%
Fixed	91.18%	91.18%	91.18%
Other Hedging Products			
	100%	100%	100%
Lenders amounts			
Core Facility (RBS)	17,000	17,000	17,000
Other Borrowings	-	-	-
	17,000	17,000	17,000

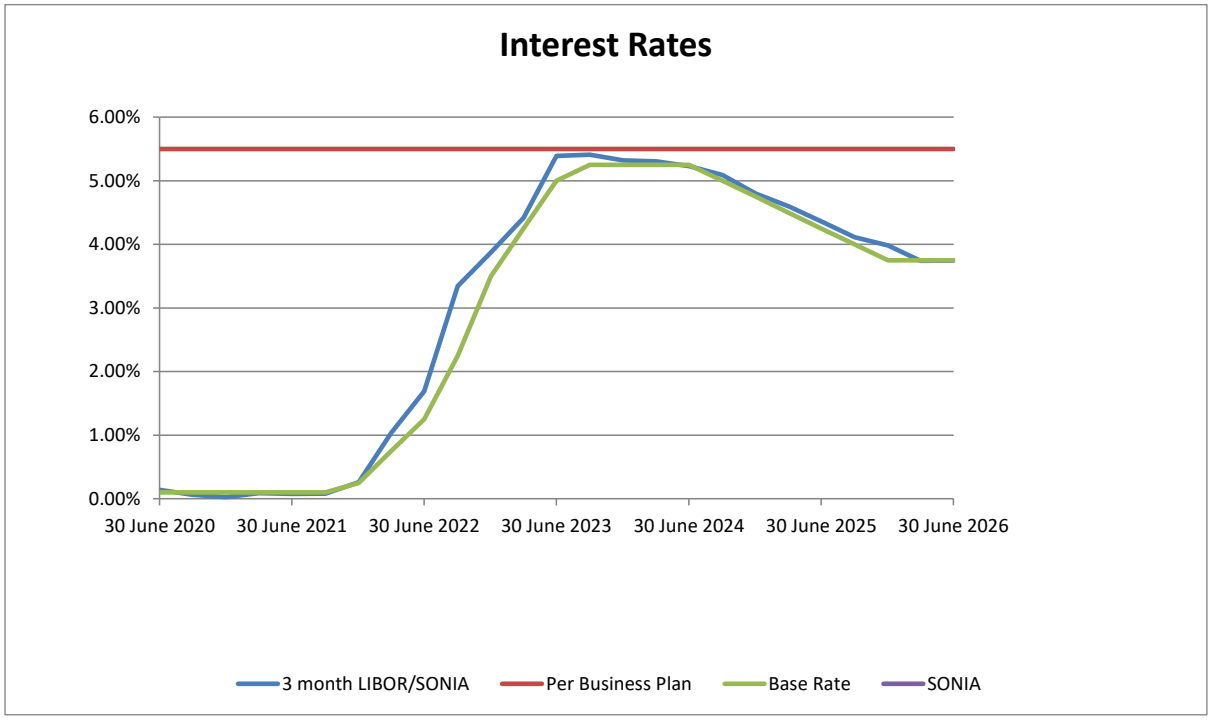
Average cost of borrowing

Amount £000's	**Interest**	**Type**	**Annual Cost**
15,500.00	3.68%	Fixed	570,635
1,500.00	6.62%	Variable	99,275
17,000.00			669,910
Average cost of funds			3.94%

Anticipated level of borrowing over next 5 years

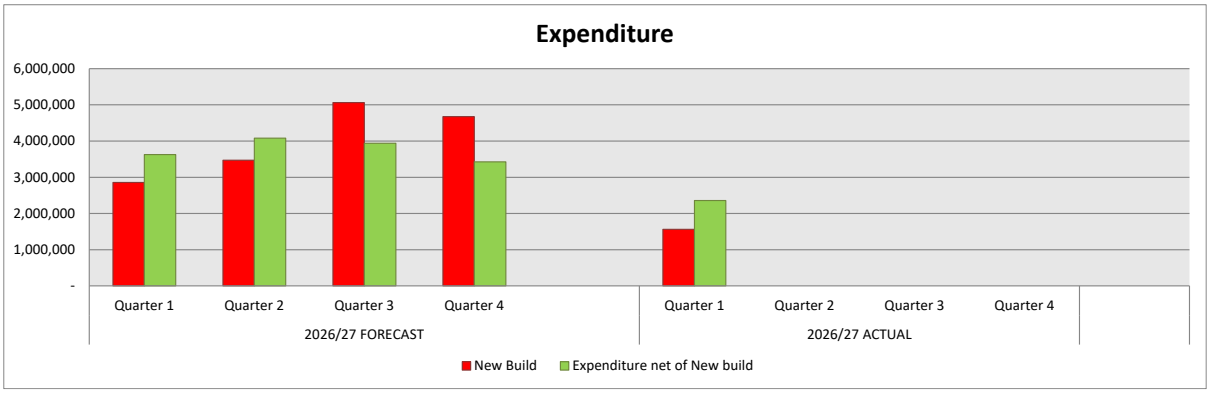
Year	2026/27 Est £m	AFS Forecast £m	Variance £m
2026/27	17.000	17.000	-
2027/28	17.000	17.000	-
2028/29	17.000	17.000	-
2029/30	17.000	17.000	-
2030/31	17.000	17.000	-




Interest Rates
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
30 June 2020
30 June 2021
30 June 2022
30 June 2023
30 June 2024
30 June 2025
30 June 2026
3 month LIBOR/SONIA
Per Business Plan
Base Rate
SONIA

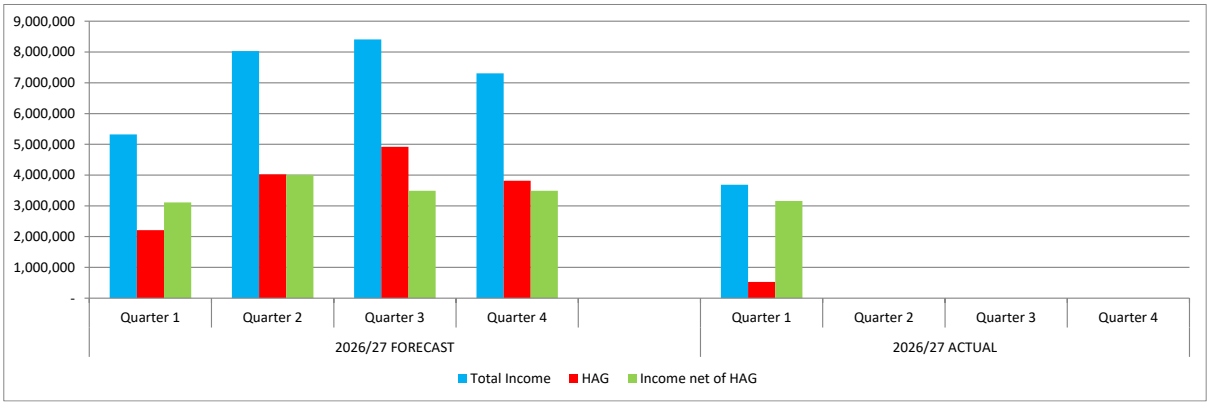
30JUN2026 ANALYSIS OF INCOME AND EXPENDITURE PROFILES

EXPENDITURE



Overall, the expenditure for the first quarter (Q1) of 2026/27 is £2.565M lower compared to forecast. New build expenditure is £1.296M below forecast due to delays on site start at Scott Road, Grimsay, Gravir and Low Flyer. Expenditure net of new build is £1.269M below forecast mainly due to the programming of investment works and delays in the processing of the OCS monthly invoice due to holidays and system changes within OCS.

INCOME



Total Income for the first quarter of 2026/27 is £1.636M lower than the original forecast mainly due to a reduction in HAG received as a result of slippage in our development programme.

BUSINESS PLAN MONITORING REPORT

Board 25 August 2026

Report by Chief Executive

Purpose of Report

1.1 To present the Business Plan Monitoring Report.

Summary

2.1 The Business Plan Monitoring Report to 31 July 2026 is at Appendix 1.

2.2 Void loss and current arrears rates are performing ahead of target at 0.48% and 1.44% respectively. Complaints performance continues to be very good with 100% of complaints responded to on time.

2.3 Collection rates on Rechargeable Repairs remain static, however the amount owing is increasing.

2.5 The Goals module on One Advanced has been used to monitor the Business Plan KPI's since 1 April 2026. As this report covers the period to 31 July 2026, and only includes the first quarter, several indicators show limited or no progress at this stage. However, no issues are anticipated by 31 March 2027.

Competence

3.1 The compliance issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 It is recommended that the Board note the Business Plan Monitoring Report at Appendix 1.

APPENDIX 1:	Business Plan Monitoring Report	
Background Papers:	None	
Writer of Report:	Iona France	Tel: 0300 123 0773

5.1 Compliance Checklist

COMPLIANCE CHECKLIST	
Financial	The 5-year Business Plan is supported by 30-year financial projections, 5-year projections and the detailed annual budget for 2025/26. The detailed annual budget for 2025/26 was approved in March 2025.
Legal	There are no specific legal issues relating to the Delivery Plan progress report.
Regulatory	The Regulatory Standards checklist has been completed and there is nothing in the report which would result in a breach of the standards.
Risk	Reviewing progress on the Delivery Plan on a quarterly basis reduces the risk of the Strategic Goals not being delivered.
Equalities	We are committed to promoting equality, diversity and inclusion. There are no equalities implications arising from the approval of this report.
Communication	There are no communication requirements.

Department :

Wednesday 12th of August 2026

Area Manager

1 : Minimise negative impact on cashflow

		Apr 26	May 26	Jun 26	Jul 26
Void Loss	Target	1%	1%	1%	1%
	Actual	0.76%	0.57%	0.67%	0.48%
Void Let Performance (Days) - Excluding Difficult to Let	Target	29 days	29 days	29 days	29 days
	Actual	12 days	28 days	28.8 days	26.75 days
Level of expected Arrear	Target	2%	2%	2%	2%
	Actual	1.11%	1.37%	1.62%	1.44%
Gross Rent Arrears	Target	2.5%	2.5%	2.5%	2.5%
	Actual	1.56%	2.14%	2.26%	2.39%
Monitor Rechargeable Repairs (Collection Rate)	Target	30%	30%	30%	30%%
	Actual	27.46%	27.28%	27.29%	27.29%

Service Development Manager

2 : Ensure Customer Satisfaction is High

		Jun 26
Percentage of Anti Social Behaviour Cases resolved (excluding cases going through court process)	Target	95%
	Actual	66% * 1

Notes:

1 2 reported 3 resolved

		Apr 26	May 26	Jun 26	Jul 26
Respond to complaints within SPSO targets	Target	100%	100%	100%	100%
	Actual	100%	100%	100%	100%

		Mar 27
Explore the possibility of providing tenants with an individual "impact statement"	Target	
	Progress	—
Review Lettable Standard	Target	
	Progress	—
Arrange Estate Visits for Board Members	Target	4 per year
	Progress	Green * 1

Notes:

1 Visited Ionad Dotair Macleoid during Uist visit on 27 May 2026 Estate visits Barvas to Ness on 7 July 2026 Next visit scheduled for 19 August 2026

Complete Tenant Satisfaction Survey every 3 years	**Target** **Actual**	Dec 27 Yes —
Satisfaction with overall services improved by 2%	**Target** **Progress**	Dec 27 88% —
3 : Active Tenant Participation		
Annual Tenant Event Plan	**Target** **Progress**	Mar 27 1 per month Green * 1
Notes:	**1** Smaller localised monthly drop-ins scheduled for 2026/27 - 3 held YTD - limited attendance	
Review of Tenant Participation Strategy	**Target** **Progress**	Mar 27 November 2026 —
Finance Manager		
4 : Deliver Annual Value for Money Report		
VFM Annual Report	**Target** **Progress**	Nov 26 November 2026 — * 1
Notes:	**1** On November 2026 Board agenda	
Provide performance information by area including VFM	**Target** **Progress**	Mar 27 31 March 2027 —
Area Manager		
5 : Number of Houses Allocated to Key Workers		
Number of Houses Allocated to Key Workers	**Target** **Progress**	Mar 27 5 — * 1
Notes:	**1** 3 allocated in first quarter and 1 refusal (all Uist)	
Service Development Manager		
6 : Review Options for Tenant Involvement		
Tenants satisfied with the opportunities to participate in the decision making improved by 2%	**Target** **Actual**	Dec 27 87% —
Director of F&CS		
7 : Review Rent Structure		

Explore rent guarantees	Target	Dec 26 December 2026
	Progress	—

Service Development Manager

8 : Ensure Homes are free of Damp & Mould

Number of Open Cases		Jun 26	Jul 26
	Target		
	Progress	Green * 1	Green * 2
Notes:		**1** 23 This includes all cases. Does not exclude advice only cases as we do not yet know the outcome of the case. **2** 25 open cases. Does not exclude advice only cases as we do not yet know the outcome of the case.	
Number of Resolved Cases		Jun 26	Jul 26
	Target	100%	100%
	Actual	23.33% * 1	21.88% * 2
Notes:		**1** Excludes advice only cases in line with ARC requirements. % of carried forward and new cases in 2026/27. **2** Excludes advice only cases in line with ARC. % of carried forward and new cases in 2026/27.	
Number of Re-opened Cases		Jun 26	Jul 26
	Target	5	5
	Actual	6 * 1	7
Notes:		**1** Carried forward and received 2026/27.	

Investment Manager

9 : Maintain Homes to Required Standards

Stock Condition Survey	Target	Dec 28 Completed by 31 December 2028
	Progress	—
Ensure all our homes including new build meet or exceed the SHQS and Net Zero Standards by Govt target dates	Target	Mar 27 Awaiting targets
	Progress	—

10 : Reduce our Carbon Footprint

Explore ways to reduce our carbon footprint	Target	Mar 27 Collate our carbon footprint
	Progress	—

Development Manager

11 : Provide New Homes

Build 180 new homes by 2029	Target	Mar 29 180 by 2029
	Progress	Green * 1
Notes:		**1** 37 properties completed in 2025/26

CEO		
12 : Staff Retention		
Vacancies filled on 1st attempt		Jun 26
	Target	100%
	Actual	100%
Sustain a minimum of staff with a service length greater than 3 years		Jun 26
	Target	70%
	Actual	83%
% of Staff Turnover		Jun 26
	Target	4%
	Actual	1.88%
Review effectiveness of flexible working arrangements to ensure they remain appropriate		Mar 27
	Target	March 2027
	Progress	—
Review of staff and organisational structure to ensure skills gaps are identified		Mar 27
	Target	March 2027
	Progress	Green * 1
Notes:	**1** Work well underway Meetings arranged with every team to discuss outcomes - 22 July 2026	
Carry out salary benchmarking		Mar 28
	Target	March 2028
	Progress	—
13 : Knowledgeable & High Quality Staff		
Deliver Annual Training Plan		Mar 27
	Target	25%
	Actual	33% * 1
Notes:	**1** Target for year end 70%	
Staff pursuing and obtaining qualifications		Jun 26
	Target	7%
	Actual	15% * 1
Notes:	**1** 8 staff currently working towards qualifications	
14 : Engage with and foster relationships with partners for the benefit of the Community		
Contribute to OHCPP review and update of LOIP and the OHCPP Poverty Strategy		Mar 27
	Target	Yes
	Actual	—
Work with Young Islanders Network to ensure the voiceof young people is captured in our plan		Mar 27
	Target	Yes
	Actual	Yes * 1

Notes:	**1** Meeting with YIN 23 April 2026	
Review of Community Benefit measures delivered across our communities and on all projects	**Target**	Mar 27 Yes
	Actual	— * 1
Notes:	**1** Review of Community benefits carried out every March	
Work with local community landlords to see how we can deliver their vision for housing in their area	**Target**	Mar 27 Yes
	Actual	—
The Board to meet annually with the Comhairle	**Target**	Mar 27 Yes
	Actual	—
Director of Operations		
15 : Supporting Communities		
Supporting Communities through Grants	**Target**	Mar 27 Yes
	Actual	— * 1
Notes:	**1** No applications rec'd to date in 2026	
Improve % of tenants satisfied with landlords contribution of the area they live in by 2%	**Target**	Mar 27 83%
	Actual	—
Improve owner satisfaction with factoring services by 20%	**Target**	Dec 27 65%
	Actual	—
Director of F&CS		
16 : Measure Social Impact		
Annual Social Impact Report	**Target**	Aug 26 Yes
	Progress	Green * 1
Notes:	**1** On August 2026 Board Agenda	
CEO		
17 : Effective Communications		
Monitor engagement to promote good news more effectively	**Target**	Jun 26 Increase tenant engagement
	Progress	Green * 1

Notes:	**1** Over 500 followers on Facebook
Prepare plans to mark our 20th anniversary with events throughout the islands	Target: Sep 26 — 12 September 2026 Progress: Green * 1
Notes:	**1** Report to Board in June 2026 with proposals Tenant Board Panel reviewed Final recommendations to August 2026 Board

Director of Operations

18 : Improve Performance

Benchmarking our core services with a view to improve 2 services per annum	Target: Mar 27 — 2 Progress: — * 1
Notes:	**1** ASB targets and performance to be benchmarked
Explore accreditations/awards for each of our Strategic Goals and make a recommendation for which ones to pursue	Target: Mar 27 Progress: — * 1
Notes:	**1** National Green Standard or equivalent being explored
Carry out self assessment	Target: Mar 27 Progress: — * 1
Notes:	**1** Progress plans to be updated
Review Quality Assurance processes to ensure data integrity	Target: Jun 26 / Sep 26 / Dec 26 / Mar 27 Progress: Green * 1 / — / — / —
Notes:	**1** Full QA to be completed following upgrade in July 2026

CEO

19 : Ensure Board Members have the necessary skills, knowledge and experience they require to assure good governance

Explore options to provide more informal meetings for Board members	Target: Mar 27 Progress: — * 1
Notes:	**1** Informal dinner held after May Board meeting

Review Board Induction process	Target **Progress**	Mar 27 Green * 1
Notes:	**1** Implemented with last 2 new Board Members	
Consider options for recruiting new Board Members and whether constitution needs to be revised	Target **Progress**	Mar 27 — * 1
Notes:	**1** Standing Orders updated June 2026 - no changes at this time will be reviewed again at next update	
Implement Action Plan from Independent Board Skills Assessments	Target **Progress**	Mar 27 Green

SOCIAL VALUE REPORT TO 31 MARCH 2026

Board 25 August 2026

Report by Director of Finance & Corporate Services

Purpose of Report

1.1 The purpose of the report is to provide the Board with a view on how we delivered Social Value in 2025/26.

Summary

2.1 Strategic Goal 4.8 of our Delivery Plan is to develop and produce an annual Social Value Report.

2.2 We have created the Social Value Report based on the themes identified in the Sustainability Reporting Standard for Social Housing (SRS).

2.3 The Social Value Report, at Appendix 1, is the second we have produced. This is an annual report and will be presented to Board in August each year.

Competence

3.1 The compliance issues relating to this report are at section 5.1 of the report.

Recommendations

4.1 **It is recommended that the Board note the annual Social Value Report at 31 March 2026 at Appendix 1.**

APPENDIX 1:	Social Value Report for Year ended 31 March 2026	
Background Papers:	None	
Writer of Report:	Christine Chlad	Tel: 0300 123 0773

Christine Chlad 07-AUG-2026

Report Details

Scottish Social Housing Charter

6.1 The Scottish Social Housing Charter sets out the standards and outcomes that social landlords should aim to achieve, including aspects related to tenant participation, housing quality, and value for money.

6.2 Although not explicitly mandating social value reporting, the Charter's emphasis on outcomes provides a framework within which RSLs can report on social value activities.

Sustainability Reporting Standard for Social Housing (SRS)

7.1 The SRS is a voluntary framework developed to help housing providers report on ESG (Environmental, Social & Governance) performance in a consistent and transparent manner, and we can link our agreed social value items to these.

7.2 There are 12 themes defined in the SRS:

ESG Area	Theme #	Theme Name
Social	T1	Affordability and Security
	T2	Building Safety and Quality
	T3	Resident Voice
	T4	Resident Support
	T5	Placemaking
Environmental	T6	Climate Change
	T7	Ecology
	T8	Resource Management
Governance	T9	Structure and Governance
	T10	Board and Trustees
	T11	Staff Wellbeing
	T12	Supply Chain Management

7.3 We have adopted the above in our ESG strategy and report on each theme through an action plan with targets to ensure we deliver on each theme. The Social value report expands on this and report on themes 1-5.

5.1 Compliance Section

COMPLIANCE CHECKLIST	
Financial	There are no financial implications arising directly from the consideration of this report.
Legal	There is currently no legal requirement to provide an Annual Social Value report, although this may change.
Regulatory	The Regulatory Standards checklist has been completed and there is nothing in the report which would result in a breach of the standards.
Risk	The development of the social value report ensures that we appropriately articulate the social value being derived from our operations.
ESG	This report deals specifically with the Social element of our ESG strategy.
Equalities	We are committed to promoting equality, diversity and inclusion. There are no equalities implications arising from the approval of this report.
Communication	The social value report will be communicated to Board, staff and tenants, through our website, social media and newsletter.

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APPENDIX 1

Social Value Report 2025/2026

What is Social Value?

- Social value is the wider benefit created for individuals, communities, the environment, and the local economy through our activities, investments, and partnerships.

- It goes beyond the provision of safe, affordable homes. It reflects the positive and measurable difference we make in people's lives and in the places where they live.

- This Social Value Report measures Hebridean Housing Partnerships wider social, economic and environmental impacts through activities beyond our traditional financial performance.

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The Social Value Report looks at 9 indicators aligning with emerging ESG reporting frameworks used across the housing sector, including the Sustainability Reporting Standard for Social Housing (SRS) and the principles outlined in the Social Value Act.

OVERVIEW

Hebridean Housing Partnership delivers strong social value by providing affordable, high-quality homes while investing in communities and supporting residents' wellbeing.

Service Delivery

2.3 Days

Average non-emergency repair time

Scottish average is 9.1 days

Scottish Housing Quality Standard

91.9%

Scottish average is 87.2%

Affordability

£103.58

Average weekly rent

Investment

£5.07m

Planned maintenance & upgrades

Energy Efficiency

77%

Homes EPC Band C or above

Affordability & Security

Average weekly rent is £103.58

Less than other RSLs in our Peer Group.

Average time to complete non-emergency repairs 2.3 days.

Best performing in our peer group.

Our rolling investment programme ensures that all homes have replacement kitchens, bathrooms, windows, doors etc over set periods of time.

77% of our homes are at Band C or above in the Energy Performance Certificate Scale.

£5.07 million spent on Investment & Planned Maintenance

Heating Systems – 136
Windows & Doors Replacements – 87
Homes Re-roofed – 26
Homes Roughcasted – 23
Kitchen Replacements – 52
Bathroom Replacements - 27

Reactive repairs completed right first time – 96.16%

5% better than Scottish average.

Better insulation:

Fewer draughts and less condensation greatly reduces issues like damp and mould. Improves comfort and health.

Sustainable Housing

Energy-efficient homes have modern ventilation systems that maintain air quality, which makes a real difference in respiratory health.

EPC Ratings for Existing Homes

A – 0.33%

B – 12.9%

C – 63.92%

D – 22.71%

E – 0.12%

37 new energy-efficient homes were completed.

Well insulated homes can cut heating costs by 30-50%.

£1,081,698 grant funding to replace 120 electric heating systems with air source heat pump central heating systems.

99% of our non-gas homes have zero direct emission heating systems.

Heat pumps don't burn fuel inside the home, reducing indoor air pollution and risks from carbon monoxide.

All our new build homes now have individual EV charging points to future proof our tenants travel requirements.

£56,419 provided to tenants for decoration or disturbance allowances.

We aim for all our new build homes to reach a sustainability rating of Silver Aspect Level 1, which required a high standard of energy efficiency and insulation, which helps to tackle fuel poverty.

Poverty & Fuel Poverty Reduction

We received £40,720 in grants from the Islands Cost Crisis Emergency Fund, which helped over 400 tenants with £100 financial assistance towards energy costs.

Vouchers for heating or electricity ensures tenants stay warm in the winter, reducing the risk of illness and knowing that fuel costs are partially covered alleviates financial anxiety.

We partner with Western Isles Citizens Advice Service, enabling us to refer tenants for assistance with costs and provide food vouchers when required.

57 people were provided with homes from our Homeless Waiting List.

People with stable housing are more likely to access healthcare, and having a secure home reduces stress, anxiety and depression.

Stable housing provides a safe environment and improves life outcomes.

Efficient insulation and heating systems mean tenants use less electricity and gas giving lower and more stable utility bills.

Resident Support

Tenant Event held in Uist with 11 partners in attendance providing support & advice to tenants

Tenant Portal demonstration held in Cearns Resource Centre providing face to face support and advice.

£26K was spent this year on tenant related events and activities from various funding streams.

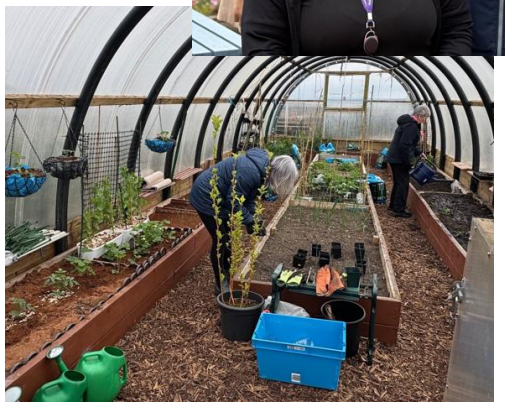
We produce 3 newsletters per year, filled with information, advice, competitions and news, which is posted out to all tenants.

£42,167.99 provided to tenants for decoration allowances

£14,251.01 for disturbance allowances.

Our Tenant Portal allows tenants to check their rent balances, make payments, download statements, make repair requests, and much more.

Community Support



HHP partnered with Climate Hebrides to carry out bite size training on sustainability with tenants.

20 tenants entered our annual garden competition, with prizes being awarded for Best Planter, Best Use of Garden and Best Overall Garden.

£6,932 awarded to various Tenant & Resident Associations following approval of 5 Community Grant Applications.

10 Tenant & Resident Group meetings were attended throughout the year with an update on the opportunities to engage with HHP given at each meeting.

TPAS Scotland held 2 Tenant Webinars, allowing our tenants to engage with other tenants from out with our area.

We attended Ovo Energy Partnership Event where tenants could receive information from similar service partners on how to reduce bill costs and keep warm in winter.

8 estate visits were carried out with Housing Officers & Tenants.

We attended 3 Family & Child partnership events with partners throughout the year.

Community Support
Scottish Housing Day 2025 – 17 September 2025

SCOTTISH HOUSING DAY
2025

This week we marked Scottish Housing Day 2025 by putting the spotlight on some local community groups and tenants. You can watch the videos with Manor & Castle Residents Group and Stornoway South Development Officer, Kirsten on our Facebook page.

And you can see some of the Tenants nominated to be featured on the next page.

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Cassandra
Berneray

Cassy grew up in Berneray and is a big part of the community. She helps out her neighbours with pet sitting, dog walking and feeding their cats if they are away.

Her neighbours love having her as part of their community.

The importance of good neighbours and communities

hebridean housing partnership

Farquhar
Tarbert

Farquhar, originally from Harris is well known around Tarbert, Scaplay and Leverburgh. He is always assisting his neighbours in the area with cutting grass, keeping their garden tidy and doing odd jobs for anyone who asks him.

The importance of good neighbours and communities

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Rachel & Colin
North Uist

Colin and Rachel moved to North Uist in 2018 and have embedded themselves into the community, helping with local charities, and playing a pivotal role in the opening of the Ashdail Play Park.

Colin also helps neighbours with building and moving furniture.

The importance of good neighbours and communities

EMPLOYMENT

3 apprenticeships provided:

Modern Apprentice (Business Admin)

Housing Modern Apprentice

Building Surveyor Graduate Apprentice

We offer work experience for school pupils.

We are a Living Wage & Living Pension Employer

90% of our spend is with local suppliers.

We hold a Staff Away Day every year.

This year we had a fun day at The Scaladale Centre.

Our repairs contractor, OCS, currently employs 5 apprentices in Lewis and 2 in Uist.

As part of our commitment to delivering social value, we expect all contractors and suppliers to contribute to local employment through high-quality apprenticeships, and work-based learning opportunities.

We have signed the Developing Young Workers Pledge which is a commitment from employers to support Scotland's young people to succeed in the world of work.

Resident Voice

New Tenant Engagement leaflet created with input and feedback received from tenants.

The leaflet details ways tenants can get involved and how they are kept informed.

82.3% of tenants satisfied with how well informed they were kept.

61.6% of tenants satisfied with opportunities to participate in decision making.

82.7% of tenants satisfied with overall service.

Tenant Board Panel meets 6 times a year to provide valuable feedback to our Board on tenant related matters.

Our Panel has discussed topics important to our tenants such as The Rent Consultation and The Business Plan with senior staff members.

Closed Tenant Engagement Facebook Group created for tenants about engagement opportunities and 1-1 tenant interactions.

6 Tenants are on our Tenant Board Panel with representations from Lewis, Harris, Uist & Barra in the panel.

We currently have 1 tenant member on our Board. We have 3 tenant member vacancies.

We hold regular Tenant Engagement Events across the Islands.

Our Tenant Engagement Officer is extremely active in our communities and is always available for tenants to contact any queries or concerns.

100% of complaints made by tenants are resolved on time.

Charitable Contributions

£5,000 was donated by HHP to local charities:

Lewis & Harris	
WIAMH	£1,000
Volunteer Centre WI	£1,000
CRY (Andrew Macleod Memorial Fund)	£1,000
Crossroads Lewis & Harris	£500
Uist & Barra	
Tagsa Uibhist	£1,000
Crossroads Uist & Barra	£500

Our Staff Social Committee raises money each year by hosting dress-down days, raffles etc, and donated the monies raised this year to 3 charities voted for by staff:

MND Scotland £500

Alzheimer's £500

Macmillan Cancer Support £500

Following our AGM, our guest speaker, Jim Keenan nominated Scotland's Charity Air Ambulance for a donation.

£200 was donated to the charity.

Staff also raised money for the following charities by hosting a Macmillan Coffee Morning and a Wear it Pink Day for Brest Cancer.

Macmillan	£122
Wear it Pink	£165.20

SUMMARY

Our work this year has demonstrated the positive impact that can be achieved through partnership, empathy and shared purpose.

By supporting tenants, promoting wellbeing and investing in sustainable homes, we continue to strengthen communities and create lasting social value.

People remain at the heart of everything we do as we work towards building not only quality homes, but brighter futures for generations to come.