

A meeting of the Management Committee will take place on **Thursday 26 September 2024 at 4.00pm at the Maitlandfield Hotel, Haddington**

Please advise staff if you are unable to attend

Joyce Bolan
Secretary



B U S I N E S S

1.0 GENERAL

- 1.1 Apologies
- 1.2 Declaration of Interest by Management Committee Members
- 1.3 Minutes of 22 August 2024 – **for approval**
- 1.4 Action List – for information
- 1.5 Matters Arising

2.0 GOVERNANCE

- 2.1 Election of Office Bearers – **for approval**
- 2.2 Other Management Committee Appointments – **for approval**
- 2.3 Code of Conduct and Eligibility for Membership – **for signing**
- 2.4 Secretary's Report – **for homologation**
- 2.5 Governance Review Working Group Report – **for approval**

3.0 PRIORITY ITEMS

None

4.0 POLICIES

- 4.1 Working Away from the Office Policy Review – **for approval**

5.0 BUSINESS MANAGEMENT

None

6.0 ANY OTHER BUSINESS

DATE OF NEXT MANAGEMENT COMMITTEE MEETING

Wednesday 27 November 2024 at 7.00pm at Head Office, Haddington

Action List

Report by Martin Pollhammer, Chief Executive – for information

The table below sets out the required actions agreed at the last meeting of the Management Committee on 22 August 2024, and confirms the actions taken.

Minute Ref	Action Required	Action By	Action Taken
1.3	Publish the minutes and papers from the May 2024 meeting on elha.com	ES	Complete
2.1	Issue Membership Certificates to John Gordon, Prestonpans and Morag West, Tranent	ES	Complete
3.1	Introduce the Housing Perks scheme as an additional benefit within the Key Tenant Scheme	KB	The contract is now in place. Key Tenant Scheme materials are being updated ahead of launch to tenants. Whether staff are able to access the scheme or not requires further consideration.
4.1	Check formatting, then update the Equality & Human Rights Strategy Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete
4.2	Check formatting, then update the Procurement & Value for Money Strategy Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete
4.3	Check formatting, then update the Procurement & Value for Money Policy Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete
4.4	Make the agreed change, check formatting, then update the Customer Care Policy Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete

Minute Ref	Action Required	Action By	Action Taken
4.5	Update the Risk Management Framework Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete
4.6	Check formatting, then update the Employee Expenses Policy Document in the ELHA File Structure, Committee area of elha.com and update the Policy Review Timetable	ES	Complete
4.7	Check formatting, then update the Settlement Agreements Policy Document in the ELHA File Structure, Committee area of elha.com and update the Policy Review Timetable	ES	Complete
4.8	Check formatting, then update the Whistleblowing Policy Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete
4.9	Check formatting, then update the Privacy Policy Document in the ELHA File Structure, elha.com and update the Policy Review Timetable	ES	Complete
4.10	Check formatting, then update the Authorisations & Standard Allowances Policy Document in the ELHA File Structure, Committee area of elha.com and update the Policy Review Timetable	ES	Complete
5.1	Agree a form of words with Katrina Hamilton around considering the equality data collected and add it to the Equality & Diversity Action Plan	KB	Action ED10 added as follows: Annually, review the Equality data collected about our tenants, applicants, staff and Management Committee to inform the Business Plan of any actions required to address issues highlighted by the data

Election of Office Bearers

Report by Martin Pollhammer, Chief Executive – for approval

1.0 Election of Management Committee Office Bearers

In accordance with the Rules of the Association, the Management Committee is required to elect the following Office Bearers for the coming year at the first Management Committee meeting following the Annual General Meeting:

1. Chair
2. Vice-Chair
3. Secretary

2.0 Voting Procedure

The voting procedures are as follows:

- Nominations will be invited
- Retiring Office Bearers may stand for re-election (note the Chair cannot serve for more than five consecutive years)
- Each nomination should be proposed and seconded
- Where there is only one nomination per post, a majority of the Management Committee members present are required to approve the Office Bearer's appointment (where there is more than one nomination per post, a secret ballot of Management Committee Members is required to determine the elected Office Bearer)

The outgoing Secretary would normally Chair the discussion in relation to the appointment of the Chair. As Joyce Bolan retires at the AGM, and the current Vice-Chair has submitted their apologies for the meeting, the Convenor of the Audit & Assurance Committee should Chair this part of the meeting.

Once this appointment is made, the new Chair can assume their position and Chair the discussions in relation to the appointment of other Office Bearers.

Recommendations

The Management Committee is asked to confirm the appointment of the Chair, Vice Chair and Secretary for the Management Committee year 2024/25.

Other Management Committee Appointments

Report by Brian Logan, Chair – for approval

1.0 Appointments to be Made

The Association currently has one Sub-Committee; the Audit & Assurance Committee. In addition, there are two Advisory Committees (the Health & Safety Committee and the Joint Consultative Committee (JCC)), and two Working Groups (the Remuneration Working Group and the Governance Standards Working Group).

As this is the first meeting since the Association's AGM, membership of the Audit & Assurance Committee, Advisory Committees and Working Groups should be confirmed. A minimum of three and a maximum of ten members can sit on the Audit & Assurance Committee. The Chair should not be a member of the Remuneration Working Group, and as noted at **Agenda Item 2.5**, should now not be appointed as a member of the Audit & Assurance Committee.

Current membership of the Advisory Committees and Working Groups are set out in **Appendix 1** to this report. The Management Committee is asked to appoint up to ten members of the Audit & Assurance Committee, up to three members to each of the Advisory Committees, and to make appointments as required to the Working Groups.

2.0 Appointments to the Board of R3 Repairs Limited

The R3 Repairs Limited Board is appointed annually by the Management Committee. It consists of up to six members, three of which are expected to be Management Committee members (but can be ELHA members of staff), and three who are independent members. The R3 Repairs Limited Board can appoint Directors in between the annual re-appointment process.

There are currently three Management Committee members serving on the R3 Board, Alan Forsyth, Peter Ewart, and Iain Atkinson, and all three are prepared to stand again. ELHA does not wish to place staff members on the R3 Board unless it is unavoidable. The Management Committee needs to confirm which members of the Management Committee will sit on the R3 Board in 2024/25.

There are three independent places available on the R3 Board, and three existing serving members, in Nick Pollard, Fiona Sheldon, and Peter Hayman. However, Fiona Sheldon has advised that she does not wish to stand again, so there is currently one independent vacancy on the R3 Board. The R3 Board is developing a Succession Plan and has identified a potential candidate to recommend to the Management Committee in Shona Mitchell. The two other serving independent members of the R3 Board have indicated their willingness to continue. The Management Committee is asked to confirm Nick Pollard and Peter Hayman's re-appointment as Directors, and Shona Mitchell's appointment as a Director.

2.1 Nick Pollard

Nick is currently Group Finance Director at Link Group, which has an in-house maintenance subsidiary. Nick was previously the Director of Finance & IT for Kingdom Housing Association, and prior to that, Finance Director at Argyll Community Housing Association. Nick is familiar with the regulatory, governance and financial regime of both the commercial environment as well as the social housing sector through his career.

Nick's previous experience includes being a Senior Housing Finance Consultant in Scotland with Tribal, working on several large-scale voluntary stock transfers and SHQS delivery plans, as well as experience of social housing regulation having been a social housing financial analyst / regulator in England with the Housing Corporation for four years. Nick also has an extensive knowledge of treasury finance, commercial and retail banking, having spent 14 years with Lloyds Banking Group in a variety of roles.

Nick has a degree in Business Economics and is a qualified member of the Association of Accounting Technicians. He lives in Tranent, East Lothian, with his wife and three children.

2.2 Peter Hayman

Peter is a Founder Member of East Lothian Housing Association and has been on the Management Committee for 35 years. He was Vice-Chair of the Association for 15 years and Chair for eight years, and has also recently served as Chair of the Audit & Assurance Committee.

Peter is a retired university teacher and held the position of Vice-Dean of Faculty and Head of Department at Edinburgh University. He was formally a trustee of the Care & Repair East Lothian Charitable Trust, and Vice-Chair and a Director of Homes for Life Housing Partnership. Peter has also recently served on the Health & Safety Committee and the Joint Consultative Committee.

2.3 Shona Mitchell

Shona is currently senior advisor at Home Group, responsible for ensuring the landlords' strategic priorities align with external policy and regulatory environments. She was previously policy lead at the Scottish Federation of Housing Associations for 7 years, during this time she worked across all areas of housing policy, and in partnership with organisations from across the sector.

Shona's previous experience includes many years as a journalist, followed by roles within both the Scottish and European parliaments.

She is an experienced board member, currently serving on the management committee of Pickleball Scotland, and as a trustee of Lintel Trust. Previous board director experience was also gained through 3.5 years on the board of a large credit union.

Shona is a Chartered member of the Chartered Institute of Housing.

3.0 Care & Repair Local Advisory Committee

The Care & Repair Local Advisory Committee (LAC) normally has Management Committee representation. Eileen Shand is the current LAC Chair.

The Management Committee is asked to appoint a Local Advisory Committee member for 2024/25.

4.0 SFHA Representative Member

One Representative Member for the SFHA is required (who, if required, is able to cast the Association's vote at General Meetings). David Rose is the current representative member.

5.0 EVH Representative Member

One Representative Member for EVH is required (who, if required, is able to cast the Association's vote at General Meetings). David Rose is the current Secretary of EVH and is ELHA's representative member. EVH take details of a second member who can act in the Representative Member's absence. This responsibility is normally taken by the Chair.

6.0 Care & Repair Charitable Trust

Finally, although not related to ELHA (since it is a standalone charity, so this is for information only), the Board of the Care & Repair Charitable Trust has always had some Management Committee representation. Currently David Rose serves on the Charitable Trust Board.

Recommendations

The Management Committee is asked to:

- (a) Confirm membership of the Audit & Assurance Committee (and if the Management Committee wishes, to delegate responsibility for electing a Convenor to the Audit & Assurance Committee);
- (b) Confirm the membership of the Health & Safety Committee;
- (c) Confirm the membership of the Joint Consultative Committee;
- (d) Confirm the membership of the Remuneration Working Group;
- (e) Confirm the membership of the Governance Standards Working Group;
- (f) Confirm the appointment of Directors to the R3 Repairs Limited Board;
- (g) Appoint a representative to the Care & Repair Local Advisory Committee;
- (h) Appoint a Representative Member of the SFHA;
- (i) Appoint a Representative Member of EVH; and
- (j) Confirm that the Chair acts as EVH Representative Member in the absence of the nominated Representative Member.

Audit & Assurance Committee, Working Group and Advisory Committee Membership 2024/25

Current membership of the Management Committee's Sub-Committees, Advisory Boards and the R3 Board, are set out below:

Management Committee Member	Audit & Assurance	Health & Safety	JCC	R3 Board	RWG	GSWG	GRWG
Iain Atkinson	✓			✓			
Joyce Bolan (Retired at AGM)	✓	✓	✓			✓	✓
Jim Curran (Retired at AGM)							
Shirley Evans							
Peter Ewart	✓*			✓	✓		
Alan Forsyth				✓*	✓*		
Katrina Hamilton	✓	✓	✓			✓	✓
Paul Hillard	✓					✓*	✓*
Brian Logan	✓						✓
Pamela McLeod							
David Rose	✓	✓	✓*			✓	✓
Eileen Shand					✓		✓
Maureen Batten							

*** Current Chair**

JCC – Joint Consultative Committee

RWG – Remuneration Working Group

GSWG – Governance Standards Working Group

GRWG – Governance Review Working Group

Code of Conduct and Eligibility for Membership

Report by Martin Pollhammer, Chief Executive – for signing

**Please refer to Section 3 on page 2 of this report
for details of how to complete the declarations you are required to make**

1.0 Code of Conduct

Each Management Committee Member has a personal responsibility to uphold the requirements of this Code and must agree to adopt the Code of Conduct to continue in their role of a Management Committee Member. A requirement of the Code of Conduct is that each Management Committee Member must review and sign this Code annually.

Part of the Code of Conduct requires Management Committee Members to declare any interests which will then be recorded on a Register of Interests. These are normally declared when appointed as a Management Committee Member. However, it is the Management Committee Members responsibility to ensure that this is kept up to date. Any failure to make a complete, accurate and prompt declaration - whether deliberately or through taking insufficient care - will be regarded as a breach of this Code.

The Code of Conduct document is attached to this report. The model document was last updated by the Scottish Federation of Housing Associations (SFHA) in April 2021, and this revised document was formally adopted by the Association on 30 September 2021.

Each Management Committee Member is required to sign page 12 of the Code of Conduct and complete (or leave blank as appropriate) and sign the Declaration of Interest Form enclosed with this paper.

2.0 Eligibility for Management Committee Membership

Under Rules 43 and 44 of the SFHA Charitable Model Rules (Scotland) 2020, Management Committee Members are reminded that there are qualifying criteria for serving on the Management Committee. Please note that you cannot remain, be elected, or be re-elected onto the Association's Management Committee if any of the criteria under Rule 43 apply.

Rule 44 also sets out when you are no longer regarded as a Member of the Management Committee. The details of the eligibility criteria are set out in Eligibility for Management Committee Membership form, which also needs to be completed and signed.

3.0 Completing the Annual Declarations

Enclosed in a separate envelope with your Management Committee papers are the following documents:

1. A personalised Declaration of Interest form (showing any declarations you currently have on file)
2. A blank page 12 (the signing page) from the Code of Conduct
3. An Eligibility for Management Committee Membership form
4. A reply paid envelope

Please either return these signed declarations to Eric Stoddart, Executive Support Officer, by 26 September 2024, or hand the completed forms to Eric at the meeting. Failure to complete and return the documents means that you will be unable to continue to serve as a Management Committee member.

Model code of conduct for governing body members

Appendix A

Model Code of Conduct for Governing Body Members

www.sfha.co.uk

sfha
Scottish Federation of
Housing Associations

We are housing Scotland

East Lothian Housing Association

Code of Conduct for Management Committee Members

Contents

1. [Introduction](#)
2. [Who Our Code Applies To](#)
3. [How Our Code is Structured](#)
 - a. [Selflessness](#)
 - b. [Openness](#)
 - c. [Honesty](#)
 - d. [Objectivity](#)
 - e. [Integrity](#)
 - f. [Accountability](#)
 - g. [Leadership](#)
4. [Breach of this Code](#)
5. [Acceptance and Signature](#)

1. Introduction

- 1.1. All members of Management Committee must sign this Code of Conduct when they are elected, co-opted or appointed, and on an annual basis thereafter. References throughout this Code of Conduct (the Code) to 'we', 'us' and 'our' mean East Lothian Housing Association (ELHA). The Code reflects our Vision for Healthy Happy Homes, and our Values which are to be Honest, Professional, Reliable and Friendly.
- 1.2 We attach the greatest importance to ensuring that high standards of governance and ethical behaviour are demonstrated by all of our people and in all of our activities.
- 1.3 Our Code of Conduct sets out the requirements and expectations which are attached to your role as a member of our Management Committee. You have a personal responsibility to uphold the requirements of our Code. You cannot be a member of the Management Committee¹ if you do not agree to adopt our Code of Conduct. To confirm that you understand its requirements and accept its terms, you must review and sign this Code annually.
- 1.4 As a Registered Social Landlord (RSL), we are required to adopt and comply with an appropriate Code of Conduct². Our Code is based on the Model Code of Conduct produced by the Scottish Federation of Housing Associations, which the Scottish Housing Regulator (SHR) has confirmed fully complies with its Regulatory Standards.
- 1.5 Our Code of Conduct is an important part of our governance arrangements; it is supported by the Role description which describes your responsibilities as a Management Committee member. You are responsible for ensuring that you are familiar with the terms of this Code and that you always act in accordance with its requirements and expectations. Management Committee Members must always ensure their actions accord with the legal duties of the RSL and with regulatory guidance. You must also ensure you are familiar with any policies which are linked to this code.
- 1.6 If there is a concern that a member of the Management Committee may have breached any part of this Code, the matter will be investigated in accordance with the Protocol that we have adopted. A serious breach of our Code may result in action being taken by the Management Committee to

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

² Scottish Housing Regulator (2019) Regulatory Framework, [Regulatory Standard 5.2](#)

remove the Management Committee member(s) involved.

- 1.7 This Code of Conduct was adopted by our Management Committee on 30 September 2021.

2. Who Our Code Applies To

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

3. How Our Code Is Structured

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

A. [Selflessness](#)

B. [Openness](#)

C. [Honesty](#)

D. [Objectivity](#)

E. [Integrity](#)

F. [Accountability](#)

G. [Leadership](#)

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

A Selflessness

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

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

⁴ See Appendix 1, p13-15 for definition of "closely connected"

B. Openness

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

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

C. Honesty

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

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

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

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

D. Objectivity

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

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

E. Integrity

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

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

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

F. Accountability

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

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

G. Leadership

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

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

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

4. Breach of this Code

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

5. Acceptance and Signature

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

Signed _____

Date _____

Appendix B

Further Guidance for Governing Body Members

Supporting Guidance to the Code of Conduct for Management Committee Members

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

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

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

As a Registered Social Landlord (RSL), we are required to adopt and comply with an appropriate Code of Conduct⁹. Our Code is based on the Model Code of Conduct produced by the Scottish Federation of Housing Associations (2021), which the Scottish Housing Regulator (SHR) has confirmed fully complies with its regulatory requirements.

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

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

⁹ Scottish Housing Regulator (2019) Regulatory Framework, [Regulatory Standard 5.2](#)

¹⁰ SHR Regulatory Framework (2019) Constitutional Standard 19

Management Committee, will be retained by us, in accordance with our Data Protection/Privacy policy.

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

Breach of the Code

If a complaint is made or concern is raised that a member of the Management Committee may have breached any part of our Code, the matter will be investigated in accordance with the Protocol which has been approved by the Management Committee. The protocol forms part of our governance policies and is accessible in the Management Committee area of elha.com.

A potential breach will normally be formally investigated. It is the responsibility of the Chair to decide, in consultation with other office bearers, if an internal or an independent investigation should be conducted. A Management Committee member who is the subject of a complaint or concern about a potential breach of our Code is expected to take leave of absence whilst an investigation is carried out: (our Rules allow the Management Committee to require that this happens)¹¹. Whilst on leave of absence for this reason, a Management Committee member is not entitled to receive any papers or correspondence (other than in relation to the investigation) or to take part in any meetings in their role as a Management Committee member. The requirements of our Code of Conduct continue to apply throughout the term of the leave of absence.

A serious breach of our Code may result in action being taken by the Management Committee to remove the member(s) involved. This is a serious course of action which is provided for in our rules¹². It requires a majority of Management Committee members who attend a special meeting of the Management Committee to support a resolution to remove the member because of their failure to comply with the requirements of the Code or our rules, policies or standing orders. If a Management Committee member is removed as a result of such a resolution, or resigns, having been notified of the Management Committee's intention to consider such a resolution, they cannot be re-elected or appointed or co-opted to the Management Committee during the subsequent five year. A Management Committee member who has been removed cannot be elected, appointed or co-opted to the governing body of another RSL during the same period¹³.

¹¹ Rule 37.8

¹² Rule 44.5

¹³ Rule 43.1.5 / 43.1.5 /43.1.7

How the Code is structured

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

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

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

The Principles of the Code

The seven principles of the Code are:

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

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

A. Selflessness

This principle emphasises the importance of Management Committee members acting in our best interests at all times and taking decisions that will support delivery of our objectives. Although individual Management Committee members bring knowledge and experience to their role, you are not a representative for a specific interest or group: your experience and knowledge should inform your contribution to discussion but your decision-making should be influenced by our aims and objectives

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

and not individual or specific interests. In practice, this means that you must always make a conscious effort to see the bigger picture and not concentrate just on the issues that are important to you.

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

The principle contains a commitment to always support and uphold the Management Committee decisions and our actions (A3): if a Management Committee member were to actively undermine or publicly contradict or disagree with decisions and/or actions, this may constitute a breach. E3 of the Code contains a parallel commitment: if a decision is taken by the Management Committee that a member fundamentally disagrees with and cannot support, it may be that resignation should be considered.

This principle is not intended to prevent a Management Committee member from disagreeing with a proposal during a meeting or from recording their dissent from a decision; rather it is intended to ensure that no member of the Management Committee actively and/ or publicly undermines the organisation. In practice, this means, for example, that you should not question in public why a decision was taken or criticise the organisation. It is only if a Management Committee member actively undermines or disagrees with a decision or action that a breach of the Code may arise. A similar provision is contained in the Code of Conduct for staff.

A4 specifies that Management Committee members will always be respectful to others: this means, among other things, that you must uphold and be familiar with our policies relating to Equalities and Human Rights and Dignity at Work. This requirement relates to all of your engagements with Management Committee colleagues and staff, tenants and customers, partners and agents. In practice, this means listening to and considering other views and respecting opinions even if they are very different from your own. It also applies to wider conduct: E1, E2 and E3 are specific about the responsibilities of Management Committee members to ensure that they do not bring the organisation into disrepute.

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

B. Openness

This principle sets the framework for ensuring that, in all of our activities and in all your actions, transparency and openness are evident. In practice, this means that you must identify and declare all personal interests which are relevant to our work and to your role with us. You must be familiar with the process for declaring interests and you must make sure that the Register of Interests is accurate and up to date at

all times. You must ensure that you are well informed about our policy on declaring interests, which forms part of our EPB (Entitlements, Payments and Benefits) Policy (B3).

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

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

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

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

C. Honesty

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

C4 requires you to be aware of the terms of our Whistleblowing Policy: in practice, this means that the Management Committee, collectively, must be assured that the policy is fit for purpose (SHR has issued Statutory Guidance on Whistleblowing) and

¹⁵ Regulatory Standard 2 (SHR Regulatory Framework 2019)

that there is regular training provided for Management Committee members and staff on its terms. Management Committee members must also ensure that there are effective procedures in place for whistleblowing allegations to be made and investigated, with adequate safeguards in place to protect complainants.

Management Committee members have an individual duty to report any concerns that you may have about possible fraud, corruption or wrongdoing (C5 and C7). You must, therefore, be familiar with the terms of our Fraud and Theft policy. You are expressly forbidden to accept any gifts or other inducements which might create, or be capable of creating, a sense of obligation to another party.

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

C8 further emphasises¹⁶ your responsibility to ensure that neither you nor someone closely connected to you is seen to benefit inappropriately from your role with us and to be very open in declaring all relevant personal interests. In practice, this means ensuring that you are not involved in any decisions which personally impact or affect you or someone you are close to.

D. Objectivity

This principle is about the need to ensure that you make decisions based on an objective consideration of the information that is presented to you in reports. In practice, this means that you must be satisfied that you have access to all of the information you need to fulfil your responsibilities, whilst – at the same time – being mindful of and respecting the distinct roles of Management Committee members (strategic) and senior staff (operational).

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

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

¹⁶ A6 and B3 are also relevant

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

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

E. Integrity

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

E1 and E2 echo A4: Management Committee members must be respectful and courteous in all that you do: in practice, this means being prepared to 'agree to disagree' when strong opinions are held and being tolerant of views and perspectives which might be very different from your own. It also means recognising and acknowledging that what's acceptable in terms of language and conduct change and being mindful that differences in cultures, faiths and beliefs can be very significant and sensitive.

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

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

E5 complements A4 and is a specific commitment to uphold our Equality and Diversity and Whistleblowing policies: this reflects the regulatory requirement for us to have a whistleblowing policy and the Regulatory Standard that requires 'clear procedures for employees and governing body members to raise concerns or

whistleblow if they believe that there has been fraud, corruption or other wrongdoing within the RSL'¹⁷

E6 and E7 relate to confidentiality and the importance of maintaining it. This applies to the content of reports, discussions at Management Committee and committee meetings and all other business that you have access to in your role as a Management Committee member. Upholding this principle requires you not to discuss anything that is identified as being confidential with anyone who is not entitled to the information; it also means making sure that any papers are stored securely (e.g. by means of passwords on laptops or other devices, in a locked drawer) and that on-line discussions can't be overheard (e.g. if attending a virtual meeting). In applying this principle, you must also be mindful of our duties in respect of safeguarding personal information i.e. anything from which an individual can be identified.

F. Accountability

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

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

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

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

Our Scheme of Delegation identifies who is authorised to make public comments on our behalf; it is not normally appropriate for an individual Management Committee member to speak in public without prior agreement from the Chair. This includes, for example, accepting an invitation to contribute to a conference or event because of

¹⁷ Regulatory Standard 5.6

your role with us. The Code's principles also extend to social media activities (F7, G7).

F8 is a specific commitment to participate in and co-operate with any investigations that may be instructed relating to the Code, involving you either directly or as a witness. This obligation extends beyond your term of membership of the Management Committee which means that your co-operation may be requested when you are no longer a member of the Management Committee. It is unlikely that you would be asked to contribute to any such investigation more than two years after you have left.

As a RSL, we are accountable to our tenants and service users for our actions: F9 requires Management Committee members to ensure that the best interests of tenants and service users guide planning and decision-making. In practice, this means being informed and taking account of the views of tenants and service users in all aspects of your role and ensuring that reports contain sufficient information to give you assurance that proposals are similarly informed before you make a decision.

G. Leadership

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

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

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

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

G6 is a specific commitment not to criticise or undermine (or appear to undermine) members of staff (individually or collectively) in public (including to e.g. tenants or

¹⁸ Regulatory Standard 1

¹⁹ Regulatory Standard 6.5

partners). Any concerns which you have should be raised directly and privately with the Chair or Chief Executive.

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

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

As someone who is responsible for leading our organisation, it is essential that Management Committee members are not associated with anything that could compromise us or bring us into disrepute. G9 echoes the provisions that are set out at E3 and E4. In all that you do, you must be mindful of any potential negative impact on us and, if you become aware of anything that could affect us, you must bring it to the attention of the Chair quickly (E3).

Appendix C

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

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

1. Introduction

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

2. Who is Responsible?

- 2.1 The Chair has delegated authority to deal with all potential breaches of the Code, unless the allegation relates to him/her. In that event, the Vice Chair should take on the responsibilities that the protocol allocates to the Chair. It may be necessary to ask other members of the Management Committee to take on responsibilities should the allegation relate to both the Chair and Vice Chair.
- 2.2 The Chair should consult with other office-bearers (or members of the Management Committee) to instruct, progress and conclude internal and external investigations carried out in accordance with this protocol.
- 2.3 The Scheme of Delegation identifies who has primary responsibility for overseeing the management of alleged breaches of the Code of Conduct.

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

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

3. What Constitutes a Breach?

- 3.1 A breach of the Code of Conduct is a serious matter. This Protocol is a process that will apply to managing and/or responding to alleged breaches of the Code of Conduct. Breaches can include:
- Conduct by a Management Committee member during a meeting (which might involve a member being obstructive, offensive or disregarding the authority of the Chair or failing to observe Standing Orders)
 - Complaints that the conduct of a Management Committee Member has failed to meet the requirements of the Code of Conduct; is contrary to ELHA's Values, Rules or policies; threatens the reputation of ELHA; risks bringing the organisation into disrepute or undermines ELHA and/or its people
 - Inappropriate behaviour towards colleagues, staff, customers or partners
- 3.2 Some complaints and/or concerns may relate to relatively minor matters, whilst other may involve more significant issues. Consequently, different approaches are likely to be appropriate, depending on the details of individual circumstances, recognising that it may not always be appropriate to undertake a formal investigation in response to an isolated and/or relatively minor issue.

4. Initial Review to Determine if Further Investigation Required

- 4.1 When a complaint is received or a concern is raised, consideration should be given as to which is the most appropriate course of action. This may (but may not) require some initial review of the complaint or allegations before concluding on a specific approach. The review should be carried out by those members of the Management Committee appointed in accordance with 2.2 of this Protocol, with support from the Chief Executive if required.
- 4.2 It may be that such a review concludes that there is no substance to the concern or allegation. Depending on the circumstances, it may be appropriate to report the outcome of such a review to the Management Committee. This might be the case, for example, if an anonymous complaint is received which cannot be investigated because of a lack of information.
- 4.3 Anonymous complaints or allegations can be difficult to resolve but, in the event that anonymous information is received or made known, an initial review should be undertaken to establish whether there is the potential for any substance to the concern. If so, an investigation should be undertaken, although it is recognised that it may not be possible to conclude

any such investigation satisfactorily.

- 4.4 Minor issues, actions or conduct at an internal meeting or event are unlikely to constitute a breach of the Code of Conduct that warrant investigation. The Chair (and other office bearers) should exercise their judgement in determining which of the courses of action set out in this Protocol is more appropriate.
- 4.5 Two routes are described in this Protocol: Route A and Route B.
- 4.6 SHR requires that alleged breaches of the Code which are to be investigated under either Route A or Route B must be regarded as Notifiable Events, in accordance with the terms of the SHR's Statutory Guidance. The Chair is responsible for ensuring that the necessary notifications are made to the Scottish Housing Regulator, and that the SHR's requirements (as set out in the relevant guidance²⁰) in terms of reporting the outcome of the investigation are met.

5. Route A

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

²⁰ Scottish Housing Regulator (2019) [Notifiable Events guidance](#)

significant issues emerge, or actions are repeated.

6. Route B

- 6.1 Route B will involve formal investigation of repeated breaches or an alleged significant/major breach. Investigations may be conducted internally or independently, according to the circumstances and people involved.
- 6.2 An investigation under Route B will usually be overseen by the Chair and another office-bearer or Management Committee member.
- 6.3 The Chair or office-bearer, in consultation with the other office-bearers, will decide whether to instruct an independent investigation or carry out an internal investigation.
- 6.4 In the event that the Chair or other office-bearer is the subject of a complaint, an independent investigation should be conducted, overseen by the Vice-Chair and another Management Committee member.
- 6.5 If the Chair is likely to be involved in an investigation (e.g. as a witness), it will be necessary for the office bearers to consider who should be involved in overseeing the investigation.
- 6.6 The Chief Executive can support the implementation of the Protocol (unless involved in the issue, in which case the role should be assigned to another senior member of staff).
- 6.7 Our scheme of delegation identifies who has primary responsibility for overseeing the management of alleged breaches of the Code of Conduct (see section 2.3)
- 6.8 Allegations of a potential breach should normally be made to the Chair or, where the complaint relates to the Chair, to another office-bearer. Where a complaint is made to the Chief Executive, the matter should immediately be notified to the Chair.
- 6.9 Alleged breaches may be the subject of written complaints or allegations; they may also be witnessed by someone. However the alleged breach is identified, the Chair and Secretary should ensure that there is always a written statement of the complaint or allegation that is used as the basis for the investigation. If no written complaint is made, the statement of the matter should be prepared by someone unconnected to the event/situation (e.g. a verbal complaint made by a Management Committee member should be recorded by someone who was not present when the issue arose – this could be a member of staff).
- 6.10 The Management Committee member who is the subject of the complaint/allegation that is to be investigated will be notified in writing of the

alleged breach within seven working days, either of occurring or of receipt of the complaint. A Management Committee member who is subject to an investigation should take leave of absence until the matter is resolved. Rule 37.8 of the 2020 Model Rules contain the provisions to secure this. The letter will inform the Management Committee member of the nature of the potential breach, the arrangements for the investigation and will advise that leave of absence will be in place for the duration of the investigation. Management Committee members are expected to co-operate with such investigations²¹.

- 6.11 An alleged breach of the Code of Conduct which is being dealt with via Route B will be notified to the Management Committee, normally by the Chair or Secretary, within seven working days, either of occurring or of receipt of the complaint. The notice (which should be confidential) will not describe the detail of the complaint and will set out the proposed arrangements for investigation, including who will conduct the investigation and which members of the Management Committee are responsible for its oversight.
- 6.12 The appointment of an external Investigator (when it is decided to be the appropriate response) should be approved by the Management Committee members responsible for overseeing the investigation.
- 6.13 An internal investigation (when it is decided to be the appropriate response) will be carried out by at least two and not more than three Members of the Management Committee, who are not responsible for overseeing the investigation. In selecting the Management Committee members, we will seek to ensure that the investigators represent the profile of the Management Committee.

7. Investigation Under Route B

- 7.1 The conduct of an investigation should remain confidential, as far as possible, in order to protect those involved (witnesses, complainant(s)) and the Management Committee member(s) who are the subject of the complaint.
- 7.2 All investigations will be objective and impartial. Investigations will normally be investigated by an independent person, unless it is decided that an internal investigation is appropriate.
- 7.3 Investigations should not usually take more than six weeks to conclude.
- 7.4 The investigator(s) will be supported by the Chief Executive (or other senior member of staff if the Chief Executive is involved in the complaint). The Chair and other office-bearer, with any support they feel necessary, will brief the

²¹ Code of Conduct F7

agreed advisor/investigator and then consider their recommendations at the end of the investigation, before reporting to the Governing Body.

- 7.5 All investigations will be the subject of a written brief which sets out the Management Committee's requirements and which includes the statement of the alleged breach (scope, timescale, reporting requirements, access to information etc.). The brief may refer to any action previously taken that is relevant.
- 7.6 All investigations will include at least one interview with the Management Committee member who is the subject of the allegation, who will be invited to provide any relevant information. The interview(s) may be conducted face to face or remotely (by telephone or video call). Management Committee members may be accompanied during an interview by a friend (at their request), as a companion to provide support and not to represent. It is not appropriate for another Management Committee member to fulfil this role nor is it appropriate for the RSL to meet any costs (other than reasonable expenses as provided for in the relevant policy) in respect of a companion's attendance.

8. Considering the Outcome of the Investigation

- 8.1 The advisor/investigator will normally present their report to the Management Committee. Before doing so, the report will be reviewed by those overseeing the investigation to ensure that the Brief has been met and that the report is adequate to support the Management Committee's consideration and decision making.
- 8.2 The Management Committee member whose conduct is being investigated will not be party to any of the discussions relating to the investigation.
- 8.3 The report will be considered at a meeting of the Management Committee, which may be called specifically for this purpose. It is the responsibility of the Management Committee to consider the report and findings from the investigation and to determine:
- Whether there has been a breach
 - How serious a breach is
 - What action should be taken
- 8.4 The Management Committee will report the findings of the investigation and the proposed action to the member concerned within seven days of the meeting at which the report of the investigation was considered.

9. Action to Deal with a Breach

- 9.1 If, following investigation, a breach of the Code is confirmed, action will be taken in response. This action will reflect the seriousness of the circumstances. It may take the form of some or all of the following:
- A discussion with the member concerned (which may be confirmed in a subsequent letter)
 - advice and assistance on how their conduct can be improved
 - the offer of training or other form of support
 - a formal censure (e.g. in the form of a letter setting out the conclusions, expressing concern and specifying that there must be improvement / no repetition etc)
 - a vote to remove the Member from the Management Committee
- 9.2 Where, it is concluded that a serious breach has occurred, the Management Committee may require the member to stand down from their position in accordance with the Rules.
- 9.3 If the Management Committee proposes to remove a member, following investigation, the member will have the right to address the full Management Committee before their decision is taken at a special meeting called for that purpose. Any such decision must be approved by a majority of the remaining members of the Management Committee, in accordance with Rule²² (44.5)
- 9.4 A record of the outcome of an investigation will be retained in the Management Committee member's file at least 12 months.
- 9.5 The outcome of any investigation will be notified to the Scottish Housing Regulator, in accordance with the requirements of the Notifiable Events Statutory Guidance.

10. Definitions

- 10.1 ELHA will regard the following actions as a "serious breach" of the Code of Conduct (this list is not exhaustive):
- Failure to act in our best interests and/or acting in a way that undermines or conflicts with the purposes for which we operate.
 - Support for, or participation in, any initiative, activity or campaign which directly or indirectly undermines or prejudices our interests or those of our service users, or our contractual obligations.
 - Accepting a bribe or inducement from a third party designed to influence the decisions we make.
 - Consistent or serious failure to observe the terms of the Code of Conduct.
 - Serious inappropriate behaviour towards a colleague, member of staff, tenant, customer, partner or stakeholder

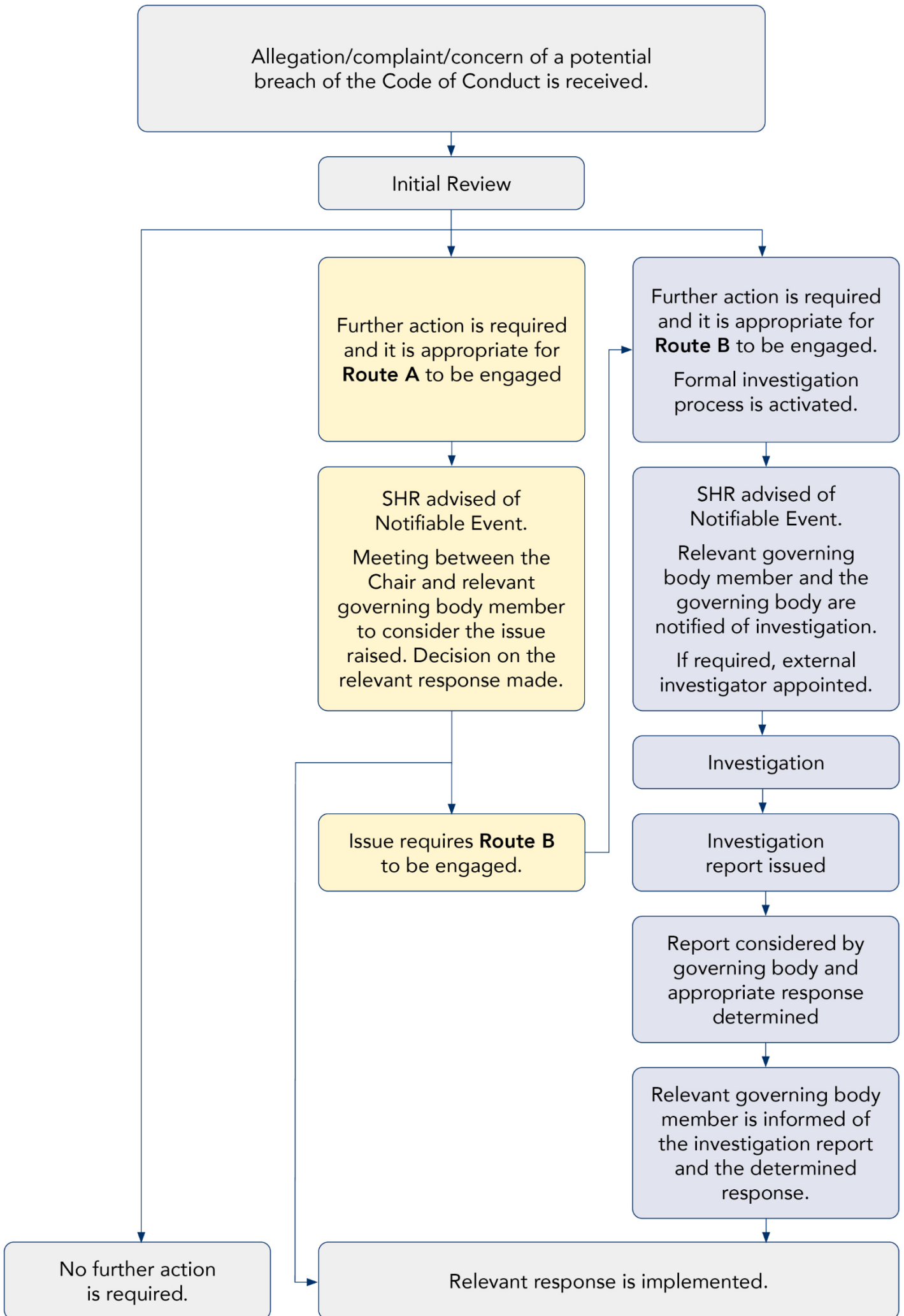
²² SFHA Model Rules (2020)

11. Approval and Review

- 11.1 This protocol was approved by the Management Committee of ELHA on 30 September 2021. It will be reviewed as and when the Scottish Federation of Housing Association's (SFHA) issue any updates to the Model.

Appendix D

Flowchart Summarising Protocol Process



Secretary's Report – for homologation

1.0 Membership

No new membership applications received to date.

2.0 Use of Seal for Homologation

New member certificate Number 386 – Mr John Gordon, Prestonpans

New member certificate Number 387 – Ms Morag West, Tranent

Recommendations

The Management Committee is asked to homologate the use of the Seal.

Governance Review Working Group Report

Report by Paul Hillard, Working Group Chair – for approval

1.0 Introduction

A short-life Governance Review Working Group (GRWG) was established at the February 2024 Management Committee meeting. The GRWG will continue to report to each Management Committee meeting until the Governance Review is complete. At this point the GRWG will be disbanded.

1.1 Revised Remit for the Working Group

The original Remit envisaged the Working Group being disbanded once the consultant's report was received. However, the Management Committee agreed that the Working Group should continue to operate for a further short period of time to oversee the implementation of the recommendations made in the report, and as noted in this report. Accordingly, a revised Remit is attached as **Appendix 1** to this report for approval.

2.0 Working Group Meeting on 5 September 2024

In receiving the final report from Altair, the Management Committee agreed the following key principles:

- That the Management Committee will change its title to the Board
- That the Audit & Assurance Committee is disbanded and replaced with a Risk & Audit Committee
- That the Chair of the Management Committee cannot be a member of the Risk & Audit Committee
- That the Governance Standards Working Group and Remuneration Working Group are amalgamated and replaced by a permanent Governance Standards Committee
- That the role of Secretary is in future held by a member of the Senior Management Team (other than the Chief Executive, it is proposed that the Director of Housing, who has Deputy Chief Executive responsibilities, takes on this responsibility, subject to appropriate changes to the relevant delegated authorities)

- That the Corporate Risk Panel is disbanded, and risks assessed by the Senior Management Team in line with the proposed Risk Management Framework

These changes cannot happen immediately, as they will require new Terms of Reference to be established for the Board and other Committees, the Standing Orders will need to be updated, and possibly the Rules amended. However, the following steps can be taken immediately:

- In the spirit of the approvals to date, the Chair of the Management Committee should not be appointed as a member of the Audit & Assurance Committee (see **Agenda Item 2.2**)
- The Corporate Risk Panel and R3 Risk Group have been disbanded (the new software is being configured and risk reporting, initially to the Audit & Assurance Committee and R3 Board, will start as soon as initial risk assessment work is completed)

In the meantime, the rest of the existing governance framework will continue to operate as normal, with appointments made as normal for the 2024/25 Management Committee year (see **Agenda Item 2.2**).

However, the Working Group considered and signed off draft Terms of Reference for the new Risk & Audit Committee at the meeting (attached as **Appendix 2** to this report). This was a useful discussion, with the conclusion being that a similar exercise was required in terms of draft Terms of Reference for the Board. An additional meeting was convened to progress this (see Section 3.0 below).

The Board and Risk & Audit Terms of Reference are being developed from generic models. It was agreed that, given the unique nature of the Governance Standards Committee to be established, there was little point in the Working Group trying to draft these Terms of Reference. Once draft Terms of Reference for Risk & Audit Committee and Board are agreed, the Chief Executive would be asked to work with the Association's solicitors, Anderson Strathern, to prepare final versions for the Management Committee to review. Anderson Strathern would also be asked to prepare Terms of Reference for the Governance Standards Committee (noting that the name of this Committee was still to be agreed).

In the meantime, the Senior Management Team were expected to draft a Scheme of Delegation, in particular in relation to policy document approvals, and to seek advice from Anderson Strathern on that draft. In addition, the Senior Management Team will work on a revised Corporate Calendar, including draft agendas for the meetings.

It is hoped that this work can be progressed in time to allow the Working Group to review final documents in advance of the next Management Committee meeting on 27 November 2024. If this is achieved, then relevant approvals can be sought from the Management Committee to allow the new governance framework to be introduced from that point. In practical terms, this would mean the November 2024 Audit & Assurance Committee and Management Committee meetings continuing as planned, along with the Governance Standards Working Group meeting scheduled for 24 October 2024.

Finally, the Working Group discussed composition of the Health & Safety Committee and Joint Consultative Committee (JCC). Employers in Voluntary Housing (EVH) confirmed that there was no requirement from EVH for Health & Safety Committee or JCC to have Management Committee representation or be part of the formal governance structure, however EVH reminded the Management Committee of their responsibilities in terms of Health & Safety and as employer.

The Working Group agreed that Health & Safety responsibility could be delegated to staff with appropriate reporting in place. However, the Working Group had differing views in relation to JCC, and decided to consider this further in due course.

3.0 Working Group Meeting on 23 September 2024

This meeting is scheduled to take place after the issue of papers for this meeting, and therefore an update will be provided at the meeting. If they are agreed at the meeting, draft Terms of Reference for the Board will be circulated prior to the Management Committee meeting.

I would like to note that, despite retiring at the AGM, Joyce Bolan attended the Working Group meeting on 5 September 2024, and has also agreed to attend this meeting. It has been very helpful to have Joyce's input into this process, given her long experience with the Management Committee and as Secretary of the Association, and her commitment "right to the end" is very much appreciated.

Recommendation

The Management Committee is asked to approve the revised Remit for the Governance Review Working Group, and to Delegate Authority to the Chief Executive to:

- (a) Approach Anderson Strathern to advise on Terms of Reference for the proposed Board and Sub-Committee structure;
- (b) Ask Anderson Strathern to revise Standing Orders and advise on any Rule changes that may be required to implement the proposed new governance structure;
- (c) Prepare a draft Scheme of Delegation and ensure this is properly reflected in the documentation produced by Anderson Strathern; and
- (d) Prepare a revised Corporate Calendar including draft Meeting Agendas to support the new governance framework.

Governance Review Working Group Remit

1.0 Role and Composition

- 1.1 The Management Committee is ultimately responsible for all aspects of the governance of ELHA and is committed to ensuring that excellent governance is demonstrated throughout the organisation's activities.
- 1.2 The Governance Review Working Group (GRWG) has been established by ELHA's Management Committee in accordance with Rule 58.1. Its aim is now to support the implementation of ELHA's Governance Review, to be undertaken in 2024/25, including the implementation of the Decision Time risk management and digital governance software solution. The specific delegated authority and purpose of the GRWG is set out below.
- 1.3 The GRWG will have six members as nominated by the Management Committee. The membership will be the Chair and Vice-chair of the Management Committee, plus the members of the Governance Standards Working Group (GSWG). The quorum for meetings is three members.
- 1.4 The GRWG will be a short-life working group which will conclude its activity following the implementation of the revised governance structure and the introduction of the Decision Time software.
- 1.5 The GRWG will meet as required.
- 1.6 The GRWG will be supported by ELHA's Senior Management Team who will act as principal advisers.

2.0 Delegated Authority

- 2.1 The Management Committee has delegated specific authority to the GRWG as follows:
 - (a) To review the advice given by the Association's solicitors, Anderson Strathern, in relation to Rules, Terms of Reference and amendments to Standing Orders and other Schemes of Delegation to allow the GRWG to make relevant recommendations to the Management Committee.
 - (b) To consider other aspects of practical implementation of the new governance framework and the recommendations contained within the consultant's report, and to report to the Management Committee any findings or recommendations.

3.0 Purpose

3.1 The GRWG is established to:

- (a) Oversee the implementation of a revised governance structure, based on the recommendations contained within the consultant's report. It is important to note that neither the GRWG or the Management Committee are required to implement all of the recommendations made, and the GRWG should advise the Management Committee accordingly in considering all the recommendations made and whether or not they are taken forwards.
- (b) Oversee the procurement of appropriate legal advice in developing the new governance framework, and make relevant recommendations to the Management Committee.
- (c) Undertake any other tasks, related to the above, which the Management Committee may consider appropriate.

4.0 Resources

4.1 In respect of the activities described in this remit, the GRWG will be supported and advised by the Senior Management Team.

4.2 The GRWG has open access to all staff and Management Committee members to enable the terms of this remit to be fulfilled.

5.0 Reporting

5.1 An update report on the activities of the GRWG in respect of the discharge of the responsibilities described in this remit will be presented to every meeting of the Management Committee until the Working Group is disbanded.

6.0 Term of Establishment

6.1 The establishment of the GRWG was agreed by the Management Committee in February 2024 to oversee an initial review of governance arrangements. A revised Remit was agreed in September 2024 to oversee implementation of the findings of the governance review. It is established as a short-life working group and will be disbanded once its remit has been achieved. It is anticipated that this will be by September 2025 at the latest.

Risk & Audit Committee Terms of Reference

Functions

General

1. Advise ELHA's Board on whether there is an appropriate culture of control, assurance and risk management throughout the organisation.
2. Ensure that there is a transparent procedure in place for the selection, periodic review and agreement of fees for the External and Internal Auditors.
3. Appoint both the External and Internal Auditors, subject to any ratification required at the Annual General Meeting.

External and Internal Audit

4. Discuss with the External Auditor, the nature and scope of the Audit, prior to its commencement.
5. Discuss findings arising from any Interim and Final Audit, and any matters the External Auditors may want to discuss (in the absence of staff if necessary).
6. Consider and agree ELHA's Accounting Policies and recommend their adoption by the Board.
7. Review the Annual Financial Statements from the perspective of compliance with Accounting Policies, Standards, law and regulations, and their consistency with prior reporting of financial results during the year, advising the Board on any matters of discretion available within the Annual Financial Statements.
8. Agree the Internal Audit Plan, and monitor the performance and progress against that Plan.
9. Agree Management Action Plans from agreed Internal and External Audit recommendations (or similar), and constantly monitor their implementation.
10. Review the External Auditors' Audit Findings Report and Management's Response, and submit them to Board for consideration, along with the Letter of Representation.
11. Encourage co-operation and co-ordination between Internal and External Auditors.

12. As a matter of principle, and to ensure that their independence is not compromised, the Committee should meet with the External Auditors at least once a year without any staff being present.

Internal Controls

13. Establish and oversee systems of delegation and internal control.
14. Keep under constant review the effectiveness of those internal control systems and have responsibility for recommending to the Board the Annual Statement of Internal Control.
15. To commission, where necessary and with the approval of the Board, special investigations into matters of particular concern relating to internal controls.
16. To ensure that the impact of alleged or fraudulent activity on the organisation's framework of internal control is properly assessed and, where it considers it necessary, to recommend changes to strengthen the control framework.
17. To receive reports relating to any matters of whistleblowing or alleged or actual fraudulent activity that may have an effect upon the organisation (or any of its subsidiaries) and ensure that any necessary reports about fraud are made to the Regulator.

Risk

18. Using ELHA's Risk Management Framework, ensure the appropriate identification and management of risk so as to minimise and take appropriate action in respect of those risks which could adversely affect ELHA's ability to meet its business objectives and deliver services successfully.
19. Continuously monitor ELHA's Risk Map, including for the identification of new risks and for the changing context of risks already identified.
20. Resolve ELHA's strategy for addressing insurable risk, including the maintenance of adequate insurance cover, ensuring ELHA's assets and resources are subjected to agreed acceptable levels of insurable risk.
21. Establish and review ELHA's Business Continuity Plan (including the disaster recovery plan).

Other

22. Consider any proposals to change Scheme of Delegation and Financial Regulations.
23. Ensure that systems are in place to ensure Covenant Compliance.

24. Approve the review of all ELHA policies regarded by Board as policies which are relevant to these Terms of Reference.
25. To review ELHA's Gifts & Hospitality Register at least once per year.
26. To review ELHA's Contracts and Procurement Register at least once per year.

Authority and Access to Information

27. The Committee should meet at least annually with the External Auditors and Internal Auditors without any staff being present.
28. The Committee is authorised by the Board to obtain outside legal or other independent professional advice up to a value agreed by the Board and to secure the attendance of third parties with relevant expertise and experience if considered necessary.
29. The Committee Chair will report the exercise of this authority to the Board Chair together with the advice received. Unless the Board Chair is of the opinion that to reveal the advice would compromise any investigation or to do so would be contrary to the interests of ELHA, all relevant facts relating to the advice will be reported to the Board at its next meeting or as soon as appropriate thereafter.
30. The Committee has right of access to information within its Terms of Reference and shall receive the co-operation of ELHA's staff so as to be able to carry out its responsibilities.

Accountability

31. The Committee is accountable to the ELHA Board for the fulfilment of the responsibilities delegated to it as set out in this Terms of Reference.
32. All Committee members share responsibility for its decisions and should act only in the interests of ELHA and not on behalf of any constituency or interest group.
33. The ELHA Board will obtain assurance on the Committee's work via reports and regular verbal feedback from the Committee Chair on all of the Committee meetings. Minutes of Committee meetings are available to all Board members at all times.
34. The Chair of the Committee will ensure that key issues are promptly brought to the attention of the ELHA Board.
35. The Committee will report formally on its work to ELHA's Board on an annual basis.

Composition

36. The Committee will have a membership of six (one of which will be the Committee Chair, appointed by the Committee), with the ELHA Board having the ability to appoint up to one additional independent member.
37. The ELHA Board should aim to include an individual as a member of the Committee who is a member of a recognised accountancy body.
38. The Chair of the Board and the Chair of the R3 Board may not sit on this Committee. The Chair of the Board and the Chair of the R3 Board may attend by invitation of the Committee.

Quorum

39. The quorum for the Committee will be three.

Frequency of meetings

40. The Committee will meet four times per year.

Review

41. The ELHA Board has approved these terms of reference and they will bind the Committee from (date).
42. The Committee shall carry out an initial review of the structure, delegated responsibilities, reporting arrangements and terms of reference after two years and report its conclusions to the ELHA Board, including any recommendations for change.

Working Away from the Office Policy

Report by Martin Pollhammer, Chief Executive

1.0 Policy Review

A desktop review of the Working Away from the Office Policy was carried out by the Executive Support Officer (HR) and Corporate Services Manager. Some changes were required to the existing information to reflect the new IT systems and processes in place. A section regarding home working has also been added at 3.1 to formalise ELHA's guidance on this post pandemic. These changes are tracked in the attached **Policy Document**.

2.0 JCC Review

A full review of the policy has been carried by the JCC and the suggested changes were agreed. No further amendments were identified.

Recommendation

The Management Committee is asked to approve the Working Away from the Office Policy.

Date Issued	August 2011
Reviewed	November 2019
Department	Management
Title	Working Away from the Office Policy
Objective	Protection of the Group’s Data/Information whilst working out-with the office premises
Responsible	Chief Executive
Next Review Date	November 2024

1.0 INTRODUCTION

1.1 Security and protection of Data and other key information in any format is one of our key principles. All staff must practice safe working behaviours when working away from the office (mobile working/agile working) to ensure we do all we can to prevent theft, loss, or misuse of information. The Use of Information Technology Procedure has a section on “Remote Access” and will be regularly updated.

A breach of information security can have serious consequences. These consequences and these can include:

- Disclosure of personal information
- Breach of GDPR interruption in the Group’s ability to deliver services
- Financial loss related to correcting the situation
- Legal actions
- Reputational damage
- Erosion of tenant and customer trust

1.2 This Policy offers guidance for safe practices while working away from the office and will be referred to as mobile working throughout the policy. It is intended to guide staff using mobile device and help them understand their responsibilities and obligations. However, the same principles apply to paper-based information. **Appendix 1** shows the responsibilities of staff while mobile working.

2.0 DEFINITION

2.1 This policy covers the access to, transportation, storage and processing of information by employees who occasionally work away from the office, and those who frequently move from location to location. Mobile working provides employees with the flexibility to conduct the Group's business from virtually any location and at any time.

2.2 Mobile working typically involves access to the Group's information by use of the following devices:

- Laptops
- Home PC's
- Palmtops/Tablets(handhelds/personal digital assistants)
- Mobile Phones

~~2.3 Although this policy does not cover home working, it does cover occasional working from home by office-based staff (see Working from Home on an Occasional Basis Procedure). No procedure held for working from home on an occasional basis~~

~~Occasional working from home may be considered where it promotes more efficient working and would not be detrimental to the organisation. Regular day to day work will not normally be considered as appropriate work to be undertaken at home. obsolete~~

~~If a Manager thinks that it is appropriate for a member of staff to access work from home on an occasional basis, they must seek approval the Senior Management Team by completing the "Request to Work from Home" form (**Appendix 2**) OBSOLETE PROCEDURE FOR 60-40 REMOTE WORKING WITH MANAGERS' PERMISSION?~~

~~If approved, it is the Manager's responsibility to control when a member of staff works from home.~~

3.0 WORKING FROM HOME

3.1 General Guidance

The normal place of work is Head Office, however, individuals can work remotely with the prior agreement of their Line Manager.

Whilst neither a hard and fast rule, a target, or an expectation, normally staff members should spend at least 60% of the working week in the office or other normal workplace, and no more than 40% of the working week working from home.

There is no expectation for individuals to work from home at all and desk space will be available for all staff members to work 100% of their week from the office if they wish.

No fixed days will be agreed and there will be no contractual right to work from home on any given days. There may be similar times or days when individuals work from home each week, but all staff must be able to come into the office during core hours on any given day if required. In exceptional circumstances, that can include being asked to come into the office during a day when they are working from home.

3.2 Flexibility

In some individual cases, additional flexibility above and beyond the [general guidance](#) stated above may be considered. If an individual feels they need to work in a way not covered by [this general guidance](#), then they should speak with their Line Manager in the first instance.

3.3 Equipment for Working from Home

Unless individuals have been issued with company owned IT kit for field work, they must provide their own IT kit and have a suitable place to work should they wish to work from home.

In order to work from home, a Home Working Assessment Form must be completed. This is available from the Corporate Services Manager and is reissued on an annual basis.

3.4 Mild Illness and Working from Home

An individual may work from home if they are unwell but feel well enough to work. This will only be the case if the job allows and they are able to work remotely (see below).

The individual must agree working of this nature with their Line Manager. Where it is felt home working due to [mild illness](#) is required, the individual should contact their Line Manager as soon as possible on the first day of the illness and agree whether or not working from home is appropriate. If it is not possible for the individual to work from home and they are not able to attend the office, any absence as a result would be classed as sick leave.

The Group sees working from home when not feeling 100% as a pragmatic and sensible thing to do for all concerned. It is encouraged that staff do this, although staff can come into the office if they feel unwell (but well enough to work) if they insist.

In exceptional circumstances, we may consider a short term loan of IT and other office equipment to allow individuals to work from home when they have a mild illness, but in general terms staff should ensure they have the appropriate equipment to work from home, if they wish to work in this way in future if they are ill.

A Working from Home Risk Assessment must be completed for working from home due to illness also. This form can be obtained from the Corporate Services Manager.

4.0 ACCESS CONTROL

Work information can be accessed using the above devices either remotely (accessing information directly from the work's server) or portably (using another device which holds and transports information).

Access to the network when working remotely will always be accessed with Two Factor Authentication, this will be a password of your choice and an authentication prompt code. Monitoring system access will be remotely will be monitored by Office 365 reporting.

~~4.13.1~~ Remote Access

Staff permitted to work remotely will be given a procedure from Corporate Services on how to access the network with two factor authentication.

~~There are two levels of remote access, – both access levels will require Two Factor Authentication~~

~~Access to e-mail and calendars (Outlook) only, and
Access to e-mail, calendars and the IT network (the electronic file structure)~~

~~The Senior Management Team is responsible for approving the remote access rights of individual members of staff and only authorised members of staff are permitted to access the Group's IT network remotely using devices either supplied by the Group or their own device (e.g. home PC/laptop, handhelds etc).~~

~~4.3.2~~ Remote Access to Security

Any staff member accessing the network remotely must, adhere to the following guidance:

There device is two factor authenticated.

- If accessing the network in public places, this must be kept to an absolute minimum due to the threat of overlooking and GDPR breaches.
- ~~They must keep accessing the network in public areas to an absolute minimum, due to the threat of 'overlooking'. Any member of staff choosing to access the network in public areas which results in any related incidents will have to explain why they had to access the network in a public place and the efforts they made to protect the information.~~
- They must not leave equipment, being used to access the network unattended at any time and must sign out when finished.

4.3.3 Working with Portable Devices

A portable device should **never** contain any personal or sensitive information and information must never be transferred to a home PC/laptop.

Data pens or CD's, should not be used unless there is a business reason for this and permission must be obtained from a Line Manager together with the Data pen being checked by IT Support. If a Data Pen is used the data must be deleted once the information is no longer required by IT Support.

~~whether belonging to the Group or a member of staff, should always be virus checked each time it is used, these items should only be used if authorised by a Senior Manager and returned to IT Support once no longer required. All data must be erased from them. Care must be taken not to mislay them when out of the office.~~

Where devices such as PDA's could be used to access e-mail or our network, they must be PIN protected.

5.0 GROUP SUPPLIED EQUIPMENT

These are devices that are supplied to staff by the Group and will normally consist of equipment such as laptops Tablets, mobile phones etc. All equipment is checked and maintained by the Corporate Services Department. An inventory of all Group equipment is held within the Corporate Services Department and is security marked.

Where the Group has supplied any form of data device, only the member of staff it is supplied to is authorised to have access to it unless they have explicit permission (from a member of the Senior Management Team) to provide access to the device to another staff member. Any member of staff allowing access to an unauthorised person, deliberately or inadvertently may be subject to disciplinary proceedings.

5.4.1 Looking After Group Supplied Equipment

Staff ~~must~~should take good care of Group equipment devices and take all reasonable precautions to prevent damage, loss or theft. In the event that a device is stolen, staff will ~~be expected to~~ report the theft to the police immediately and obtain an incident number. This should then be reported to the Corporate Services Manager and their line manager.

Each new device normally comes with a warranty. Staff members must report to the Corporate Services Department any damage that has been caused to a device, so as not to invalidate this warranty.

All incidents relating to the security of the portable device should be reported immediately to the line manager. As well as theft this also includes:

- Disclosure of data to an unauthorised person
- Loss of data

Negligence in the care of devices or failure to report loss or damage at the earliest opportunity may result in disciplinary action being taken against the staff member concerned.

5.2 Security of Equipment

Equipment should not be left unattended at any time and devices should be password protected.

65.0 STAFF OWNED EQUIPMENT

~~Staff who work from home on an occasional basis, must ensure that their equipment has been regularly updated with Microsoft updates and has an active anti-virus application may occasionally work from home using their own equipment however use of this equipment must first be authorised by a member of the Senior Manager Team.~~

~~Staff who access Outlook or the network remotely using their own equipment are normally expected to be liable for any costs incurred (e.g. internet connection for home computers and network charges for mobile phones).~~

65.1 Security While Using Own Equipment

Whether a member of staff works remotely or uses a portable device with their home equipment, they must never store any work information on their personal equipment.

~~Only Members of staff who have been authorised by the Senior Management Team are allowed to access Association Information at home in any form, on any media.~~

When using a home PC or Laptop, no family member is allowed access to this when Association work is being carried out.

When using a home PC or Laptop in conjunction with any portable device, no family member is allowed to use this device or have access to the data held on it. This is only to be used for work purposes.

Staff must ensure the security of information within their home from theft, as well as ensuring that unauthorised individuals are not able to see information or access systems.

If possible, all devices should be password protected.

If a member of staff uses their own data pen for storing and transporting information, this **must** be virus checked by the Corporate Services Department each time it is used.

76.0 STAFF LEAVING THE GROUP

Staff leaving the Group must return their device(s) to the Corporate Services Department. The Corporate Services Department will agree the returned equipment against their records to confirm that all equipment has been returned.

78.0 REVIEW

This Policy will be reviewed by the Chief Executive at least every five years. The absence of such a review will not cause it to lapse.

APPENDIX 1

RESPONSIBILITIES OF STAFF

Security

- When using a mobile device or paper-based information, staff must ensure that no one other than themselves has access to this information
- Staff must ensure that no personal or sensitive information is stored on any mobile device
- Staff must take due care of mobile devices when moving between the office and other sites
- Staff must use the Group's own devices for mobile working whenever possible
- No family members may use any Group mobile devices. The equipment is supplied for the staff members' sole use
- Staff must never store the only version of a document on mobile computing devices. The primary document should be saved on the secure network drive (j Drive)
- Staff must report to their line manager immediately if they have lost any actual information or suspect loss, theft, or misuse of information
- Staff must report to the police and then their line manager any loss or theft of a mobile device
- Staff must not use public devices (e.g. internet cafes etc) to access work information
- Any member of staff wishing to use any device not owned by either themselves or us (e.g. a computer owned by a friend or other family member) must get prior authorisation from a member of the Senior Management Team
- Staff must not install or update any software on to any of the Group's mobile devices without authorisation from Corporate Services
- Staff must not install any screen savers on to any of the Group's mobile computing devices
- Staff must not change the configuration of any of the Group's mobile devices without authorisation from Corporate Services
- Staff must not install any hardware on to any of the Group's mobile devices without authorisation from Corporate Services
- Staff must report all faults with mobile devices to the Corporate Services department immediately

APPENDIX 2

Request to Work from Home

Part A – Request

Manager Making Request:	Staff Member who request is for:
Request Date:	Department:
Outline of why this is being requested including a description of the type of work to be undertaken:	
What Association equipment is being used:	
What personal equipment is being used:	
I confirm that I have read the Working Away from the Office Policy and understand my responsibilities therein	
Staff Member Signature:	
Manager's Signature:	

Part B – Authorisation

Approved by Senior Management Team	Date:
	Signature:

Part C – Activation

Remote Access Set Up by Corporate Services	Date:
	Signature:

Original to be kept in Corporate Services and electronic copy to be passed to the Executive Support Officer for staff member's personnel record.