

TRUST HOUSING ASSOCIATION LIMITED

Audit and Performance Committee Meeting held on the 3 February 2026 at,
Trust Housing Association, 12 New Mart Road, Edinburgh, EH14 1RL.

Present at meeting:

Board Members

Ian Mitchelmore
David Knight
Mary Niven
Steve McGowan

Officers in Attendance

Rhona McLeod, CEO
Zoe Purdie, Director of Finance & People
Neil Ferguson, Director of Business Development & Digital
Jackie McIntosh, Director of Assets & Sustainability
Jenny Wallace, Director of Customer Experience
Annette Brown (Governance & Business Support
Manager, Minute Taker)

Auditors in Attendance

Martin Ritchie (TIAA – via MS Teams)
Andy Shaw (AAB – via MS Teams)
George Appleyard (AAB – Via MS Teams)

IAN MITCHELMORE IN THE CHAIR

Agenda Item	Detail
1.	Chair's Opening Remarks
1.1	Ian Mitchelmore, Vice Chair, of the Audit & Performance Committee, welcomed committee members, the Executive Team, Martin Ritchie from TIAA, Andy Shaw from AAB and George Appleyard from AAB to the meeting.
1.2	The committee agreed to the meeting being transcribed in addition to a formal minute being taken.
2.	Declarations of Interest
2.1	There were no declarations of interest recorded.
3.	Apologies
3.1	Apologies were noted for Ali Ross, Graham Curran and Laura Bornatici.
4.	Previous Minute of the Audit and Performance Committee Meeting of 4 December 2025.
4.1	The minutes from the Audit & Performance Committee held on the 4 December 2025 were proposed by Mary Niven and seconded by David Knight.
4.2	Decision: The minutes were approved as a true and accurate record of the meeting.

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5.	Action Tracker
5.1	The Committee reviewed the action tracker and agreed that action 7.13 from the 24 July could be marked as complete and removed from the tracker.
6.	Q3 – 2025/26 Performance Report
6.1	Neil Ferguson, Director of Business Development & Digital, presented the Q3 Performance Report to the committee. He advised that Q3 covers the period up to the end of December 2025 and it was another positive set of results particularly in terms of the Void Task Force and Complaints.
6.2	The committee discussed the following exceptions:
6.3	<p>Average Days to Complete Non-Emergency Repairs:</p> <p>Trust completed 6243 non-emergency repairs in an average response of 6.4 days. This is slightly above the 25/26 target of <=6 days. The committee noted that Trust continues to have exceptional performance levels in terms of emergency repairs.</p>
6.4	David Knight, Board Member, queried the performance figures in relation to the comments received as part of the rent consultation regarding delays in repairs and asked if this indicated an underlying issue. Jackie McInotsh, Director of Assets & Sustainability acknowledged the comment about delays and explained that in the context of the overall volume of repairs completed it was a very small proportion. It was noted that communication gaps, aspirations and expected standards also play a significant role.
6.5	Steve McGowan, Board Member, queried the pattern of repairs and asked if it varies across the year. Jackie advised that repairs performance can vary mainly due to weather events with summer sometimes being the quieter months.
6.6	<p>% of properties with 2 valid EICR certificates in the past 5 years.</p> <p>In Q3, 97.49% properties held a valid EICR, representing a small decrease of 0.72% from Q2. The committee discussed EICRs noting that the percentages can be affected due to the nature of the housing stock rather than underlying safety failures e.g. groups of properties requiring remedial work which will affect the figures until the remedial works are complete. Access issues also have an impact on the figures.</p>
6.7	The committee noted that the EICR indicator will never reach 100% because of the change in law to a 5 year cycle however it should remain above the target of 60% which is reviewed annually.
6.8	Steve asked if the forced access policy has ever been implemented. Jackie confirmed that unfortunately the forced access policy has been implemented in some cases.
6.9	<p>Damp & Mould Inspections</p> <p>The committee noted that the measures for the damp and mould indicator for 25/26 no longer accurately reflect what is now being measured. Jackie explained that this</p>

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	<p>was due to a combination of new ARC indicators and the transition of the management of Damp & Mould onto Rubixx. The inclusion of work orders within the reported timescales as part of the new ARC indicators has also led to a significant increase in the total days reported. The Executive assured the committee that the issue will be resolved when new targets are set to take into account the inclusion of work orders. The Executive assured the committee that damp and mould cases are being managed in an appropriate way.</p>
6.10	<p>% Tenancy Offers Refused The percentage of tenancy offers refused increased to 24.8% which is within the 25/26 target of <=25%, and well below the Scottish average of 32.4%. Reasons for refusals are monitored with many refusals being down to customers not being ready to move or not being in a financial position to move.</p>
6.11	<p>Lets v's Terminations During Q3 25/26, there were 105 terminations and 106 properties let, making 1 more let in the quarter than terminations. Jenny Wallace, Director of Customer Experience advised that the target of 5 is proving difficult to meet due to the customer base and high level of terminations each quarter. However, given the time of year there were less terminations than expected and the targets on average days to let were exceeded.</p>
6.12	<p>Welfare Benefits Advice Financial Gains There continues to be significant demand for the Welfare Benefits Service significant with financial gains of over a million pounds for customers in Q3. The committee noted the excellent results the team continue to gain per quarter.</p>
6.13	<p>% Staff Absence The overall absence rate in Q3 was 6.52%, which is an improvement from Q2 but remains marginally above the 25/26 target of <6.5%. At present there are 14 employees on long term absence with more positive results expected in Q4.</p>
6.14	<p>The committee discussed the recent Care Inspectorate Inspection results which were very positive. Jenny advised that the team received feedback regarding external agency staff accessing digital Care & Support plans. At present, due to licensing and cyber security concerns, agency staff have not been given access to the digital care plans however the team continue to work to find a solution to this issue while ensure the organisation's data is protected.</p>
6.15	<p>Decision: The Committee noted the Q3 Performance Pack</p>
7.	<p>Internal Audit Update</p>
7.1	<p>Zoe Purdie, Director of Finance & People, introduced the Internal Audit update to the committee which covers the cyber security audit report, customer engagement audit report, audit tracker and the internal audit plan for 2026/27 and 2027/28.</p>

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7.2	Martin Ritchie from TIAA joined the meeting via MS Teams to provide an update on the cyber security audit and customer engagement audit.
7.3	<p>ICT Review of Cyber Security</p> <p>Martin advised that the ICT Review of Cyber Security received reasonable assurance which is a positive outcome in terms of cyber security audit reports. The report states that Trust has established a cyber security framework proportionate for its size however there is always room for improvements.</p>
7.4	The committee noted the recommendations and operational actions raised in the report and welcomed the assurances that the cyber security measures Trust have in place are proportionate to what is required.
7.5	Ian Mitchelmore, Vice Chair, asked if there could be new issues to consider since the initial Quoram assessment was carried out in 2022. Neil Ferguson, Director of Business Development & Digital advised that a new report will be commissioned in 2026 however they expect the fundamentals to remain the same.
7.6	The committee noted the volume of work included in the programme. Neil explained that cyber is a complex area, with an ongoing programme as opposed to a one off improvement plan. The ultimate aim is to have no 'high' or 'critical' actions on the plan.
7.7	The committee discussed AI in relation to cyber, acknowledging that AI can increase the risk of an attack but it can also provide more assurances around security in some aspects.
7.8	<p>Assurance Review of Customer Engagement (Scrutiny, Engagement and Satisfaction)</p> <p>Martin presented the Customer Engagement report to the committee which received substantial assurance due to various examples of good practice in customer engagement.</p>
7.9	The Executive advised that work would continue to improve customer engagement and will focus on how Trust manage expectations around engagement and encourage more customers to be involved. Martin advised that this was a consistent issue across the sector.
7.10	<p>Internal Audit Recommendation Tracker</p> <p>David queried the internal audit recommendation tracker and asked why some of the actions appear to remain open for a long period. Martin advised that the tracker reflects not just completion of actions, but the need for sustained implementation over time and follow-up testing. This can lead to dates extending across multiple quarters. The Executive assured the committee that if there were any delays or issues with a recommendation it would be reported back to the committee.</p>
7.11	<p>Internal Audit Plan</p> <p>The committee noted the internal audit plans for 2026/27 and 2027/28 and asked for clarification on the differences between an audit and a readiness review. Martin</p>

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7.12 7.13	<p>advised that a readiness review is a pre audit. Zoe explained that factoring is an area of the business that sits on the periphery and a lot of change is expected in the area in the coming year e.g. staffing changes and a proposal to move factoring into TEL. It is hoped that a readiness review will provide support to the new team in advance of the expected changes.</p> <p>Decision: The committee approved the annual audit plan for 2026/27</p> <p>Martin Ritchie left the meeting</p>
8. 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9 8.10 8.11	<p>8. External Audit Update</p> <p>8.1 Zoe Purdie, Director of Finance & People, introduced the external audit report which requested the committee approve the annual plan for 2026 and a direct award to AAB who are entering their 5th audit year.</p> <p>8.2 Andy Shaw, External Auditor, AAB, presented the report to the committee stating that AAB expect 2025/26 to be a stable year for Trust with no major changes to the audit approach than in previous years.</p> <p>8.3 George Appleyard, External Auditor, presented the significant risks which included;</p> <p>8.4 Management override of controls and fraud risk - which is a standard significant risk for all audits.</p> <p>8.5 Pension scheme valuation - due to the level of judgement involved in actuarial assumptions. Audit work will focus on reviewing those assumptions, understanding their impact on the financial statements, and performing analysis.</p> <p>8.6 Revenue recognition – which has been added as a significant risk due to the nature of the organisation’s income streams.</p> <p>8.7 Going concern- unlike the previous year, going concern was not assessed as a significant risk, reflecting the organisation’s healthy balance sheet and overall financial stability.</p> <p>8.8 The committee discussed the appointment of a new CEO and questioned the impact this would have on the stability of the year. AAB advised that the new appointment does have a part to play but it will have more of an impact on the next audit.</p> <p>8.9 The committee approved the annual audit plan and timetable for the year ended 31 March 2026.</p> <p>8.10 Andy Shaw and George Appleyard from AAB left the meeting</p> <p>8.11 The committee discussed the reappointment of AAB as external auditors and the constraints in relation to the market. Following due consideration, the committee unanimously agreed to award a direct contract of 3+1+1 to AAB.</p>

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8.12	Decision: The committee approved the audit plan and timetable for the year ended 31 March 2026
8.13	Decision: The committee approved the direct award of a 3+1+1 contract to AAB.
9.	Health & Safety Update Q3 2025/26
9.1	Jackie McIntosh, Director of Assets & Sustainability, presented the Health & Safety report for Q3.
9.2	The committee noted that there were zero incidents, accidents, or near misses reported during Q3. While this is a positive result it was acknowledged that this can raise concern about under reporting so continued emphasis is being placed on teams to report near misses/accidents.
9.3	The committee noted the appointment of a new Health & Safety Co-ordinator who is becoming established in her role. It was noted that she has recently completed fire safety assessment training and is progressing planned fire risk assessment work.
9.4	The committee discussed practical arrangements around access to the business continuity plan (BCP) and how the document is accessed by the team in the event of an emergency.
9.5	Decision: The committee approved the updates to the Crisis Management Plan.
10.	Cyber Security Update - see <i>private minutes</i>
11.	GDPR & FOI Update
11.1	Annette Brown, Governance & Business Support Manager presented an update on GDPR and FOI to the committee.
11.2	The committee noted the ongoing work behind the scenes, particularly on the Data Loss Prevention Project (DLP) which helps to manage the sharing of files and data outwith Trust.
11.3	The committee noted that Trust's GDPR and Data Protection policies will be updated towards the end of 2026 once the Data Use and Access Act is fully implemented and the SFHA have released their new guidance documents on this topic.
11.4	Annette advised that Trust continues to receive a steady volume of FOI requests which are being managed appropriately, with no matters of concern or escalation required. The number of Environmental Information Requests (EIRs) and Subject Access Requests (SARs) continue to be relatively low.
11.5	In terms of data breaches, the DLP system flagged a small number of high-risk emails. All were intercepted before leaving the organisation, reviewed, and found to have

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<p>11.6</p> <p>11.7</p>	<p>legitimate reasons for release, meaning no reportable data breaches occurred. A series of training sessions took place towards the end of 2025 to reinforce understanding of subject access requests, FOI duties and data handling responsibilities.</p> <p>The committee noted that Trust will respond to a consultation launched by Scottish Government who are looking to extend FOISA to care homes and care at homes services.</p> <p>The committee noted the report.</p>
<p>12.</p> <p>12.1</p> <p>12.2</p> <p>12.3</p>	<p>Risk Register</p> <p>Zoe Purdie, Director of Finance & People introduced the risk register and advised that the Executive Team and Leadership Team will review the risk register in more detail to ensure that it is in line with the proposed new strategy and that there are no gaps.</p> <p>The review is scheduled to take place in March with a view to bring the updated risk register to the board for approval in May.</p> <p>The committee noted the risk register which had no significant amendments.</p>
<p>13.</p> <p>13.1</p>	<p>Any Other Business</p> <p>None</p>
<p>14.</p>	<p>Date of Next Meeting – Wednesday 27 May 2026 (in person, Norton House Hotel, Newbridge)</p>