

Confidential – For Discussion

Agenda Item 11.5

Date of Meeting: 27/08/25

To: The Management Committee

From: The Chair

Subject: Outcome of Mid-Year Performance & Training Review
2024/25– Confidential

1. Introduction and Purpose

- 1.1 In accordance with our Protocol for the Management, Appraisal and Support of the Director, the Director has twice yearly performance and training reviews (PTR) which are carried out by the Chair and Vice Chair.
- 1.2 The normal basis of the review is the Director’s work plan which is signed off by the Chair and Vice Chair at the beginning of each financial year. The work plan reflects our strategic objectives and the annual priorities/objectives to be delivered. It is based on the Annual Plan of Priorities for the Director.
- 1.3 The purpose of this report is to present the outcome of the Year-end PTR, which covers the period April 2024 – March 2025. The PTR was carried out by the Vice Chair and me on 14th May 2025

2. Director’s Performance and Training Review (Year-end)

- 2.1 There are two main documents that form the review. The first is the work plan which shows the results as at 31st March 2025, using the R.A.G. system. Committee is reminded it was presented with the year-end results of the Director’s Annual Plan of Priorities 2024/25 at its May meeting. This provides a clear indication of the extent of which the Director has delivered on her work plan. The second document is the PTR form which covers: any significant pieces of work carried out which were not part of the work plan; demonstration of applying our core values; training undertaken and proposed training for the next year and any challenges faced over the period which impacted on the Director’s ability to deliver her work plan.

2.2 Work Plan 2024/25

2.2.1 The outcome of the review of the Director's work plan did not highlight any particular concerns. With the exception of the following, all objectives and tasks have been "achieved".

Delivery of Committee Training Programme – all but 2 training sessions had been completed. The Risk Management training didn't take place in December, as insufficient number of committee members were able to attend, resulting in the event being cancelled at short notice. We recognised this was out with the Director's control and is not a reflection on her ability to deliver this task. The session on "Rosehill's Core Values" did not take place due to other training organised. The Risk Management training will be carried forward into Committee's 2025/26 Training Programme. Committee is to decide whether they want the "Values" training rescheduled for 2025/26.

Carry out Policy Reviews as per Timetable – all but the following policies were reviewed in line with the timetable:

- Codes of Conduct (for committee and staff)
- Protocol for dealing with alleged breaches of the Committee Code of Conduct
- Entitlements, Payments & Benefits Policy

The above documents and Policy were due for review in January 2025. However, these are all model documents produced by SFHA of which Rosehill is not a member. The Director arranged to purchase these model documents, but they were not received in time to be reviewed and presented at the January meeting. They were subsequently presented at the March meeting for approval.

- Scheme of Delegated Authority
- Standing Orders

The above documents were due for review in March, however, the Director wished input by our Governance Consultant. To enable this to happen, the review was postponed until April, at which time the revised documents were presented to Committee for approval.

There were 2 further objectives put on hold and one cancelled as follows:

Potential Development of former Gowanbank School Site

This was subsequently put on hold as Glasgow City Council had confirmed no funding would be available in 2024/25 or 2025/26.

Identify additional skills required and use for recruiting two co-optees to Committee. This was put on hold by the Director, as previously reported to Committee, following discussions with our governance consultant who suggested it may make sense to hold off filling these two vacancies until the constitutional change had taken effect. This would mean that we could have a wider recruitment campaign.

Audit Scotland: National Fraud Initiative – Pilot for RSLs. The task was to submit required data to AS. This task was originally put on hold, as previously reported to Committee, as the secondary processing issue that had arisen had not yet been resolved. However, the Initiative was subsequently cancelled by Audit Scotland as the issue had still not been resolved.

2.2.2 We are satisfied that the Director has delivered on her work plan in the main. Whilst the work being done by the Director to deliver Rosehill's objective to change its constitution was recognised at her mid-year review in October 2024, we acknowledged that work continued into the second half of the financial year. This resulted in our name change and new rules being registered with the FCA at the end of October and being registered as a charity with OSCR on 13th November 2024. We reiterated our recognition of all the hard work and commitment the Director demonstrated to achieve this important objective.

2.2.3 Further assurance of the Director's successful delivery of her work plan, can be evidenced by, for example, ensuring our assurance framework remains effective and up-to-date and continues to evolve which enables Committee to confirm it has adequate assurance to submit our Annual Assurance Statement; implementation of our internal audit programme and ensuring any arising recommendations are implemented, successfully obtaining re-accreditation for Cyber Essentials Plus, co-ordinating and overseeing the business planning processes including the annual business planning event and tenant consultation on our proposed objectives for the coming year and, production of the Annual Business Plan 2025/26.

2.3 PTR Form

2.3.1 At the mid-year review, we were pleased to note, for the first time, the Director had confirmed that there were no additional, unforeseen tasks that had arisen in the first 6 months that significantly impacted her work plan. We were pleased to note that this more or less remained the position for the last 6 months of the financial year. However, recognised that the absence of a Manager in the last 2 months of the financial year had meant the Director had to step in and deal with some matters.

2.3.2 In terms of our core values, the Director clearly demonstrated how she applied these in her work and gave two strong examples relating to “Excellent and Committed” and “Fair and Approachable”.

2.3.3 The Director had undertaken various training including topics such as knowing the codes, refresher training on GDPR and FOI and, prevention of fraud and anti-bribery. For the coming year the Director will take part in any organisational wide training such as cyber security for the Management Team.

2.4 Overall summary

2.4.1 It has been a busy year for the Director but refreshing that her attention and work has not been unduly affected by other matters, not contained within her work plan. It is recognised that the first 9 months were dominated by objectives/tasks relating to the constitutional change. Despite this, she has delivered on other key objectives/task in her work plan, examples of which are given at para 2.2.2 and 2.2.3.

2.4.2 We had no specific recommendations or any particular action points that need to be addressed. We hope that now having a full complement of Managers in place will continue to have a positive impact on the Director’s workload.

3. Risk

3.1 When considering the matter of the Director’s appraisal we have identified the main associated risks under the following risk categories and the measures taken to mitigate such risks.

Risk Category	Mitigating Measure
<p>Governance:</p> <ul style="list-style-type: none"> • Fail to deliver our business plan commitments and strategic objectives; • Management Committee unaware of any key performance issues affecting the ability to deliver our business plan and strategic objectives 	<p>The Director has an Annual Objectives/ Priorities Plan which is used to produce her work plan. This is reviewed and signed off by the Chair and Vice Chair. The work plan forms the basis of the Director’s twice-yearly appraisals.</p> <p>Having an effective system in place for appraising the Director, which is carried out by the Chair and Vice Chair. The outcome of which is subsequently reported to the Management Committee.</p>

<p>Legislative and Regulatory:</p> <p>Fail to meet Regulatory requirements and in particular Regulatory Standards:</p> <p>4 (and guidance 4.3) 5 (and guidance 5.5) 6 (and guidance 6.7)</p>	<p>Reviewing and signing off the Director's work plan ensures the governing body sets the senior officer's objectives (guidance 6.7)</p> <p>Carrying out twice yearly appraisals and reporting outcomes to the Management Committee ensures:</p> <ul style="list-style-type: none"> • The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives. (guidance 4.2) • The governing body meets its responsibility to carry out appraisals of the senior officer. (guidance 5.5) • The governing body is satisfied that the senior officer has the necessary skills and knowledge to do his/her job. (guidance 6.7)
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4. Delivery of our Strategic Objectives

Area	Related Strategic Objective(s)
Carrying out Director's Appraisal.	7) Achieve the highest standards in all that we do

5. Application of our Core Values

Area	Related Core Value(s)
Carrying out Director's Appraisal.	Invest and Support; Accountable and Compliant; Efficient and Responsible; Excellent and Committed

6. Compliance and Assurance

- 6.1 By conducting appraisals of the Director's performance and reporting the outcome to Committee we are complying with Regulatory Requirements as follows:

Compliance Source	Details
The Standards of Governance and Financial Management for RSLs	<p>Standard 4 - The governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation's purpose.</p> <p>Guidance 4.3 - The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives.</p> <p>Standard 5 – The RSL conducts its affairs with honesty and integrity.</p> <p>Guidance 5.5 - The governing body is responsible for the management, support, remuneration and appraisal of the RSL's senior officer and obtains independent, professional advice on matters where it would be inappropriate for the senior officer to provide advice.</p> <p>Standard 6 - The governing body and senior officers have the skills and knowledge they need to be effective.</p> <p>Guidance 6.7 - The governing body is satisfied that the senior officer has the necessary skills and knowledge to do their job. The governing body sets the senior officer's objectives, oversees performance, ensures annual performance appraisal, and requires continuous professional development.</p>

6.2 Evidence Bank

Evidence	Assurance Exercise Location
<ul style="list-style-type: none"> Report for 03/07/24 meeting 	<ul style="list-style-type: none"> Regulatory Standard 4 – Guidance 4.3 Regulatory Standard 5 – Guidance 5.5 Regulatory Standard 6 – Guidance 6.7

6.2.1 Committee is reminded that our Assurance Exercises are available in the Committee Log-in Area of our website, which Committee can access at any time.

7. Summary

7.1 Committee is asked to consider the outcome of the Director's year-end performance and training review and is invited to discuss any matters arising from this report.