

Confidential – For Discussion

Agenda Item 10.3.2

Date of Meeting: 03/07/24

To: The Management Committee

From: The Chair

Subject: Outcome of Year-End Performance & Training
Review – 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 Due to the extended financial year for 2022/23 which ended on 31st March 2024, the Director's year-end PTR was carried out on 10th April 2024.
- 1.3 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 Section Operational Plan the Director is responsible for delivering. With the last financial year being extended by 6 months, an interim review was carried out on 13th September. At this session, the Vice Chair and I signed off the extended work plan for the Director to cover the period 1st October 2023 to 31st March 2024. The outcome of the interim review was reported to Committee at its October meeting.
- 1.4 The purpose of this report is to present the outcome of the Year-end PTR, which focused on the extended 6 month period, as the interim review had considered the Director's work plan and results for the period 1st October 2022 to 30th September 2023.

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

- 2.1 There are two main documents that form the review. The first is the extended work plan which shows the results as at 31st March, using the R.A.G. system. 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 Extended Work Plan

2.2.1 The outcome of the review of the Director's work plan did not highlight any particular concerns. The vast majority of tasks/objectives were achieved with only two tasks being partially achieved and one not being achieved. In summary these are:

- Attendance at Greater Pollok Area Partnership – the Director had to submit her apologies for one meeting due to pressing work priorities;
- Review of Governance Policies – all but one policy had been reviewed which was the ICT – Acceptable Use Policy. This policy review was postponed due to our IT provider researching alternative secure methods for sharing data with external bodies. The Director advised at the time of her review, that the use of SharePoint was currently been tested. If this served our business needs the Director would then instruct our IT Provider to disable usb ports on staff laptops and block unmanaged data sharing websites such as dropbox. Following that she would complete the review of the Policy and was looking to a timescale of May 2024;
- Committee Induction – this had to be postponed at the time due to other pressing work priorities, which resulted in the task not being achieved. Although it is recognised, that some collective Committee training had taken place and the constitutional review process had been a good learning opportunity for all committee.

The tasks relating to devising communication documents for our members/tenants over the proposed constitutional change had been postponed. This was because our Governance Consultant had advised communication shouldn't begin until Committee had approved the new rules. As Committee is aware the Rules were only approved at the March meeting along with the first information leaflet to be issued to members/tenants. The leaflet was issued in April.

2.2.2 We are satisfied the Director has in the main delivered on her work plan objectives despite ongoing challenging times. Assurance of this can be evidenced by, for example, the delivery of our annual business plan; ensuring our assurance framework remains effective and up-to-date which enables Committee to confirm it has adequate assurance to submit our Annual Assurance Statement; implementing the various processes required in relation to the proposed constitutional change; implementation of our internal audit programme which saw the audit on Governance, which is a key responsibility of the Director, receiving a strong assurance rating, which is the highest rating that can be achieved.

2.3 PTR Form

2.3.1 We recognised that with the Finance Manager leaving in November 2022 and using the services of an accountancy firm to provide key financial services, this has caused additional work for the Director. She has been more involved in “signing off” key financial pieces of work, she was involved in the renewal of our insurance and has had to take on, line management duties for the Senior Finance Officer. With the subsequent notification of the Senior Finance Officer’s retirement, both the Finance Manager and Finance Officer posts have been advertised.

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 “Accountable and Compliant” and “Fair and Approachable”.

2.3.3 The Director had undertaken various training including topics such as cyber security. For the coming year the Director will take part in any organisational wide training such as knowing the codes, data protection and equality and human rights. She is planning to look at any training that may be available relating to being a charity and in particular being a charitable registered housing association.

2.4 Overall summary

2.4.1 Despite the challenges of staff turnover and particularly the Finance Manager leaving and using the services of an accountancy firm, the Director has managed to minimise the impact on her ability to deliver her work plan. It has been another busy year for the Director not least of which relates to preparing for the constitutional change and we acknowledge that this piece of work will feature heavily in her work over the first half of the new financial year.

2.4.2 We had no specific recommendations or any particular action points that need to be addressed. We hope that the recruitment for the two finance posts will be successful which should 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
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<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 operational 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 4.2) 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)

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. Delivery 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 4.2 - 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 his/her job. The governing body sets the senior officer's objectives, oversees performance, ensures annual performance appraisal, and requires continuous professional development.</p>
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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 4.2 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 note the outcome of the Director's year-end performance and training review and is invited to discuss any matters arising from this report.