

**Confidential – For Discussion**

Agenda Item 13.4

Date of Meeting: 25/02/26

To: The Management Committee

From: The Chair

Subject: Outcome of the Director's Mid-Year Performance &  
Training Review 2025/26

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**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 Mid-Year PTR, which covers the period April 2025 – September 2025, which was carried out at the end of October.

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

- 2.1 There are two main documents that form the review. The first is the work plan which shows the results as at 30<sup>th</sup> September 2025, 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 second half of the year and any challenges faced over the period which impacted on the Director's ability to deliver her work plan.
- 2.2 Work Plan 2025/26
  - 2.2.1 The outcome of the review of the Director's work plan did not highlight any concerns. I am pleased to report that all objectives/tasks had either been achieved or being achieved.
  - 2.2.2 We are satisfied that the Director is delivering on her work plan. Assurance of this 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 and carrying out policy reviews in line with timetable. A particular highlight was the strong assurance rating achieved for the internal audit on our AAS framework. There had been no recommendations made and 14 areas of good practice had been identified.

2.2.3 We recognised the positive mid-year outcomes with no objectives/tasks failing to be achieved.

## 2.3 PTR Form

2.3.1 We were pleased to see that 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 recognised that the Director can still be pulled into other matters but nothing had arisen that had a detrimental effect on her ability to deliver on her work plan.

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 “Invest and Support”.

2.3.3 The Director had undertaken various training including topics such as Critical Incidents – supporting staff after trauma; damp, condensation and mould and refresher training on cyber security. She also attended the first session of the Senior Officers’ Group, held by GWSF which was about Managing the pressures on committee/board members. For the remainder of the year the Director will take part in any organisational wide training. 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 It was a busy first half of the 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 was a strong start to the year, with all objectives and tasks either achieved or being achieved at the half year point.

2.4.2 We had no specific recommendations or any particular action points that need to be addressed.

### 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"> <li>• Fail to deliver our business plan commitments and strategic objectives;</li> <li>• Management Committee unaware of any key performance issues affecting the ability to deliver our business plan and strategic objectives</li> </ul>	<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"> <li>• The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives. (guidance 4.3)</li> <li>• The governing body meets its responsibility to carry out appraisals of the senior officer. (guidance 5.5)</li> <li>• The governing body is satisfied that the senior officer has the necessary skills and knowledge to do his/her job. (guidance 6.7)</li> </ul>

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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. 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><b>Standard 4</b> - The governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation's purpose.</p> <p><b>Guidance 4.3</b> - The governing body challenges and holds the senior officer to account for their performance in achieving the RSL's purpose and objectives.</p> <p><b>Standard 5</b> – The RSL conducts its affairs with honesty and integrity.</p> <p><b>Guidance 5.5</b> - 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><b>Standard 6</b> - The governing body and senior officers have the skills and knowledge they need to be effective.</p> <p><b>Guidance 6.7</b> - 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"> <li>Report for 25/02/26 meeting</li> </ul>	<ul style="list-style-type: none"> <li>Regulatory Standard 4 – Guidance 4.3</li> <li>Regulatory Standard 5 – Guidance 5.5</li> <li>Regulatory Standard 6 – Guidance 6.7</li> </ul>

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 mid-year performance and training review and is invited to discuss any matters arising from this report.