

Confidential – For Discussion

Agenda Item 14.5

Date of Meeting: 27/11/24

To: The Management Committee

From: The Chair/Vice 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 Mid-Year PTR, which covers the period April 2024 – September 2024.

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 30th September 2024, 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 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” or are “being achieved” – objectives/tasks that go beyond the first 6 months of the work plan.
 - Explore potential to work with SWAMP re: providing a range of support/services to our tenants. This was scheduled to take place during August to November. At the time of the PTR, this task hadn’t

commenced as the Director's priority was delivering the constitutional change and a successful outcome for the member ballot at the SGM in September. She had made initial contact with SWAMP in September and it is agreed she will follow this up before the end of November.

- **Identify additional skills required and use for recruiting two co-optees to Committee.** This was put on hold by the Director, and as previously reported to Committee, following discussions with Linda Ewart 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. However, the Director advised that a tenant had expressed some interest in joining the Committee, who she will follow-up with once the constitutional change has taken place. If the tenant remains interested and has attended at least one committee meeting to observe, their appointment to the Committee would be through a co-option, which Committee would need to approve.
- **Audit Scotland: National Fraud Initiative – Pilot for RSLs. The task was to submit required data to AS.** This task was on hold, as previously reported to Committee, as the secondary processing issue that had arisen had not yet been resolved. As at the time of the PTR, the matter had still not been resolved.

2.2.2 We are satisfied that the Director is delivering on her work plan. Assurance of this can be evidenced by, for example, implementation of the various stages relating to the constitutional change and most notably the successful outcome of the member ballot at the SGM in September; 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 successfully obtaining re-accreditation for Cyber Essentials Plus.

2.2.3 We recognised all the hard work that the Director had undertaken and her commitment and dedication in relation to changing our constitution which led to the successful ballot outcome at September's SGM.

2.3 PTR Form

2.3.1 We were pleased to see that, 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. It was good to note that having the former Finance Manager back working on a temporary basis from April 2024, meant the Director could step away from overseeing key financial tasks e.g. preparation of annual accounts and

being involved in the external audit. This had a positive impact on the Director's work plan and workload in general. We acknowledge this positive impact should continue, as the new Finance Manager is now in post.

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 "Excellent and Committed".

2.3.3 The Director had undertaken various training including topics such as knowing the codes. For the coming year the Director will take part in any organisational wide training such as cyber security for the Management Team. 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 has been 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 is recognised that the first 6 months were dominated by objectives/tasks relating to the constitutional change, which will hopefully see the change completed within the first 2 months of the second half of the Director's work plan. Despite this, she has delivered on other key objectives/task in her work plan, examples of which are given at para 2.2.2.

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 | <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</p> |

| | |
|---|--|
| ability to deliver our business plan and strategic objectives | forms the basis of the Director's twice-yearly appraisals. 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. |
| Legislative and Regulatory: Fail to meet Regulatory requirements and in particular Regulatory Standards: 4 (and guidance 4.3) 5 (and guidance 5.5) 6 (and guidance 6.7) | Reviewing and signing off the Director's work plan ensures the governing body sets the senior officer's objectives (guidance 6.7) Carrying out twice yearly appraisals and reporting outcomes to the Management Committee ensures: <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 4.3 - 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 his/her 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 4.3Regulatory Standard 5 – Guidance 5.5Regulatory 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 mid-year performance and training review and is invited to discuss any matters arising from this report.