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| **COMMITTEE MINUTE RECORD**  **Minute of:** Ark Board of Management  **Date Held:** 30th May 2024, 2.00pm  **Venue:**  MS Teams  **Chair:** Ian Logan  **Secretary:** Bobby Duffy | | | |
| **Present/remote:** Mr Ian Logan (Chair),Ms Catriona Clarke (Depute Chair), Ms Joanna Mansell (left meeting at 3:39pm), Mr Dave Proudfoot, Mr David Belfall, Ms Lucy Robertson, Mr Craig Unsworth, Ms Donna Downie (left the meeting at 3:32pm), Mr Oliver Saint (left meeting at 3:59pm)  **In Attendance:** Mr Bobby Duffy (Chief Executive Officer), Ms Victoria Knox (Director of People & Organisational Development) Ms Caryn Innes (Director of Development and Customer Experience), Mr Stuart Green (Director of Finance and Digital Improvement), Ms Dana McLennan (Business Support Assistant) (Minutes) | | | |
| **ITEM** |  | |
|  | **Board of Management Pre-Session**  A pre-session took place with TC Young from 13.00-14.10. | |
| 1. | **Welcome**  The Chair welcomed all attendees to the 30May 2024 Board of Management meeting. | |
| 2. | Apologies: Mr Darcey Black, Mr Mark Hall | |
| 3. | **Declaration of Interest**  No declarations of interest were made. | |
| 4. | **Items for Approval** | |
|  | 4.1 | **Minutes of Previous Meeting held on 28 March 2024**  The Chair enquired if Members had any comments or queries regarding the 28 March 2024 meeting minutes. Mr Proudfoot highlighted that page 3 under “CEO remarks” sentence following first bullet point was not clear. This was noted by CEO who stated this would be discussed with Ms Bell (PA to CEO) (Minutes), amended as appropriate and brought back to meeting in June for Mr Proudfoot’s approval. There were no further comments or queries noted.  **Members approved the 28 March and 10 May 2024** **Board of Management meeting minutes** |
|  | 4.2 | **Actions & Matters Arising**  The action list and matters arising from 28 March 2024 meeting were reviewed and the following was noted: -  **14/12/23**  7 – Standing Orders Review Interim Finance Sub-Committee remit to be shared for discussion on 29 February 2024 BoM meeting- C/F to 30 May 24 – CEO informed committee that Standing Orders will now tie in with Governance review which is captured on Agenda therefore Item 7 to be removed.  11.2 - Training dates to be shared with the Chair – On Agenda, remove.  **29/02/24**  Item 5- Policies Version control and previous review dates to be added to the policy cover sheets- C/F to 30 May 24- Complete.  Item 10.1 – C&S Strategy C&S Strategy KPI report for 28 March 24 meeting- C/F to 30 May 24- On Agenda, remove.  **28/03/24**  Item 5 – Policies HR14 - title to be reviewed by the PPRG to ensure it is inclusive- Completed.  Item 8 – Chairs Remarks - Tenants and Residents safety training session - Date to be determined- Carry forward.  Item 11.1 – Management Accounts- Reporting format to be reviewed- Completed will present revised format to June’s meeting.  Item 11.2 – BoM Reporting Plan Process to include Members in developmental work to be included- Completed.  **Members noted updates and status of the action list and matters arising.** |
| 5. | **Policies for Approval** | |
|  | 1. HR11 Maternity Policy 2. HR42 Working Time Directive Policy   **DPOD** provided feedback regarding HR14 Personal Relationships updating board that the P & PRG group decided that policy title should remain without connected people added to maintain the distinctions between Relationships at work & connected people. Adding the title of policy was queried as policy referred to connected people within it however the group’s view was that terminology should be different to make a clear distinction between the two. **DPOD** acknowledged & thanked **Mr Belfall** for his feedback regarding policies confirming questions were answered through board portal. **DPOD** also acknowledged the recommendation made by board to be comprehensive on policy cover sheets submitted to board confirming this will continue. **Mr Belfall** asked the relevance of Ark values in every policy and if values made any difference to the context of each policy.  **DPOD** clarified that all Arks policies are underpinned by Arks values therefore it is important that they are stated within each policy also informing **Mr Belfall** that as policies move over to new template Arks values will also be updated in line with revised values of the organisation. **Mr Proudfoot** stated feeling comfortable with the status of policy cover sheets however suggested that members of board should be able to keep track of policies already read which will serve as a reminder which policies require a quick re-read under cyclical review and which require read through fully suggesting this reminder will also be beneficial to new board members. **CEO** responded that it is important that board feel reassured that the correct governance is in place surrounding the policy review group & that members within group have the necessary skills & experience to make the correct decisions. **CEO** continued that group would continue to work transparently with board adding that it may be helpful to look at what is expected from a board member in terms of policy input. **Chair** expressed that he felt it was not appropriate for the board to decide what should be reviewed in terms of policies rather the Executive Teams responsibility to bring to board anything that they felt is of significance & should not be challenged during board meetings. **Chair** closed by apologising to **Mr Proudfoot** if his understanding of his statement was different from **Mr Proudfoot’s.** **Mr Proudfoot** clarified that he feels the opposite of **Chairs** understanding that not every policy needs submitted to board only policies that he considers relevant using governance policies as an example to be brought to board for scrutiny. All other policies are around operations of the Executive Team therefore he would be happy for these policies to only come to board for approval. **Chair** brought conversation to a close suggesting that board continue to trust Executive Teams judgement to bring relevant policies to board from a standing order & governance perspective. **CEO** clarified that not every policy comes to board in its entirety apart from Governance policies. All other policies are submitted to board using cover sheets only. **CEO** suggested that board decide how much they would like to be involved in these processes to feel satisfied adding that current processes appear to be working effectively with recent feedback from board regarding more detail in policy cover sheets working well. **Chair** arranged to discuss further with **CEO** out with meeting to decide if this requires added as an Agenda item for further discussion, requested this be added to actions. **Mr Belfall** added that in addition to Governance he would like to see Insurance policies continue to be brought to board adding that policies such as HR11 and HR42 are staff related & do not require full scrutiny of the board.  **Members reviewed and approved the HR11 and HR42** | |
| 6. | **Annual Return on the Charter ARC** | |
|  | **DDCE** provided summary of Annual Return stating there was nothing additional to add other that of the covering paper. **DDCE** requested digital signature from all members to submit Arks return to the Scottish Housing Regulator (SHR.)  **DDCE** welcomed questions/feedback.  **Chair** acknowledged there is clear issue regarding tenant participation of paper highlighting concern over 28% general needs response. **Mr Belfall** raised concerns that using own staff to conduct interviews of tenant’s satisfactory survey may not give a true account of reality asking if other housing associations use this method and if SHR thinks this is acceptable. **DDCE** responded that following discussions with SHR regulator are satisfied with Ark’s approach to reach supported housing tenants. **DDCE** acknowledged paid phone survey was conducted in the past adding that survey is a lengthy one due to survey having to include key charter questions which poses challenges to tenants that may have difficulty engaging over the phone, writing & that some tenants prefer not to engage staff. **DDCE** acknowledged that there needs to be a more of a descriptive message around what participation means in relation to expectations of the tenant.  **DDCE** used example that successful estate walk abouts were well attended by general, supportive tenants & support colleagues during this tenants were very verbal in terms of what they want to happen however when asked tenants did not see this as participation and involvement in estate management process or the opportunity to influence change. Going forward **DDCE** suggested a more interactive approach using Ark’s newsletter or interactive sessions with client groups across the geographic areas.  **DDCE** stated thatHead of Housing and Customer Experiencestrategic focus this year is to look and understand these results, of the satisfaction survey & what we as an organisation need to do improve areas of non-performance, or areas of improvement using Ark’s customer data effectively, to start designing bespoke survey information and key questions possibly asked in different ways and different approaches were required. Highlighted as part of customer objectives within Rubixx there is an opportunity to create bespoke surveys using customer data to shape this.  **DDCE** suggested survey monkey to capture tenants views, would be an effective way to foster good relationships between housing officer & tenant. Acknowledged 60% feedback is positive however could be higher, attributing this to current challenges in the North impacting response rates. This will be re addresses by Neighborhood and Partnership manager along with Ark Services in the coming weeks to capture tenants feedback that was missed. **Mr Proudfoot** welcomed the content of covering report stating he felt this reflected the pages of Arks stats effectively also acknowledged feeling satisfied to that points identified by the ARC have been taken forward. **Mr Proudfoot** questioned staff turnover at 27% querying whether this was too high and if this is considered high what step were in place to address this. **DPOD** stated thatin isolation percentage looks high however from previous years is comparable and is reflective of the other care and support services. Adding that as part of the Care and Support Strategy is to look at the challenges across the service and stabilize those services.  **Members approved submission to Ark return to the Scottish Housing Regulator** | |
| 7. | **CRR TIAA Audit** | |
|  | Following Audit of risk management processes carried out last year report was received in January. **CEO** provided board with update of risk register surrounding the six recommendations that were made. Four out of six recommendations completed.   1. Corporate risk register now Strategic risk register supported by Operational risk register. 2. Risk controls have been reassessed to consider both likelihood & impact of risk to correctly assess residual risk by providing an impact statement for scores that are reduced. 3. Assurance providing activities relating to defined risk following TIAA recommendation has now been reformatted to be made clearer within register. 4. Board & Sub-Committee follow a similar structure, standardised template. Currently under development. 5. Outstanding recommendation Audit sub- committee remit to be altered to allow consideration of risk register as part of existing responsibilities delayed as now part of Governance review. 6. Outstanding recommendation review effectiveness of the Policy and Procedure Groupcompletionextended to the end of June.   **CEO** added that through this process the Executive Team have identified there is more work to be done around strategic risks and feel the board should be given an opportunity to engage and identify what they feel is important it terms of Strategic risk to the Organisation adding this would be fully supported by the board. Once agreement of corporate objectives is complete **CEO** stated he would like to carry out a detailed review on the Operational risk register to bring together & focus on the risks to achieving corporate objectives. **CEO** closed by stating both the ET focusing on key operational areas & board focusing on key strategic areas will be positive in shaping the risk register whilst bringing it up to date. Closed by stating review will be extended to quarter 3.  **Chair** stated fully supports decision for board to be involved in the strategic decision-making involving the risk register.  **Mr Unsworth** asked for clarification on who rates the risk on register asking if this an independent body or ET. Querying whether an independent body would be more beneficial. **CEO** responded that ET continues to use scoring matrix to assess level of risk and as part of the review process with ET focussing on descriptions no longer suitable to use within matrix. **CEO** stated that review of this would be brought back for the board for their agreement on how team assess certain descriptions and how that potentially impacts scoring. Regarding independent body being part of the risk process **CEO** stated that risk register has always been completed internally and if board are satisfied with the governance surrounding this which would include clearer definitions around risk team would continue to follow internal governance. **Mr Proudfoot** agreed with CEO that the matrix in its current state does rely heavily on the judgement of employees when looking at the definitions to use and that these are often organisational specific. **Mr Proudfoot** referenced the TIAA report stating he was happy to read that there may be more responsibility given to Audit Sub-Committee. **Mr Proudfoot** elaborated that in many organisations Audit sub committees are named Audit & risk committees. In closing stated that he would like to see ET continue to review risks & report back to board. **Mr Belfall** raised two queries. One in relation to the terminology used under strategic risk register stating “it is our assessment that the risk has been reduced to minor” suggested this should be changed to reflect the responsibility of board and not the Executive Team and two in relation to the operational risk register this is the case however neither are clearly defined. Closing **Mr Belfall** added that he feels it’s the responsibility of the board to ultimately decide the level of strategic risk. **Chair** brought conversation to a close stating that during the natural evolution of developing the strategic risk register it is his view that it will include the boards wishes to be part of it. **CEO** confirmed this was correct.  **Mr Proudfoot** responded that he is happy to review and approve the Risk Registers on the basis that these are transitional registers of what is already in place and will result in two separate registers once board as engaged in developing strategic risk. Happy to approve providing point three is actioned that registers will be reviewed.  **Members approved review of risk register and agreed the processes identified.** | |
| 8. | **Chair Remarks** | |
|  | * Regarding board development **Chair** apologised that he was yet to share feedback given by Executive Team stating this was held back as chair was yet to have discussion with **Ms Ewart** which would have enabled chair to offer a more detailed report back to board. **Chair** requested that action from minutes of May is carried over & feedback will be given to board regrading this before next board meeting, end of June. * Commented that during meeting with **Ms Ewart** & **CEO** it was decided that there would be further engagement with **Ms Ewart** and the recommendation of TC Young presentation fully supported. **Chair** foresees another session with **Ms Ewart** regarding roles & responsibilities and would like **Ms Ewart** to attend meeting to observe how board members roles & responsibilities work in practice. * **Chair** stated he was hoping to arrange further one to one session with members of the board however with current lack of administration support this has not been possible to arrange. * Recapped that Tenants and Residents safety training session was previously cancelled commenting that he hoped this would be rescheduled soon. * Provided feedback stating he felt pre board session prior to meeting was beneficial. * Addressed board asking members for feedback on what presentations they would like to have from either internal or external resources. Encouraged members to reflect on their own knowledge, gaps in experience to decide this and take forward by contacting **Chair** via portal or e-mail. * Provided feedback following attendance at meeting with The Scottish Housing Regulator and Executive Team. **Chair** explained he attended to represent the boards views on the information shared by the Executive Team and the scrutiny in which the board hold ET to account regarding information that is shared. Chair stated he observed a good relationship between Ark & SHR and believes as a result Ark should see a positive report.   **Mr Belfall** asked for clarity regarding **Ms Ewart's** review. He had understood that **Ms Ewart** was to focus on the review of Standing Orders, but it now appeared that she was also to review the Board's effectiveness and the performance management framework. **Mr Belfall** asked if the Board will have the opportunity to discuss this with **Ms Ewart**. Although not opposed to this **Mr Belfall** asked if the board will have the opportunity to discuss this with **Ms Ewart.**  **Chair** responded that **Ms Ewart’s** engagement with board is to provide opportunities for the board to develop both effectively together and as part of group and there will be further opportunities to engage with her. **Chair** also clarified that board development is separate from governance & risk register explaining that he will continues lead on board development whilst **CEO** continues to lead on governance structure and risk register. **CEO** responded to chairs explanation stating that initially conversation with **Ms Ewart** were around board effectiveness however it became clear through that it would be beneficial to be clear on the correct governance structure first therefore governance structure review and board development are running at the same time. **Chair** added to his early comment regarding one-to-one meetings with board members & the importance of this. **Chair** elaborated that board members have skills & experience that are valuable and is keen to explore these to develop the board as well as having the governance review run alongside this. **Mr Belfall** responded that he was surprised that **Ms Ewart** was not involved in the update of standing orders elaborating that code of governance also requires update expressing concern that this is a large volume of work. **CEO** confirmed that **Ms Ewart** is involved in both the development of the standing orders & code of governance highlighting that one of the objectives for today is to create a time frame to engage with board regarding governance review therefore an opportunity for **Mr Belfall** to discuss above points with **Ms Ewart** will follow. **Chair** confirmed there will be further meetings with **Ms Ewart** and Executive Team and one without ET present.    **Members noted the Chairs Remarks** | |
| 9. | **CEO/ Remarks/ Reports** | |
|  | * **SHR Annual Assurances Assessment Visit-** Following **Chairs** earlier comment **CEO** agreed that Ark do have a good working relationship with SHR and that meetings are always very positive. Regarding SHR visit **CEO** explained that SHR undertake annual visits to assess landlord compliance against the regulatory framework set out by SHR. **CEO** stated that himself, **Chair**, **DDCE** & **DFDI** were present during visit. Several documents were viewed by SHR giving example of the treasury management strategy and that specific questions were asked around compliance which **DDCE** was able to provide a great deal of detail. Report will follow the assessment visit which Ark will have an opportunity to view before being published on The Scottish Housing Regulator website. **CEO** foresees a positive report following an enjoyable visit from the SHR. * **Pay award 2024/25** Union agreed full pay award and is now complete. **CEO** stated liaising with **DPOD** regarding staff feedback however this has been minimal with a small number of managers reporting that staff are happy with this. * **Board Member Recruitment-** Discussions with **Chair** regarding recruitment has taken place **CEO** stating this links in with the governance structure review. **DPOD** is currently looking at a time frame for this which will be taken forward in the coming weeks. Board members from subsidiary companies were identified as favourable with experience and knowledge in fields of housing, finance, care & assets also identified as beneficial for the organisation. Forecast completion end of July with new board members joining August’s meeting. Full board members at Septembers AGM. * **Priory Office move-** Provided board with status of move. Staff will potentially work from home until the end of June to allow the IT Team to dismantle and transfer all IT equipment over to new premises. Regional manager is also in the process of organising the relocation of Priory office furniture over all support services. * **Staff recruitment-** Confirmed new PA will start on the 17th of June with current PA **Ms Bell** providing two weeks of training to new PA before retiring end of June. Acknowledged **Chairs** earlier comment regarding lack of administration support that this will be resolved once new PA starts.   **Chair** addressed board to ask if there was any objection to The Scottish Housing Regulator attending a board meeting. Board had to objections to SHR attending. **Ms Robertson** confirmed **Mr Proudfoot’s** statement that SHR have attended board management meeting in the past as part of their formal inspection.  **Members noted the CEO Remarks** | |
|  | **Items for Discussion/ Decision** | |
| 10. | **Session 2023/24** | |
|  | **Strategic Focus** | |
| 10.1 | **Treasury Management Strategy** | |
|  | **DFDI** provided summary of Treasury Management Strategy focusing on three key areas of paper for board’s approval/review.  **1.** Section 2 page 3 **Requesting approval to change deposit limits** from 1 to 2 million before diversification is activated. **DFDI** made board aware that this rule is included in procedure.  **2**. Section 6 6.1 table 3 **Requested board** **review Treasury activity** requested board pay particular attention to change in cash position from previous financial year compared to what budget and five-year plan had initially forecast. Highlighted the key drivers responsible for this is delay as timing of stage payments for new build programme and budgeted £800,000 donation from Ark services not going ahead.  **3**. Section 7 **Requesting board approval of the Treasury Management plan** which maps out the forth coming year & beyond which reflects next year including five-year financial plan figures.  **DFDI** acknowledge that in terms of treasury management perspective there it is not much activity due to lack of new loan funding or refinancing of existing loans. Highlighting the Treasury Management plan pulls out the forecast agreed position which reflects the current interest environment and update on funding across the sector. Adding although there is not much activity for the board to scrutinize from a regulator perspective it is important board are aware of the treasury managements plans which **DFDI** foresees being a routine annual process for board prior to any future funding going forward. **Chair** asked **DFDI** if requested approvals will also be submitted to finance-sub **DFDI** stated that due to time constraints, was only seeking board approval today. **Ms Clarke** asked the reason for the request to change deposit limits. **DFDI** responded that to achieve the best rate of return it would be beneficial to change deposit limit. **Mr Proudfoot** queried the title of the Treasury Management Strategy suggesting that this should be changed to updates of the Treasury Management Strategy when coming to board rather than once again being named within the five-year plan. **Mr Proudfoot** questioned whether a five-year plan is required for approval each year as not much appears to be different. **DFDI** revisited earlier point that from a regulators position this is an area is high risk therefore it is important to review five-year plan annually even if there is no change adding further that **Mr Proudfoot** has not seen much changed from last year’s financial plan as there has been little movement from a funding standpoint. **DFDI** closed by stating he foresees a lot of movement coming in terms of funding activity therefore having the correct process in place to capture this is important. **Mr Proudfoot** stated due to the terminology used in Treasury Management Strategy he had difficulty approving paper. **DFDI** welcomed any questions he may have regarding paper suggesting using board portal to discuss.    **Board Members approved.**  **1. Change in deposit limits**  **Board Members reviewed and approved.**  **2. Treasury activity**  **3. Treasury Management plan** | |
| 10.2 | **Employee Wellbeing Strategy** | |
|  | **DPOD** provided summary of Employee Wellbeing Strategy.  Following last engagement survey **DPOD** shared an update on results that were shared previously with AGM and board. Following survey, it was identified that although the organisation already has a vast amount support of around health & wellbeing however highlighted that services were not always known to staff this led to creating the health and well-being strategy. **DPOD** reported there was a high level of feedback regarding the initial survey following on from this there was a great deal of collaboration across the organisation around specific questions that came from the engagement survey which formed part of the health and wellbeing strategy. Adding there was a high level of organisational input with work being completed with the employee voices group. **DPOD** stated focus of Employee Wellbeing Strategy is on awareness raising, education, sign posting and making good use of resources already available. **DPOD** referred to **Mr Belfall’s** comment regarding cost for implementing strategy stating that budget layers across several areas from sick pay, training to various Occupational Health areas which are all considered in the five-year plan. As part of the well being strategy there is a small amount of money allocated for well-being activities which staff will have an input on how to use for this year adding on a wider scale mental health first aider plan has been implemented which was made possible by extra funding received. **DPOD** closed by stating beyond approval next steps would be to implement plan & take objectives forward with reporting framework around objectives to follow.    **DPOD** requested board focus on two key areas for review.  **1.** Pages 6 and 7 which highlight status of the health and wellbeing support already provided.  **2.** Pages 8 & 9 the Organisations plans of what Ark are aspiring to achieve, and the objectives set out to reach those aspirations.  **Mr Belfall** said that while he was happy to see the development of such a strategy and had no objections to its content, the strategy concerned a staffing matter, which was principally for the CEO unless there were financial implications for the Board's consideration. **Ms Clarke** stated there has been a huge focus on retention of staff over the years which has resulted in **DPOD** being vigorously challenged which has led to many board discussions suggesting this has resulted in the volume and frequency of information regarding this topic.  **Chair** agreed with **Mr Belfall** that strategy was largely operational however agreed it is the right strategy at the right time for the organisation. **Chair** suggested that time frame of three years may be too long asking the timeline for review and how feedback will be sought to gauge the strategies effectiveness. **DPOD** responded that following approval of strategy implementation plan would be developed with Leadership monitoring.  **Mr Proudfoot** stated having a different view of that of **Mr Belfall** highlighting that the health & wellbeing of staff directly affects the level of quality and support the organisation provides Ark’s service users welcoming not only strategy but hearing paper today. Agreed with **Chairs** opinion that board should be aware of the strategies existence and the opportunity to review paper. Mr Proudfoot stated he would like to see strategy implemented with a report back to board when the impact of strategy is known. On closing **Mr Proudfoot** asked for clarification on page 8 items 17 and 18 if this captures how managers support staff or how managers are performance managed. **DPOD** clarified that the former was correct.  **Board Members reviewed.**  **1.** Pages 6 & 7  **2.** Pages 8 & 9  **Members approved Employee Wellbeing Strategy** | |
| 10.3 | **Corporate Objectives 24/25** | |
|  | **CEO** explained that objectives form part of year two from strategy that was agreed last year**.** Referred to **DFDI** five-year financial plan and how this supports strategy. Highlighted that he hopes new reporting format make information clearer to relay to board. Reports will be provided each quarter with status of each objectiveand percentage completion for each objective along with detail surrounding this. Referenced front page and how this demonstrates that once information has been populated information will be pulled through on to dashboard to allow board to view progression. Highlighted that objectives are an accumulation of 2 years of work and is focused on not only delivery but pulling all development completed so far to action positive change. **CEO** welcomed questions.  **Mr Proudfoot** asked for clarification if objectives were from the start of the financial year and that are yet to be carried out and if he should ignore status column for the time being. **CEO** confirmed that this was correct.  **Members approved Corporate Objectives 24/25** | |
| 10.4 | **C & S Strategy KPI’S** | |
|  | Speaking on behalf of **DCS CEO** reported following approval of Care & Support strategyit was discussed how strategy implementation would be monitored along with the assumptions that were made around investment which led to Key Performance Indicators. KPI’S propose how **DCS** will report back to board regarding implementation & assumptions. **CEO** requested board review.  **1.** Section 3 appendix 5 which sets out the quality report board should expect to see which will include movement of contract hours, staff percentages, overtime hours usage, current demographic for Arks supported people which focuses on average age of supported person.  **CEO** explained that movements stated above are of particular interest as these areas are directly linked to investmentapproved in March. **CEO** informed board that **DCS** has also produceda more detailed report from an operational perspective. **CEO** welcomed questions.  **Mr Belfall** said that he very much welcomed the intention to produce staff retention and agency use figures on a quarterly basis. Indeed these were so important, not least because of the financial implications, that there was a case for presenting the latest figures to each Board meeting. In terms of care provided **Mr Belfall** asked if there were any quantitative measures to illustrate the quality of care. **CEO** responded that quality measures are included in the care & support performance report which is submitted to the Audit Sub-Committee adding that the Executive and Leadership Team will also implement a quarterly business review which demonstrates key performance indicators in each relevant area.  **Members approved C & S Strategy KPI’S** | |
|  | **Property Development and Strategy Asset Management** | |
|  | **DDCE** provided feedback regarding Penicuik and Crusader Rise Development  **Penicuik Development:**  **DDCE** passed on Ms Higgins from MD modulars thanks for having the opportunity to meet board members and stated she was looking forward to continuing project. Contract documentation has been finalised this week in a view of signing contract on 3rd of June with target for mobilisation 10th of June. Following discussions with CEO formal launch and PR opportunities are planned for week commencing 3rd of June.  **Crusader Rise Development**  Habitation with building control is still outstanding, building control are on site this week and next and challenges are currently being worked through to obtain this adding there should be a firmer update at Junes meeting.  **Members noted Penicuik and Crusader Rise Development update.** | |
| 10.5 | **Performance Reporting** | |
|  | **CEO** stated there was nothing additional to add other that of paper in addition to paper and welcomed questions from board.  **Mr Proudfoot** requested clarification on percentage of Property Repairs response times asking if 25% represents repairs that are incorrect or jobs for the same repair that are outstanding/incomplete. **DDCE** responded that percentage represents a combination of events a repair may fail, repair assessed, and contractor does not have the appropriate materials to complete job, lastly job may be bigger than first expected resulting in delay. Overall **DDCE** feels that events are a result of poor contractors which is highlighted in procurement plan to improve on. **Mr Proudfoot** requested clarification on Tenants Equality Data collecting asking why there is a delay in data being added to Rubixx highlighting that update from October 23 to March 24 is outstanding. **DDCE** responded that although she can’t be certain delay may be due to current lack of staff resources.  **Members noted Performance Reporting** | |
| 10.6 | **Complaints Annual Report** | |
|  | **DPOD** on behalf of **HCI** summarised the Annual summary Complaints Report which will be published on website. Highlighted comparison from previous years which is illustrated at the start of report. Comparisons show four years which assists inidentify any themes/trends. **DPOD** requested board review.  **1.** Page 7 Performance Indicator’s  Indicators shows a positive position around all reporting areas. **DPOD** stated that stage two complaints have increased by half a day however still within the 20-day completion target.  In closing **DPOD** stated that **HCI i**s using the Organisational learning chart to assist in refining report for next year. **DPOD** welcomed questions.  **Mr Belfall** acknowledged Annual summary Complaints Report had already been reviewed during Audit Sub meeting stating that he stated feels report is very useful as it illustrates that processes that are in place are working effectively. **Mr Belfall** asked if there were any learning opportunities following complaints and how these will be captured to improve on. **DPOD** responded that key learning points on summary page illustrates this with a complaints process around monitoring lesson learned and how these are applied to each individual complaint across the organisation. **DPOD** thanked Mr Belfall for his feedback stating this would be passed on to **HCI. Mr Proudfoot** agreed that report was a great piece of work however requoted before being published on website that report is amended as numbers do not balance highlighting on page 4 shows 57 complaints and page 6 56. **DPOD** thanked **Mr Proudfoot** for his feedback stating this would be altered before being published.  **DPOD** clarified **Chairs** summary of report that there has been a reduction of complaints this year with a slight increase in dealing with stage two complaints as stated above. **Chair** also complimented paper requested thanks be passed on to **HCI.**  **Members reviewed.**  **1.** Page 7 Performance Indicators  **Members noted Complaints Annual Report Q4** | |
| 11.1  11.2 | **Period 12 Management Accounts & Ark HA Five-Year Financial Plan: Funding Update** | |
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|  | **ACIL Exceptions Reporting** | |
|  | **Mr Proudfoot** reported ACILmeeting went well today stating no additional information to report to board.  **Members noted ACIL Exceptions Report** | |
|  | **ASL Expectations Reporting** | |
|  | **Ms Robertson** reported that meeting was moved to yesterday. **DDCE** provided an informative presentation on plans that are to be included in Ark’s services Investment and Improvement plan. **Ms Robertson** states that plans echo some of the conversations already taken place by board that earlier input in terms of being included in strategies and plans would be beneficial rather than resulting in a fait accompli. Reported it was a very helpful session which highlighted the large amount of work over the last year that has gone into the development of plan from both **DDCE** and Executive Team.  **Members noted ASL Expectations Reporting** | |
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| 12. | **AOB** | |
|  | **DDCE** provided confirmation that Ark Return was approved by board and that extract minute produced for file with **Chairs** signature added. **HCI** will submit. Chair gave consent. Meeting was closed at 16:35. | |
|  | **Date of Next Meeting: Thursday 27 June 2024** | |

**2024 Dates for Board of Management Meetings – commencing 14.00.**

**Board Member only sessions will commence at 13.30 unless agreed otherwise.**

* **29 August**
* **26 September (AGM & BoM meetings)**
* **31 October**
* **12 December**

**ACTIONS**

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| **Meeting Date** | **Agenda Number** | **Action** | **Who** | **Status** |
| 28/03/24 | Item 8 – Chairs Remarks | Tenants and Residents safety training session - Date to be determined | MB | TBC |
| 30/05/24 | Item 5- Policies & procedure processes | Chair to arrange meeting with CEO to discuss and decide if item should be added to Agenda for future discussion. | Chair | TBC |
| 30/05/24 | Item 8 – Chairs Remarks | Carried over from Mays meeting chair to give feedback from Executive Team regarding board development before next board meeting, end of June. | Chair | TBC |
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