

Board meeting

Minutes of meeting of the Board
at 5:30pm on **07th December 2021**

Board Members

Mr I Thompson (Chair)	Ms K Kennedy	Ms P Russell
Mr T Roehricht	Mrs C Lumsden	
Mrs C Jardine	Mr D McIntosh	

Attending

Jean Gray, Chief Executive Officer (CEO)	Esther Wilson, Director of Housing and Support (DHS)
Helen McMorran, Director of Business Support (DBS)	Ann Wood, Director of Care (DC)
Tom Hailey, Director of Assets (DA)	Bianca Culbert, Corporate Support Administrator
Karen Fitzsimons, Indigo House (KF)	(Minutes)
Angela Spence, Indigo House (AS)	

Apologies received

Mr John Muir	Mr J Clyne
Howard Vaughan, Director of Finance (DF)	

Minutes

Item	Subject	Action	Due Date
00	Welcome and Presentation of Validation Report from Indigo House (IH)		
a	There being a quorum present, the Chair welcomed all and opened the meeting.		
b	An especially warm welcome was extended to Tom Hailey, Interim Director of Assets.		
c	Apologies were noted from John Muir, Jack Clyne and the DF.		
d	No declarations of interest were made, or conflicts of interest noted, other than those already on record. The Chair noted that IH had asked us to publish a Register of Interests on our website.		
e	<u>Presentation of Validation Report</u> KF and AS attended the first part of the meeting to present a summary report on their validation exercise. The full report was made available to the OG SLWG.		
f	Viewpoint had asked for a very thorough review of its compliance against all Regulatory Standards (7 main standards with 50 guiding standards underneath), Scottish Social Housing Charter, remainder of the Regulatory Framework and evidence log.		
g	Those conducting the review did so with a high awareness of the context: The CEO only joined 2 years ago, there was then Regulator involvement requiring		

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	<p>significant resource input, followed by the Covid pandemic which had to be managed while ensuring the safety and wellbeing of the most vulnerable clients.</p>		
h	<p>The report is based on lots of dialogue with, and evidence provided by, Viewpoint. Considering full compliance with all standards not possible in the context given, IH have colour coded our level of compliance as follows:</p> <ul style="list-style-type: none"> • Green: fully compliant – 20 standards • Light Amber: almost compliant, strong foundations in place, some actions in relation to continuous improvement recommended – 17 standards • Dark Amber: complies to some extent, key improvements recommended in order to become fully compliant – 5 standards • Red: not compliant – n/a <p>8 standards do not apply to VHA and were therefore not assessed.</p>		
i	<p>A full audit of the Scottish Social Housing Charter would have been very time consuming, so it was agreed to instead undertake a review based on the review against Regulatory Standards. Full details and suggested actions are covered in the report.</p> <p>Viewpoint scored well in areas relating to tenant participation. Areas for improvement were identified in terms of Equalities and Human Rights, in which we were noted to be no different to other RSLs. There is currently no consistency across the sector, although clearer guidance is now forthcoming. While the Regulator is not yet expecting full compliance in relation to Equalities and Human Rights, they want to see organisations actively moving towards compliance.</p>		
j	<p>The only area of non-compliance identified in relation to the remainder of the Regulatory Framework was in relation to Landlord Health & Safety Reporting, which the Board has self-reported as an area of material non-compliance as part of their Annual Assurance Statement. KF strongly recommended addressing this as a matter of urgency.</p> <p>All other requirements were met.</p>		
k	<p>Our evidence log was considered well organised, easy to navigate and based on the toolkit from the SFHA. KF recommended linking the evidence log to the SFHA supplementary guide on Covid, given that the pandemic will remain with us for the time being.</p>		
l	<p>Good compliance in a number of areas was highlighted throughout the report – Board integrity and relationship with senior officers, exemplary Board induction, listening to customers/2-way communication with tenants, very strong treasury and risk management as well as a good approach to whistleblowing and organisational change.</p>		
m	<p>Viewpoint evidenced very good foundations in business planning which KF recommended bringing in line with recommended practice. Although half of our business was noted to be in care homes, KF considers the recommendations from the SHR generic enough to be applied across the organisation. The Implementation Plan should consider resources available and required.</p> <p>A lot of strengths were identified in relation to our Performance Management Framework and reporting, but IH recommended integrating this better.</p>		

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	Further improvement suggestions were made in relation to our financial forecasting, affordability testing, covenant monitoring and alignment of various action plans – consolidation as one action plan recommended.		
n	<p>Although we are already meeting a lot of requirements in relation to Skills and Knowledge, KF recommended better integration of those.</p> <p>We currently only have 9 out of a possible 15 Board members, which could leave us in a precarious position if we lost another Board Member. It was therefore recommended to recruit more Board Members.</p> <p>Furthermore, KF suggested consolidating all policies relating to Board effectiveness into one policy.</p>		
o	<p>The Draft Governance Improvement Plan lists all recommendations, which can be filtered by areas and Regulatory Standards they relate to, priority, etc.</p> <p>Recommendations pertaining to the evidence log are made within the evidence log itself.</p> <p>There are no set timescales for implementing those recommendations but IH provided some suggestions for consideration depending on resource requirements and other priorities.</p>		
p	DM asked what kind of resource KF would deem necessary in order to make quick changes. KF stressed the importance of strong senior level support to the CEO, DBS and other members of the senior team - DA now appointed.		
q	<p>There were no other questions for KF and AS.</p> <p>The Chair thanked KF and AS for their hard work and accepted their recommendations on behalf of Viewpoint.</p> <p>KF and AS left the meeting.</p>		
01a	Minute of previous meetings (29.10.2021 and 09.11.2021)		
a	The minutes of the meeting on 29.10.2021 were reviewed and approved as an accurate record.		
b	The minutes of the meeting on 09.11.2021 were reviewed and approved as an accurate record.		
c	The minutes of the private meeting on 09.11.2021 were reviewed and approved as an accurate record.		
d	There were no queries regarding either minute.		
01b	Matters arising and outstanding actions		
a	Matters and actions arising from previous minutes were discussed and key updates provided as follows:		
b	Action 130 - Board training will be discussed under Agenda Item 9 - Governance Report.		
e	Action 134 – The DF/CEO will circulate a schedule of remedial work.	CEO, DF	
d	All other outstanding actions were considered to be closed.		
e	There were no matters arising not on the agenda or not included in the outstanding actions log.		
02	Operational Governance Action Plan / Validation		

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a	There are 7 open actions remaining on the OG SLWG action plan, which the CEO will amalgamate with immediate actions identified by IH into one consolidated action plan, which we will require to share with the Regulator.	CEO	
b	Any actions relating to continuous improvement will be taken forward through a separate Continuous Improvement Action Plan.		
03	Finance – October Management Accounts		
a	We have received more sustainability payments from the Government and are now up to date with those.		
b	Key areas of concern remain housing void loss and care home staff cost.		
c	November was the first month in a long time where we had more relets than terminations – 19 relets. Financial figures are expected imminently and will be circulated once available. The forecasted figure will be reviewed again in January by the FR SLWG - slowly improving, although relets traditionally slow down in December.	DF	
d	The DF continues to work with the DC and HC to address staff costs in care homes.		
04	Risk Register Review		
a	Following the last Board meeting we added “Inability to deliver care to care home residents due to staff shortage” as a Red risk.		
b	Priorities and trends in other categories were also reviewed and will be considered in more detail prior to the next RAC meeting.		
c	A cover report relating to the Risk Register review had been prepared but not circulated, which the CEO will arrange retrospectively.	CEO	10.12.2021
d	The Risk Appetite spider diagram was noted to be far out with appetite in some areas now due to the new risk of staff shortage. Across the piece, we have more compliance risks than other risks. Risk Categories should give us clear areas of focus for action and can be reviewed if deemed appropriate.		
E	Mitigating actions are outlined in the Risk Register. The CEO and DC are considering care home staffing over the holiday period, working conditions, etc. We continue to lose staff, which is a national issue. We try to find out through exit interviews, now conducted by the DC herself, how we can retain staff. Most people cite pay. We are losing staff on a weekly basis to the NHS, particularly senior carers, which we spent a lot of time and money upskilling. A fortnightly working group has started to consider recruitment and retention with the HR manager and Burness Paull. We recently recruited 3 people through the Cyrenians and are keen to progress with the Refer a Friend scheme.		
F	There were no further questions on the Risk Register or Spider Diagram.		
05	CEO Update Report		
a	Staffing changes within the Exec and Leadership teams have already been shared with the Board. It was further noted that John Bain will join Viewpoint		

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	as the Director of Business Support from 5 January 2022 and will also hold the role as Company Secretary.		
B	There has also been some further movement in the HR team, where staffing has been challenging for some time and will continue to be reviewed with the Interim DBS, who has a HR background. The Senior HR Officer will be leaving at the end of this week and will be a big loss. We still have our HR/OD Manager and recruited a HR Officer who started three weeks ago.		
C	The HF is confirmed as leaving Viewpoint on 7 th January. Other organisations have recently been trying to recruit into HF positions and were not successful, so we will not be advertising for this post until January. For the short term, the workload of the HF will be distributed among other team members. The DF is currently reviewing his team also.		
D	The Care Home Manager in Marian House has stated her intention to retire – date tbc. Four applicants were interviewed for the post, and the DC hopes to make an offer to the preferred candidate tomorrow.		
E	CL asked about IT services provided by Support Key and Tullitec and queried if we were aware of any gaps in their support provision. Tullitec have been reviewing our IT provision as a whole, including team structure. Within the last year, we lost our Senior IT Officer, one of two IT Officers and also senior oversight from the HBS. Support Key are supporting with infrastructure rather than Service Development, which was identified as a gap we hope to fill by recruiting an IT Service Development Manager.		
F	Due to ongoing concerns about staffing, the CEO asked for Board Approval to further scope out a “Refer a Friend” scheme with a view to presenting a case to the Board. This was approved.	CEO, DC	2.2.2022
g	LD1 programmes are due to be completed by March 2022. This was extended by our Regulator from February 2022, as long as we can prove that we have this in hand, which we can.		
H	The budget/forecast for CaR improvements, now tendered for the second time, will be amended to reflect general price increases.		
I	Outstanding FRAs and Landlord Health & Safety checks were both raised by IH and are being taken forward, as will DEICRs.		
J	We still hope to complete Civica implementation by 31 st March. Currently, a lot of this work is going onto the system as bulk orders – more resources needed.		
06	Q2 Performance Report		
a	<u>Housing</u> Voids: The most recent voids meeting identified a few areas for further consideration. Financial figures will be reviewed once available. Rent arrears were noted to be improving, due to the hard work of relevant teams. The impact of Covid on people’s mental health and service provision is causing some complex ASB cases requiring multi-agency approach, which caused KPIs to dip for this area.		

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b	<p><u>Housing support</u></p> <p>Increased sickness absence among staff is impacting on housing support reviews. We are mindful of the impact of the restructure on staff and performance, which we are managing as best we can.</p>		
c	<p><u>Asset Management</u></p> <p>Being brand-new to the team, the IDA has already identified a number of areas requiring more focus – right first time, time taken to complete repairs, care home repairs, and variations.</p> <p>Variations come from different sources, including initial misdiagnosis of repair needs which also makes those more difficult to get right first time. Some variations will always be unavoidable. For future, we will be reporting on variations in the Quarterly Performance Report and to the SLWG.</p> <p>The new Stock Condition Survey will replenish our understanding of existing stock.</p> <p>Going forward, we should be able to look forward to a consistent approach to FRAs with M-Four, which may however identify further actions to complete.</p> <p>The IDA outlined that all stock will have Electrical Installation Condition Reports in place by the end of this financial year, although any actions arising may take beyond the current financial year to address.</p>		
d	<p><u>Business Support</u></p> <p>2 downward trends relating to complaints were caused by one S2 complaint taking 29 days to conclude, and some complaints being raised in Q2 and concluded in Q3, hence the conclusion is not reflected in the Q2 Performance Report.</p>		
e	<p><u>Care Homes</u></p> <p>Care home occupancy continues to be affected by outbreaks preventing readmissions. We currently have 4 empty beds across all care homes – 1 in St Raphael's, 1 in Marian House and 2 in Lennox House.</p> <p>All residents had their boosters and flu jabs, apart from two individuals, who were unwell when those were offered.</p> <p>Some dementia training was cancelled due to Covid related isolation. Dementia training has now been divided into two levels.</p> <p>All care home staff continue to have supportive reflective discussions with an external team which helps people to reflect on end of life care and deaths of residents.</p>		
f	<p><u>HR</u></p> <p>Staffing in care homes remains a nationwide issue. KK would welcome more information on reasons for resignations, which the DC agreed to provide through Quarterly Performance Report.</p> <p>We have re-introduced face to face induction for new staff which is hoped to improve statistics relating to mandatory ELfY training.</p> <p>Most long term absences (still over 10%) were noted to be in care homes. Long Covid and stress are often mentioned on certificates, but some people are suffering from other conditions, which were brought on, or exacerbated, by Covid or stress. Sickness absences are exacerbating staffing problems and</p>	DC	2.2.2022

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	therefore require to be well managed. All people who are on long term sick leave are being referred to Occupational Health.		
07	Q2 Procurement Report		
a	PR complimented the team for this very useful report. For future, she suggested including a budget/estimated spend for each area showing any deviations at a glance - agreed.	DF	2.2.2022
b	We are currently reviewing all contracts. A full Procurement Audit is scheduled for January.		
08	Internal Management Plan (IMP) Q2 Update & Away Day Actions Update		
a	Board Members commented positively on the amount of actions ongoing.		
b	CL queried if we were intending to approach the heating replacement programme strategically, e.g. through an EESH2 strategy. The CEO suggested that the way forward will likely be informed by the stock condition survey. We need to know how much of our stock meets EESSH requirements. Sustainability strategies were recently discussed at Archie.		
c	An updated Strategic Plan is required for the next financial year. Underlying strategies are taken forward between the CEO and relevant members of the Executive Team as part of their regular 1-2-1s. The IDA intends to submit a first draft of the Asset Management Strategy to the Board in February. The DBS will pass on information relating to the Digital Strategy to the CEO - key themes already identified; additional items may arise from other strategies.		
d	There were no comments on actions from the Away Day, which were noted to be more manageable now in terms of timescales.		
09	Governance Report		
a	There were no particular issues or questions arising from the Governance Report.		
b	In order to catch up on Board Training and Development, it was agreed to arrange 1.5 Away Days for April to consider larger items together with Strategies and Stock Condition Survey results, which are hoped to be available for the end of this financial year. Smaller topics can be incorporated in regular Board Meetings. The Chair and CEO will identify together which items require longer sessions and which can be addressed in shorter sessions.	Chair, CEO	8.2.2022
10	Policy Updates		
a	<u>Procurement Policy & Strategy</u>		
b	There were not many changes to this Policy - advice from IH incorporated.		
c	<u>Lone Working Policy</u>		
d	There were not many changes to this Policy – oversight from Health & Safety Advisor now included.		
e	The Board approved both Policies as presented.		

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10	AOCB		
a	The CEO had a half year review with TR, CL and the Chair. The Chair will circulate notes.	Chair	
b	The Chair and PR recently attended a Post Covid Governance Webinar. We may have to live with Covid permanently, so we need to consider how to make remote meetings friendlier, e.g. through technology and larger screens (consider utilising the large SmartScreen at Lade Court). KK has done this in her workplace, which was considered very successful, though expensive. The Chair will circulate further information.	Chair	
c	This was the last Board Meeting with Viewpoint for the DBS. The Chair thanked the DBS for all her hard work over the years, and for being his "ears and eyes on the ground". The Chair recognised the DBS for her very significant contribution to IT and Governance areas in particular and wished her all the best for her new ventures, which others concurred with.		
11	Date of next meeting		
a	The next meeting will take place on 8 th February 2022 at 5.30pm – venue TBC.		

The meeting closed at 7:31pm.

Approval of the minutes

Signed as a true record of the meeting, following the approval of the draft minutes by a meeting of the Board.

Signed:

Date:
08.2.2022

Iain Thompson, Chair