

Minutes

Audit & Risk Committee

Governance 2024-2025

Date	12/03/2025		
Time	18:45 - 19:45		
Location	MS Teams		
Present	Vincent Neate (VN)	Chair	
	Paul Miller (PM)	Vice-Chair	
	Mario Michaelides (MM)	Governor	
	Nasim Khan (NK)	Governor	
	Keith Smith (KS)	Ex-Officio, CEO	
	Dylan McTaggart (DM)	Group Principal	
	Shane Woodhatch (SW)	Chief Financial Officer	
	Alex Denley (AD)	Chief Technology Officer	
	Julie Amory (JA)	Chief People Officer	
	Jo Withers (JW)	Chief of Business Strategy	
	Tim Hulme (TH)	Interim Chief Operating Officer	
	Anna Beattie (AB)	Director of Finance	
	Mark Brough (MB)	Director of Estates and Facilities	
	Alistar Osakwe (AO)	Interim Director of Health & Safety	
Absent	Simon Boulcott (SB)	Governor	
	Sofia Barbosa Boucas (SB-B)	Governor	
Clerk	Perry Perrott (PP)		
Note Taker	Nataliia Tymkiv (NT)		

Agenda

1 - General disclaimer statement at start of meeting:

The meeting was recorded for the purpose of minuting.

2 - Apologies for absence

Apologies noted in advance from SB. SB-B was absent. The meeting was quorate.

3 - Declarations of Interest

PP informed the committee that PM had declared an interest in advance, and this had been recorded in the Governor Hub.

PP also reminded members that the Governor Hub register is available for all members to view at any time.

4 - Minutes of the last meeting dated: 2nd December 2024

The minutes of the last meeting were approved without amendments by the Committee.

5 - Actions from last meeting

Perry Perrott reviewed the action log from the previous meeting, starting with an update from Mark Brough regarding the recruitment of first aiders. Mark reported that several first aid courses had been conducted, with more scheduled, and that additional trauma first aid kits had been purchased for each campus.

A Governor emphasised the importance of receiving assurance regarding the availability of sufficient first aiders at each site, and it was agreed to keep this item on the action log until the next meeting, with a short paper update requested.

KS provided an update on compliance rules for staff training, stating that an annual cycle would be implemented to ensure timely completion and disciplinary processes for non-compliance.

It was confirmed that other Action Items were up to date, including Portal Security and Procurement Practices, and noted the fixed asset register was nearly complete with only two rooms outstanding.

ACTION 1: Provide a short paper update on the assurance that sufficient first aiders are available at each site. – MB, TH by 18/06/25

6 - Internal Audit

6.1 - Introduction of Internal Auditor

AP was introduced as the new Internal Auditor. AP outlined plans to revamp the Risk Register, engage with the executive team, and develop both a Strategic and an Operational Risk Register. AP emphasised the importance of maintaining independence as an Internal Auditor while working closely with management. AP stressed the need for robust governance and value for money in all audit processes.

6.2 - Internal Audit Plan

Due to AP's start date being delayed by a week, the Internal Audit Plan discussion was postponed. PP requested that this item be shelved until AP and SW have had a chance to meet and develop a comprehensive plan. The importance of having a well-structured audit plan to ensure thorough oversight and accountability was emphasised.

ACTION 2: Develop a comprehensive internal audit plan. – AP, SW by 18/06/25.

7 - Lockdown Update

TH provided an update on the lockdown system, sharing that the college planned to go live with it at Easter.

Testing of speakers had been completed, though some minor issues, like speakers showing online without sound, were being resolved. Around 700 licenses had been allocated to staff for receiving push alerts, and lockdown tests were scheduled for March 24, 2025, during student tutorials. Additional push buttons were being procured for each site to activate prerecorded messages.

TH also mentioned a new app that would send alerts to all students and staff, controlled from a central control room, which was being developed with Portal. This control room would work with a new CCTV team to issue instructions during emergencies.

The committee expressed satisfaction with the progress, and a Governor commended the quality of the documentation.

8 - Apprenticeship Audit Report

JW presented the Apprenticeship Audit Report, noting that several management points had been identified, particularly regarding apprenticeship agreements for students returning after a break or those who had exceeded their course end dates. These points were related to the alignment of training plans with employers and the timely recording of off-the-job training. W explained that these issues were essential for ensuring compliance with relevant funding regulations.

JW highlighted that management had already taken action to address the issues, implementing standardised processes and new procedures, especially following the merger with Richmond upon Thames College. JW noted that some issues were resolved, and others still being worked on through ongoing quality audits and training.

A key point of concern was the scalability of the current in-house systems, which might not be able to sustain the increasing apprenticeship provision. JW mentioned that as part of the business plan, there was a proposal to consider procuring a learning management system to support this growth and ensure continued compliance with funding regulations.

A Governor raised a question about the success rates of the apprenticeship programs, asking for specific data on attendance, outcomes, and compliance monitoring to provide assurance that the processes were having a positive impact. JW acknowledged the request and agreed to include these details in future reports, ensuring that the reports would provide a clearer picture of progress and outcomes.

ACTION 3: Provide more comprehensive data on attendance, success rates, and compliance in future apprenticeship audit reports, ensuring continued effectiveness and scalability of the program. – JW by 18/06/25.

9 - Standing Items:

9.1 - Mental and Health & Wellbeing Report

JA provided an overview of ongoing efforts to improve mental health and well-being for staff.

JA also highlighted some ongoing challenges, particularly with high sickness levels at the RuTC, noting that the sickness rates were still higher than expected, and there were concerns that this was impacting staff well-being. JA mentioned that targeted interventions were being considered in collaboration with the employee relations team to address this issue and help manage sickness levels more effectively.

JA invited governors to attend the staff awards and well-being event on the 10th of July. JA emphasised the importance of supporting staff through various initiatives and maintaining a healthy work environment.

9.2 - Fraud/Corruption Issues Report

SW reported no incidents of fraud or corruption, emphasising strengthened internal processes to prevent supplier payment fraud. AP added that a small budget for fraud investigations would be included in the audit plan to ensure thorough investigations and reporting to the Audit Committee. SW highlighted the importance of maintaining robust controls and vigilance to prevent any fraudulent activities.

ACTION 4: Included fraud investigation budget in the internal audit plan. – SW, AP by 18/06/25.

9.3 - Health & Safety - Report

TH provided an update on Health & Safety, noting significant progress on mandatory training, risk assessments, and converging systems into a single platform. TH highlighted the importance of moving equipment and maintenance responsibility to central operations for better control and ensuring all areas are safe, legal, and compliant.

TH also provided a comprehensive update on the ongoing policy review within the organisation, emphasising the need for a leaner set of policies supported by robust procedures and guidance documents. The group Health & Safety policy is being rewritten to drive cultural change and address current challenges, including lone working.

TH mentioned the development of a new framework with the external portal 'Plumsun' to clearly define responsibilities for all statutory functions, including fire risk wardens, first aid, fire marshals, and key holding for out-of-hours callouts. This new business operating model aims to mitigate risks and provide expert support.

TH also highlighted the upcoming Goal command training for the Executive Management Team (EMT), led by Portal Security, in response to recent incidents. This training is expected to improve emergency management within the leadership team. The operating plan, derived from the Health and Safety Executive's HSG 65 strategic Health & Safety plan, is making significant progress, thanks to an Interim Director of Health & Safety, AO and his team's efforts. It was noted that AO has been working closely with stakeholders to ensure the delivery of the plan.

A Governor raised concerns about the risk assessment of medium and high-risk areas, noting the absence of RAG rating or action timelines. TH explained that each classroom and workshop has an 18-point checklist, with no red ratings currently. AO's team is working on identifying dates for closing the orange ratings, aiming for completion by Easter. TH also mentioned the new operating protocol with Plumsun and Portal Security, which aims to have an operating manual in place for every campus by September.

A Governor suggested updating this information on QHub, and PP agreed to set up the portal for it.

TH agreed to share a breakdown of key projects with Committee members.

TH mentioned that the new internal committees within the Internal Governance structure that will address cyber security, data protection, and compliance. TH also mentioned that any fraud or security-related issues identified within these areas would be reported to the Technical Infrastructure Board, which would then bring these concerns to the Audit & Risk Committee for further oversight.

It was proposed to add Technology Infrastructure Board reporting as a standing item to the Audit & Risk Committee.

ACTION 5: Update and track health and safety progress, including risk assessments, action plans, and timelines on QHub, with regular updates to ensure transparency and monitoring – PP, TH. by 18/06/25.

ACTION 6: Share a breakdown of key projects with Committee members. – TH by 18/06/25.

ACTION 7: Address medium to high-risk areas, particularly fire safety and equipment maintenance. – TH by 18/06/25.

9.4 - Board reporting

The Committee was presented with a report on the Governance paper submission, due to concerns raised about the timing and delivery of papers to the board and committees, noting that members often do not have enough time to digest the information before making decisions. PP responded, acknowledging the issue and stating that executive and SLT and EMT members have been producing papers within the required timeframes, albeit sometimes late at night. PP assured that the governance team is flexible and currently in a strong position, with no papers going overtime. The Governor thanked the SLT and EMT for their efforts in preparing reports on time, emphasising the significant difference it makes for independent governors and meeting participants. PP mentioned that a trend analysis over six months would be conducted to ensure continued compliance.

ACTION 8: Conduct a trend analysis to track improvements in Board Reporting. PP by 18/06/25.

10 - Risk Register

AP discussed the need to reevaluate the risk register, develop a strategic risk register, and create operational risk registers for each department, emphasising the importance of governance, value for money, and maintaining independence while working closely with management. PP introduced the new risk register, developed with the support of EMT members and external consultants. The risk register is now integrated into QHub, allowing each Internal Governance Board to update their own risks within the master risk register. PP explained the categorisation by board, filtering risks for each board and enabling chairs to update their own risks. The new system uses a 5x5 matrix for likelihood versus impact, with plans to refine the tool to include probability and enhance the scoring system.

AP elaborated on the need to articulate risks more clearly, focusing on both strategic and operational risks, emphasising the importance of defining the scale of risk ratings and ensuring that the risk management framework provides assurance to the Audit Committee.

A Governor expressed satisfaction with the dynamic nature of the new risk register, highlighting the need for training on how to interact with the system. PP confirmed that training sessions would be organised for Governors, EMT, and SLT and members.

A Governor raised three key objectives for a risk register: identifying all risks, ensuring adequate mitigation approaches, and focusing on changes between reviews. PP and AP assured that the new system addresses these objectives, with live updates and automated reporting.

The Committee members echoed concerns about the abundance of green ratings, suggesting the need for more nuanced scoring. PP and AP agreed, highlighting plans to refine the scoring system further.

ACTION 9: Provide a more detailed breakdown of the Risk Register, with future updates on risk ratings and mitigation strategies included. – AP by 18/06/25.

ACTION 10: Organise training sessions for governors, the EMT and SLT members on how to interact with the new risk register system. – PP by 18/06/25.

11 - Any Other Urgent Business (AoUB)

No other business was noted before the meeting, and none was raised during the discussion.

12 - Dates of the next meetings

The next meeting is scheduled for 25th June 2025 via Teams.

PP reminded everyone about the Governors' Strategic Day on 30th April, encouraging governors to attend the event featuring an external speaker.

The meeting concluded at 19:43.