



MINUTES OF THE AUDIT COMMITTEE MEETING

Tuesday 10th June 2025 at 6.00pm
Meeting held via Microsoft Teams

Present:

Tom Clark (Chair)
Mark Nelligan
Natasha Meade
Sophie Cook
Emma O'Brien
Jane Duscherer
Oliver Schuster

Scott McCready – Internal Auditor, Wylie Bisset
Audrey Cowan – Internal Auditor, Wylie Bisset

Stephanie Wiles, Director of Finance and Estates (Advising Officer)
Dan Hards, Principal (Advising Officer)
Peter Henning, Director of IT (Advising Officer)
Catherine Davies, (Clerk)

1. DECLARATIONS OF INTEREST

There were no declarations of business interest.

2. APOLOGIES FOR ABSENCE

All Trustees were present.

3. MINUTES OF THE MEETING OF 12 NOVEMBER 2024

The Minutes of the previous meeting of 12 November 2024 were approved as an accurate record (subject to a minor spelling typo to be corrected by the Clerk).

4. MATTERS ARISING

The matters arising were discussed during Item 9 on the Agenda, Risk 9 – Cyber Attack.

AT1-001 Director of IT to share proposal for disaster recovery testing with internal auditor for approval. **The Director of IT confirmed that a partial disaster recovery test had taken place that satisfied the internal auditor and therefore this risk was marked as fully implemented in the Follow up Review.**

AT1-002 Director of IT to seek legal advice regarding whether Cyber Essentials certification is mandatory in terms of the ICO and data protection and report back to the Committee at the next meeting. **The Director of IT confirmed that Cyber Essentials certification is in the process of being renewed.**

5. INTERNAL AUDIT REPORTS

The Internal Auditor, Scott McCready, introduced the Internal Audit Reports:

5.1 Health and Safety. The audit provided “Strong” assurance, and 9 areas of good practice were identified. 4 low level recommendations were made regarding:

- A) Having a standard operating procedure (SOP) in place for the completion of risk assessments.
- B) The Board’s role in maintaining strategic oversight over the health and safety of the College and its users.
- C) Weekly inspection sheets should be completed consistently across the Estates Team.
- D) The Health and Safety Officer (HSO) should remain up to date with key health and safety legislation.

The Chair asked for comments regarding the Management Responses to the 4 low level recommendations.

Recommendation A - The Board discussed the process by which the HSO reviews Risk Assessments and the procedure to date and sign the documents. The Chair asked the Director of Finance and Estates to revise the Management Response to include wording that a clear guide, template and deadline for completion of the risk assessment will be provided to the risk assessors.

Recommendation B - A Trustee asked for more information regarding the Board’s role in monitoring Health and Safety. The Director of Finance and Estates noted that the Health and Safety Policy does not clearly state that the Board delegates responsibilities for implementation of the Policy to the HSO. The Policy will be amended to reflect this.

Recommendation C - A Trustee asked a question regarding weekly inspection sheets and the procedure for the completion of weekly inspections. The Director of Finance and Estates replied that a consistent approach to signing off weekly inspection sheets is being implemented in response to this recommendation.

Recommendation D - A Trustee asked for more information regarding the timeline for the HSO to complete IOSH refresher training and the Director of Finance and Estates replied that the implementation date of December 2025 in the report will be met as the date for the training to be completed.

5.2 Fraud, Theft and Bribery The audit provided “Strong” assurance, and 10 areas of good practice were identified, and no recommendations were made for improvement.

5.3 Follow up. The Internal Auditor (Scott McCready) gave an overview of the Follow Up report and noted that 4 follow up recommendations had been fully implemented and 1 was partially implemented relating to Staff Recruitment and Retention. He continued that the original finding noted a staff questionnaire should be circulated on an annual basis to all staff and in the follow up the Internal Auditor noted the response of the Director of HR to implement this recommendation by February 2026. The Chair asked the Director of Finance and Estates for an update on the timeline, and she replied that changes in the HR Department staffing had delayed the implementation, and the Principal added the HR Department was investigating all options to ensure the best practice was achieved when the survey is distributed to staff. A Trustee asked for more details of other initiatives taking place to give staff a voice and the Principal replied that events take place on a regular basis such as a SLT Question and Answer session.

5.4 Bursary. The Internal Auditor (Audrey Cowan) provided a verbal update of the Bursary internal audit. She updated the Committee that the draft report has been sent to the Director of Finance and Estates; the delay was due to the audit team requesting extra evidence which has now been

received. The audit provided “substantial” assurance, and the report contains 3 recommendations: 1 Medium and 2 low grade. There are 4 areas of good practice. The report will be circulated to the Committee for approval at the next meeting and will include the Management Responses.

The Chair asked for more detail relating to the Medium Risk (related to overpayment) and the Director of Finance and Estates gave an update of the implementation of software called “Pay My Student” which will help tackle the issues raised in the audit. The Principal added that a Bursary Officer was recruited in April, and the Assistant Principal is ensuring that the Bursary and Free School Meals approach is fully compliant with current regulations and DfE requirements with a policy approved at SLT.

The Committee approved the following internal audit reports:
Health & Safety (subject to an amendment to the Management Response)
Fraud, theft and bribery
Follow up

The Chair thanked the Director of Finance and Estates and her team for their hard work in assisting the Internal Auditors.

The Chair thanked the Internal Auditors for their update.

Action: The Chair asked the Director of Finance and Estates to revise the Management Response in the Health and Safety Internal Audit Report to include wording that a new guide will be prepared which will provide clear guidance to the risk assessor on how the assessment should be undertaken and documented, including the deadline for submission. A template risk assessment will also be made available to risk assessors.

Internal Auditors Scott McCready and Audrey Cowan left the meeting.

6. ANNUAL AUDIT PLAN

The Director of Finance and Estates updated the Committee that the re-tendering of the Internal Audit Service is currently taking place with presentations scheduled for this week; due to this Wylie Bisset chose not to prepare areas for consideration for Internal Audit in the Year 2025/26.

The Committee considered a schedule of work performed since 2011 and following a discussion agreed on the following areas to be put forward to the Internal Auditor (due to be appointed this summer):

Insurance
Estate Management
Safeguarding

In addition, IT Security which may include Data Protection and Cyber Security will be put forward for 2026/27.

7. PLANNING FOR FINANCIAL STATEMENTS AND REGULARITY AUDIT

The Director of Finance and Estates set out the plan for this year’s regularity audit and financial statements and noted the increase in fees which is in line with the budgeted figure.

The Committee discussed the risk areas flagged by the auditors. The only new risk identified last year was the new build classroom block.

The Chair asked whether the point raised by the auditors in their management letter last year has been actioned (sign off of bank reconciliations) and the Director of Finance and Estates confirmed that for the financial year all bank reconciliations have been signed off.

The Committee approved the plan.

8. POLICIES FOR APPROVAL

8.1 IT Disaster Recovery Policy. The Director of IT introduced the policy which has minor changes. The Committee noted that the IT Department is planning to make substantial changes to the data backup and restoration plan as well as technical systems documentation by the end of November 2025 and the renewal or replacement of the current Microsoft 365 back up system is scheduled for December 2025. Once the new solutions are implemented, this policy will be updated.

The Committee approved the IT Disaster Recovery Policy.

8.2 IT Services Security Policy. The Director of IT gave an overview of the policy and updated the Committee that a decision has been taken to maintain and renew Cyber Essentials certification. The Director outlined how he had reviewed a series of options and concluded continuing with this certification was best practice. The Director of IT also drew attention to the Multifactor authentication (MFA) implementation; Cyber Essentials now requires use of MFA for third party or cloud-based services and the policy reflects this.

A Trustee asked about the role of biometrics in the MFA and the Director of IT replied that biometrics are used in MFA; the Committee discussed the MFA used by students to log on to their Microsoft accounts.

The Committee approved the IT Services Security Policy.

8.3 IT Acceptable Use Policy. The Director of IT gave an overview of updates to the policy related to GDPR and privacy.

The Committee approved the IT Acceptable Use Policy.

9. STRATEGIC RISK REGISTER UPDATE

The Principal introduced the risk register.

Risk 1 – Failure to respond effectively to new Ofsted framework. The Principal gave an overview of the consultation (in relation to the new framework) which is due to be published shortly. The uncertainty surrounding the new framework and date of implementation have caused the gross and net scores to be increased. The Committee agreed with the increase.

Impact of the pandemic on exam outcomes. The Committee agreed to remove this risk from the register

Risk 2- College over-recruits for 2025 entry. The Principal informed the Committee that the new build classroom block is 6 weeks behind schedule with the handover due in early August. It is expected that the new block will be ready for use at the start of term and the portacabins will be available if needed for the 2025/26 year. The issue of capacity and student roll at the College is due to be discussed at the Strategy and Policy Committee meeting. The Committee agreed to increase the gross risk but keep the net risk unchanged due to the mitigations in place.

Risk 3 – Level 3 Review – The Committee agreed to reduce the gross and net risks because DfE announcements have removed many previous concerns regarding funding of BTECs and course combinations. The Committee agreed with the gross and net score reductions.

580 GLH. The Committee agreed to remove this risk (previously numbered 5) from the register

Risk 4 – Student misuse of AI in non- examination assessments. The Committee agreed to increase the gross and net scores and the Principal agreed to update this risk once the Digital Strategy is released.

Risk 5 – Increasing numbers of students with associated SEND needs and impact on resources required to run mock and external assessments/exams. The Principal outlined this new risk which is having an impact on the running of examinations; for example in the increase in the number of invigilators being recruited and trained. The Committee agreed with this new risk and the gross and net scores.

Risk 6 – Reputation of the College in the local community. The Principal gave an update of the new security controls at the College including new gates and a new Audiebant speaker system is due to be installed. There was no change to the gross and net scores.

Risk 7 – Change to staff terms and conditions. The People Strategy is being implemented and there is no changes to the scores.

Risk 8 – Uncertainty around level and period of future National Insurance grants. The Principal outlined this new risk and the Committee noted that the wording would be updated following receipt of the National Insurance grant and 2 recent funding updates.

Risk 9 - Cyber Attack. No change.

Risk 10 – Industrial Action. No change.

Risk 11 – National Shortage of Teachers. No change.

Relative inexperience of new Senior Team. - The Committee agreed to remove this risk from the register because the Principal has been in post for almost 3 years, the Deputy Principal and Assistant Principal for over 2 years and the other Assistant Principal has pass her probationary period.

The Committee approved the Strategic Risk Register.

10. DISASTER MANAGEMENT STRATEGY 2025

The Principal gave an overview of the Strategy which includes updates to capture statutory requirements, for example the introduction of Martyn’s Law which impacts the lock down procedure.

A Trustee asked for more information regarding how this Committee might gain insight into events that have happened in the past and the Director of Finance and Estates gave an overview of how feedback from events is shared with the Health and Safety Committee. The Principal added that he would like to feedback to this Committee regarding lockdown drills and he will update at the next meeting.

Action: Principal to feedback to the Committee following the next planned lockdown drill.

11. ANY OTHER BUSINESS

The Clerk updated the Committee on opportunities to take part in on-line Cyber Security training and a Trustee offered to complete the course.


Action: Clerk to send on-line cyber security training course details to Jane Duscherer.

12. DATE OF NEXT MEETING – Wednesday 19th November 2025 (tbc)

*The meeting closed at 7.45pm
Attendance was 100%*

Signed and Date

Signed by:



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24 November 2025 | 1:55 PM GMT

SUMMARY OF ACTIONS:

A2-001	The Chair asked the Director of Finance and Estates to revise the Management Response in the Health and Safety Internal Audit Report to include wording that a new guide will be prepared which will provide clear guidance to the risk assessor on how the assessment should be undertaken and documented, including the deadline for submission. A template risk assessment will also be made available to risk assessors.
A2-002	Principal to feedback to the Committee following the next planned lockdown drill.
A2-003	Clerk to send on-line cyber security training course details to Jane Duscherer

SUMMARY OF TRUSTEE CHALLENGE [C] / SUPPORT [S]

C/ S	Minutes	Topic
C	5	The Chair asked the Director of Finance and Estates to revise the Management Response
C	5	A Trustee asked a question regarding weekly inspection sheets and the procedure for the completion of weekly inspections
S	5	The Chair thanked the Director of Finance and Estates and her team for their hard work in assisting the Internal Auditors.