

## The Henley College Corporation

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<b>MINUTES of the Meeting of the Audit Committee held on Monday 15 March 2021 at 10.00 via remote participation</b>		
<b>Members Present:</b> Brian Fennelly Dr Tim Lincoln (TL) Justin Sutherland Tony Sanderson  <b>In attendance:</b> Satwant Deol Ashok Patel Dakshita Takodora (DT) Jacky Gearey	Independent Member/Chair Independent Member Independent Member Co-opted  Principal Director of Finance (FD) TIAA Ltd Clerk	
Agenda Item	Minutes	Action by
2.1	<b>Opening of meeting</b> The meeting opened at 10.05. The Chair welcomed Justin Sutherland to his first meeting and subsequently outlined the committee's remit in particular covering the internal controls, risk management system through the risk register and the internal audit process highlighting that the committee's role was one of oversight and monitoring and not operational.	
2.2	<b>Apologies for Absence</b> There were no apologies	
2.3	<b>Declaration of Interests</b> There were no declarations of interest.	
2.4	<b>Minutes of Previous Meeting</b> The minutes of the meeting 9 November 2020 were approved as an accurate record of the meeting and signed by the Chair.  <b>Resolved that: the Committee agreed that the Minutes were an accurate record of the meeting of 9 November 2020 and to be signed by the Chair.</b>	
2.5	<b>Matters Arising from Previous Meetings</b> <b>Item 1.7(ii) - plan on the risks of diversifying income</b> - the SLT is still assessing impact of diversifying income as part of the Strategic Plan 21-24 development. The key risk is that the College lacks experience of delivering to cohorts that are not under 19's. There will be a fuller report on this matter next term depending on the planning out of Covid 19. The Chair asked if this was open ended however the FD reassured the committee that this is being built into the strategic plan for the June board meeting. <b>Item 1.9 – updated risk register</b> – safeguarding of rugby students – the committee referred to the recent reports on head injuries and the use of headwear in rugby and the safeguarding issues this presented. H&S said that as this was a collision sport, traumatic injuries do occur, however in so far as practical he reassured the committee that all precautions were taken, the guidelines of the RFU were being followed together with inspections from the latter and Ealing Trailfinders and that the resident physio was monitoring this. The committee thanked the H&S Manager for this reassurance.  There were no matters arising.	
2.6	<b>Internal Audit Report - Safeguarding</b> The FD advised that the internal audit for safeguarding was planned as part of the college's internal audit strategy and introduced Dakshita Takodora from TIAA to provide comment.  DT went through the scope of the internal audit review saying that substantial assurance was provided on the effectiveness of the internal control framework through the independent assessment of the college's risk management, governance and control	

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arrangements around safeguarding ensuring that these are operating effectively and efficiently.

The scope covered the safeguarding arrangements in place at the College including:

- the arrangements for maintaining up-to-date policies and procedures and disseminating these to staff,
- monitoring compliance with these policies
- staff recruitment processes
- ensuring the appropriate checks are carried out
- ensuring newly appointed staff are made aware of their safeguarding responsibilities

TIAA reported that substantial assurance was provided on the key strategic points:

- the College has appropriate systems in place for safeguarding and these are underpinned by a safeguarding policy and supporting procedures, staff vetting and formal training arrangements, awareness raising and procedures for reporting concerns. This has been agreed.
- the review noted that there was scope for enhancing the policy, by benchmarking against other College policies and including sections for roles and responsibilities including heads of faculty, defining terms, for example regulated activity, and details of the lead Governor.

In addition the College had added a section on Covid 19 in the safeguarding policy providing salient points and included information on safeguarding. Finally a number of actions had been taken in response to key issues identified and anticipated, to ensure the College was able to support and safeguard students. These were included in the staffing structure, responsibilities, further training provision, reporting to enable identification and follow up of students with disclosures.

The committee had already referenced under 2.5 safeguarding issues relating to rugby but asked why the risk register relating to Ealing Trailfinders rugby was rated at amber — H&S said that the College was continually looking at the processes in place and DT said substantial assurance was based on this. FD further explained that that safeguarding itself is always categorised as red because of the fluid nature of the area and associated risks, but this referred to the mitigation on this specific point and the post audit rating of amber is from TIAA.

In review of the Safeguarding Policy the internal audit identified that it contained guidance on Safeguarding and Prevent legislation/regulation and provided an overview of the systems underpinning both of these areas. However having reviewed other FE College Safeguarding Policies, it was felt that the Policy whilst fit for purpose could be further enhanced by including narrative on certain areas, with a better more stylised format to ensure an easier read. It was agreed that this could be done on an ongoing basis and TIAA was asked for clarity on their comments and timelines as the report was reviewed and approved annually, the Chair asked when this would have to happen and TIAA said that this could be updated at the full review point which was notably every three years. The FD said that the HSS would be advised of this and the need to look at the format of the policy, but this was an operational effectiveness issue.

A committee member (TL) wanted his concerns noted that the auditors had passed comment on the way the policies are communicated to staff which could be improved. TIAA said that this was dependent on how effective training was, the updates provided, the flowchart, posters etc and the feedback obtained and reported on, but reassured the committee that ostensibly there were no fundamental issues.

The committee did highlight an error in the report regarding the Data Protection Officer which was not the Director of Finance as stipulated. The FD explained that he was the lead at the College but supported by an external independent DPO through a third party provider "turnTon", who had the specialist expertise in this area. Additionally the FD

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	<p>confirmed that the website referred to the DPO provided by turnITon. The committee asked that the audit report be amended accordingly to reflect this. FD said that this would be arranged.</p> <p>The committee accepted the report observing that it showed a good bill of health and noted the comments.</p> <p><b>Resolved that:</b></p> <ul style="list-style-type: none"> <li>(i) <b>the TIAA Internal audit review on safeguarding was received by the committee</b></li> <li>(ii) <b>FD to speak to TIAA to amend the internal audit review concerning the inaccuracies regarding the Data Protection Officer.</b></li> <li>(iii) <b>FD to advise HSS of the recommendations regarding updating the Safeguarding policy</b></li> </ul>	<p style="text-align: center;">FD</p> <p style="text-align: center;">FD</p>
2.7	<p><b>Risk Management</b></p> <p>The FD advised that risk management was a central part of the College's strategic management and that the risks have been methodically addressed in the risk register, the risks attached to their activities with the goal of achieving sustained benefit within each activity and across the portfolio of all activities.</p> <p>The Risk Management Group (RMG) had met on 5 March 2021 and agreed that its approach to measuring and assessing risk remained relevant to the more streamlined and simplified process agreed in 2019 and provided reassurance that risk processes are being managed.</p> <p>The FD explained to the new member on the committee, the risk scoring matrices used to illustrate and make judgements upon the evaluated risk scores. The matrix used provided a traffic light system representing where high (red), medium (amber) and low (green) level risks may fall. Completion of a matrix for inherent and residual risk and comparison of these provided insight into the effectiveness of the College's risk management practice and their reliance upon internal control. The risk matrix also identified where a risk has increased, decreased, remained static or been added as a new risk over time.</p> <p>The current register had been updated with the addition of risks associated with the pandemic and the ownership of the gym equipment, each of which had been mitigated successfully which the committee noted.</p> <p>In terms of the other risks associated with the College, it was clear that the key categories of risk identified at the offset in 2019 were still being monitored namely.</p> <ul style="list-style-type: none"> <li>• turnaround of student numbers with additional students recruited</li> <li>• cyber virus attacks which had now become widespread within the FE sector – the College had learnt lessons and put in place mitigations which will be tested by the internal auditors – committee asked about the risk regarding the possibility of further virus attacks penetrating the College's defences and asked for the name of the risk to be changed - FD said that the wording will be changed to reflect this.</li> <li>• new areas to be considered – e.g. Ealing Trailfinders gym equipment – ensuring who owns which pieces of equipment</li> <li>• Standards of teaching – risk of a falling standard – robust process in place to ensure good quality of teaching and learning</li> </ul> <p>The committee asked that the register go to the Board for any comments.</p> <p>There followed a detailed discussion centring on the use of the words future position and what timescale this referred to. The FD explained that it was the immediate future and in effect was ongoing and that no dates can be inserted as the marginal scoring was subjective. It was essentially a live document, regularly reviewed to reflect the College's risk management position.</p> <p>Chair summarised that the risk register had inherent risks and the main issues were for SLT focus and that getting to green does not mean the risk comes off the register.</p>	<p style="text-align: center;">FD</p>

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	<p><b>Governors Strategic Risk Register</b></p> <p>This register was set up and maintained some years ago by a previous Chair of the Audit committee to enable governors to look at the strategic risks that flowed from the governance activities and strategic plans of the Board. This type of register was not the sector norm. FE colleges operate using only one risk register and therefore it is this register which governors should be reviewing and not the “governors strategic risk register “which has a limited remit and has not been provided for the past 18 months. The recommendation was for it to be removed as it was no longer required – the committee agreed that this would be incorporated into the risk register.</p> <p>Satwant Deol arrived at 11.13 due to a previous meeting overrun.</p> <p>Committee asked about a consolidated risk register to encompass governor views. The FD explained that the current strategic level risks were allocated to the relevant sub committees, to promote detailed consideration of each key risk at a governing body level, however larger colleges may setup a specific risk group. The regular reporting of risks between the senior management team and the governing body was done through the risk management group to which a member of the audit committee would be invited to attend as had happened in the past. Ultimately management were responsible to the governing body for the system of internal control within the College and should therefore ensure that there are adequate checks in place and adequate assurances provided to the governing body. The committee asked that the risk management process be put on the agenda for discussion at the next meeting.</p> <p><b>Resolved that:</b></p> <ul style="list-style-type: none"> <li>(i) <b>The updated Risk Register was received by the committee</b></li> <li>(ii) <b>The Governors Strategic Risk Register was no longer required</b></li> <li>(iii) <b>FD to arrange for the wording on cyber virus attacks to be amended in line with the committee's comments</b></li> <li>(iv) <b>Risk Management process to be on the agenda for next meeting</b></li> </ul>	FD  Clerk
2.8	<p><b>Health &amp; Safety</b></p> <p>In conjunction with the Head of HR, the H&amp;S Manager has kept the College Covid risk assessment updated for possible controls that might be needed to ensure that in business hours or when the College staff and students returned, it was safe to do so. The College had previously decided to mandate the wearing of masks in all internal areas other than for practical subjects such as sports and performing areas. Lanyards have been provided to help identify those students that are exempt from wearing masks. The College has also additionally employed two security officers to help managed social distancing and mask wearing etc.</p> <p><b>Testing</b></p> <p>Lateral testing is being offered to all staff and students however it is voluntary, and a signed consent form is required. Temporary staff have been employed in addition to using college staff for voluntary testing and home testing kits have been supplied to staff.</p> <p><b>Training</b></p> <p>The College Smartsafe training system is still being used for the relevant training requirements where needed.</p> <p>The committee asked what were the main reasons for any students declining the test? H&amp;S Manager said that specific feedback could not be provided at the moment but some verbal feedback from the students had been that Covid 19 did not affect them. In discussion with HSS, the aim was to try to find out if there were any issues that the College could address for those students who did not want to take the test. However as a positive over 80% of the students had complied. Discussion then led onto any staff declining the test and the H&amp;S Manager said he was waiting for the Head of HR to advise on this. The Principal said that to her knowledge everyone had taken the test.</p> <p>The Principal wanted to say thank you to H&amp;S Manager and Head of HR for all their work</p>	

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	and this was further endorsed by the Chair and other committee members.  <b>Resolved that the Health &amp; Safety update was received by the committee</b>	
2.9	<b>GDPR Update</b> The verbal update from the DoF confirmed that there had been no freedom of information requests nor any data subject access requests over this academic year 2020-2021 so far.  <b>Resolved that the GDPR verbal update was received by the committee</b>	
2.10	<b>Any Other Business</b> There was no other business.	
2.11	<b>Items to be taken forward to next Corporation Meeting:</b> (i) Risk Register for information	<b>Clerk</b>
2.12	<b>Date and Time of Next Meetings:</b> 1. 21 June 2021 at 10.00	
	<b>Meeting Closure</b> The meeting closed at 11.31	
	MINUTES of the meeting held on <b>Monday 15 March 2021</b> were agreed and accepted as a true and accurate record and signed by the Chair  ..... on .....	