Minutes
Meeting of the SEG Audit Committee
Governor Meetings

Date	06/03/2025
Time	15:30 - 17:30
Location	Board Room - King George V College
Governors Present	Mo Kundi (Independent Member and Committee Chair)
	Laura Bell (Independent Member)
	Kevin Burke (Independent Member)
	Diane Hutchinson (Independent Member)
	*David Mutori (Independent Member)
Invited Attendees present:	Paris Bonwick (VP Business Services)
	Mark Burrows (Deputy Principal)
	Lisa Farnhill (Dir. Governance and Compliance)
	*Andrew McCulloch (TIAA) (up to and including item 17)
	Paula Smith (Dir. Finance) (from item 4)
Apologies	Jane Butterfield (TIAA)
	Claire Dalrymple (Wylie and Bisset)
Absent	

*indicated attending via videoconference facilities

Agenda

1 - Welcome & Apologies for Absence

The meeting commenced with the Chair welcoming all members and attendees, highlighting the challenges of the agenda and the meeting's time constraints. The Chair confirmed the items of business had been reviewed, with consideration given to deferring items, however, a decision was made to proceed with all items, reassuring the Committee that efforts would be made to keep discussions concise while ensuring thorough coverage of all topics.

The Committee were advised there were no apologies for absence for any members, however noted that the external auditors were not in attendance as they had nothing to present, and the internal auditors ensured a representative was available, due to the Audit Partner being unable to attend.

Item 1: Noted

2 - Declaration of Interests

The Director of Governance & Compliance declared their role as the Data Protection Officer. No other declarations of interest were made.

Item 2: Noted

3 - Minutes/Matters Arising

The minutes from the meeting held on 3rd December 2024 were reviewed. One member queried an action item on page 19 regarding the internal audit tender and schedule, which had not been followed up with an interim email. It was clarified that the email was not sent, with CPC having initially indicated it was too early to begin the process, with tender documentation from CPC included in the pack under agenda item 19, with the proposed timeline prepared and to be circulated later in the meeting. Concerns were raised about the timeframe, and the potential impact on the audit schedule. The Director of Finance reassured the Committee that the documentation was comprehensive, and that the timeline would be adjusted and strictly adhered to, to ensure it meets with the Committee's needs.

The minutes were approved for accuracy, and there were no further matters arising not included under item 4.

4 - Review of Previous Meeting: Actions and Impact

The Director of Governance & Compliance provided an update on the actions from the previous meeting, including the presentation and approval of key items presented by the Committee to the Corporation.

Members were reminded that the internal audit tender documentation was included in the meeting pack, with further details to be shared at the end of the meeting.

Members were advised the sharing of the pensions letter with the Committee Chair was incorrectly marked as complete, with the Dir. Finance assuring the Committee it would be shared after the meeting.

The Committee was informed that the timeframe between Committee and Corporation meetings prevented the updating of the commentary in the financial statements, with the Committee assured that relevant information relating to Ofsted and other relevant activities and achievements throughout the year would be included in the next set of accounts.

The Vice Principal Business Services was invited to update the Committee on the process for establishing evacuation timings, with it advised this was done by the Head of Facilities in collaboration with relevant staff and stakeholders including the fire service. The Committee noted the intention to review this following the test evacuations and liaise with the fire service to ensure the target evacuation time was realistic and appropriate.

Members were advised the critical incident management plan testing was still pending, with the insurers having pushed this back again since the papers were circulated. Members expressed concerns about the delay in testing the critical incident management plan and the potential risks involved. The Vice Principal Business Services assured the Committee that the testing was rescheduled and would be completed by the end of March.

Members were informed a review of policies was underway, with IT and cyber security compliance being prioritised, alongside health and safety and HR policies.

Members noted the risk register's format was under review, and the apprenticeship diagnostic would be discussed under item 16.

Item 4: Noted

Task: Resend the pensions letter to the chair of audit.

5 - Confidential Items

The Committee agreed that minutes from the 3rd December meeting, specifically those relating to private conversations between auditors and governors, should be redacted. Any discussions about auditors in the current meeting should also be held without the presence of auditors and redacted as necessary.

There was a discussion about the importance of maintaining confidentiality in sensitive matters and the potential implications of not doing so.

Item 5: Resolved

Decision: The Committee decided that minutes related to private conversations between auditors and governors should be redacted along with any items pertaining to auditor performance.

6 - KPI Scorecard

Participated: Paris Bonwick

The KPI Scorecard was presented for information only. It was emphasised that this was not for discussion, instead, provided a heat map of the Committee's KPIs to support oversight of subsequent agenda items.

Item 6: Noted

7 - Health and Safety

The Health and Safety policy update was presented, highlighting minor changes such as updated titles of personnel and the removal of outdated references to Lancashire County Council processes. The updated process for visitors, with the paper system replaced by the digital inventory system was also highlighted as updated within the policy. The Committee resolved to recommend the Corporation approve the updates to the policy.

A detailed health and safety update followed, including accident statistics and near-miss reporting. It was noted that near-miss reports were increasing, indicating a positive cultural shift towards safety awareness, however, additional work continued to increase awareness further. Members asked for examples of near misses and the Committee discussed the importance of logging incidents accurately, even minor ones, to identify potential patterns or issues. In response to a question, members were assured the update to the accident and near miss logging process had been implemented, seeing a move from paper reports to online submissions.

Members were informed of updated fire door training and plans to update the lockdown procedure and introduce a Tanoy system to ensure they were compliant with Martyn's Law. Members noted concerns over cost implications, with universities already largely compliant, with schools and colleges now needing to update their systems and processes. The Committee were advised that schools were able to vary alarm sounds to differentiate between an evacuation or lockdown, however, this was not a practical solution for colleges due to the rolling enrolment in colleges, which would require continual training and tests all through the year.

Members discussed at length the increased number of incidents and first aid call outs relating to ill health. Members queried the need for first aid attendance and the logging of ill health with the Health and Safety statistics. The Committee was advised this was essential when a first aider was called then this would be logged as an incident, with the first aider ascertaining if the student was well enough to make their own way home and able to log the time they leave, allowing a risk assessed approach that minimised risks to their welfare, enabling contact home where necessary. Members clarified that if a student went home unwell without the attendance of a first aider, but having advised a member of staff, this was logged as an attendance matter, not as a health and safety incident.

Concerns about the potential misuse of incident reporting for unauthorised absences were raised, and it was agreed that this would be monitored closely. Members were advised that the increased incidents logged for ill health aligned with an increase in staff absence rates, with flu and norovirus having been the most common reasons for absence. Members were informed of plans to send communications to students that highlighted the need to balance good attendance with effective infection control. Members asked if the incidents were analysed for trends, to ensure there weren't any underlying issues relating to welfare, safeguarding or bullying, with it clarified this was not done via the health and safety incident reporting, as this was anonymised but assured members this was analysed via the attendance data by the student support teams.

Item 7: Resolved – The Committee resolved to accept the assurances provided by the update, asking the Corporation to approve the updates to the policy.

Decision: The Committee approved the updated health and safety policy with minor changes in titles and removal of outdated references.

Task: (Carry forward) Review and reconsider appropriate evacuation time frame in consultation with the fire service.

8 - Critical Incident Management Plan

The updated Critical Incident Management Plan was discussed, with an emphasis on streamlining the document to 8-10 pages for clarity and ease of use. Members were advised that the current plan includes detailed procedures for various scenarios, such as loss of utilities and fire incidents, which was operational in detail, and area specific, with it agreed the overarching policy should be more generalised, with the operational detail not needing Board level approval.

Members sought assurances that the plan would be accessible and include guidance on communications, and involve the marketing team.

The Committee emphasised the importance of having a clear and concise plan that could be followed in the absence of senior management. Concerns were raised regarding the potential impact of delays in testing the plan. The Vice Principal Business Services assured the Committee that the rescheduled testing would be thorough, and necessary updates would be reviewed and implemented promptly. Members also questioned some terminology and sought reassurances over the testing, noting that insurers had deferred several times, with rescheduling now set for late March.

Following on from questions about cyber-attacks, which were noted to be included in the IT Disaster Recovery Plan, discussions were held regarding classification of a 'critical' incident, with It proposed there was a need for a scoring system.

Members asked college provided a copy to the Police and Fire Services, with it confirmed they were consulted with, however, did not maintain a copy of the plan.

Members discussed again the Tannoy system, asking if this had been included in the budget, being advised it had been, with the potential for VAT reclaims to be used to fund the system, which was currently out to tender and expected to cost between £45,000 and £60,000 to install.

Item 8 – Noted – The Committee noted progress with updating and testing the plan, seeking assurances that the high level plan would be re-written as soon as the testing has concluded.

Task: Develop a concise critical incident management plan for governor approval.

9 - IT Disaster Recovery Plan and Cyber Essentials Recertification

The IT Disaster Recovery Plan was reviewed and reapproved. Updates included changes to IT infrastructure, such as the switch to Teams for telephone systems and the removal of outdated landlines. Members asked for some of the processes and terminology to be clarified and questioned support, training and awareness of staff within the IT team that are not a part of the SLT, being assured the deputies aware of the plan, with additional support provided by external specialists. Members asked that the marketing team were included within the plan to support with communications, being advised that this was part of the overarching plan, but not the more detailed operational plans for each area.

The Committee discussed the manual process for switching between sites during an internet outage and were advised of improvements to the stability of the internet. Members noted that an automated process would be preferable, however, the manual process for rerouting the internet of one site to the other, had previously been necessary frequently when the system failed, and now only needed for testing due to improved performance.

Members asked for an update on the Cyber Essentials recertification. Concerns were raised about and the timeline for Cyber Essentials recertification, including addressing the unsupported devices, with assurances from the Vice Principal Business Services, that all necessary updates and replacements were planned and budgeted for.

In response to questions, the Committee was reassured over the college's level of cyber security protection. Questions were raised about the training provided to staff on the updated IT systems, with the Vice Principal Business Services confirming that comprehensive training sessions were scheduled. Members asked if the risk register reflected the current position, with it confirmed this was reflected in the more detailed Cyber Security Risk Register.

Members asked about testing of the plan and oversight of attempted attacks, with detailed assurances provided.

Item 9: Approved – the Committee approved the updated IT Disaster Recovery Plan.

Task/Matter arising: Complete Cyber Essentials certification by 31 July 2025.

10 - Risk Management

The discussion on risk management began with Dir. Finance providing an overview of the risk register, risk management process, and reviews, highlighting the number of risks in each category of risk. Members were

advised of progress with reviewing the format and size of the risk register. Members noted that due to the number of recent changes, any overhaul of the format and number of the strategic risks would not be done mid-year.

The risks that remined 'high' post mitigation were outlined in detail. In response to an outline of the quality risk, members noted additional assurances provided by external benchmarking and inspection outcomes, with the Committee advised by the Deputy Principal that the College is on course to achieve similar outcomes, however, noted some areas of concern remain, particularly around apprenticeships and English and maths. The Committee acknowledged the progress made but recognised that more work is needed to reduce the risk rating further.

The Committee discussed the second high-level risk, pertaining to critical incidents. It was noted that despite having robust plans in place, the inherent nature of critical incidents means they will always be classified as high risk due to their potential impact. Examples such as flooding, fire, and site bombing were mentioned to illustrate the scope of these incidents. Members were assured that the regular review and testing of the Critical Incident Management Plan would ensure that the impact is minimised, however, remains rated as high.

In reviewing the third high-level risk relating to recruitment and the loss of existing key staff, the Committee asked about the impact of the succession planning activities and were assured by work undertaken to mitigate the risk. The Committee recognised the efforts made to mitigate this risk through training and internal promotions but acknowledged the challenges due to the college's size. Members asked further about internal progression, support and training, and were given examples of long serving staff that had progressed through the organisation, as well as given details of increased interest in recent roles from high calibre external candidates, evidencing a positive reputation from the improved culture and focus on wellbeing. The Committee emphasised the need to continue monitoring and addressing this risk to ensure the organisation's resilience, noting recent absences within the senior team provided strong evidence this was currently effective.

Overall, the Committee agreed on the importance of maintaining a comprehensive risk register and ensuring that all risks are appropriately managed and mitigated. The discussion highlighted the need for ongoing vigilance and proactive measures to address both current and potential risks.

Members asked about the likelihood of reducing the rating of the high risks, discussing the external factors, including funding and pay across the sector.

While reflecting on other changes to ratings in the risk register, members extensively discussed the increased rating concerning capability issues and commended the ongoing work in this area. It was proposed that once a risk materialises, it should be removed from the risk register and monitored elsewhere since it becomes an issue requiring management rather than a potential risk. Members questioned whether the Audit Committee was the most appropriate body for overseeing staffing risks. They were informed about the processes used by other Committees to review risks pertinent to their terms of reference and given an overview of the process for oversight of perceived and realised risks through reporting to the relevant Committees. It was agreed that maintaining these risks on the register ensures continuous oversight, provided the risk register remains strategic and a manageable size.

The internal auditors were invited to present their view on the matter, with them agreeing that when crystallised, it was no longer a risk, however, proposed that with an issue such as capability, there remained a risk relating to managing the process effectively and potential for further issues with other staff, suggesting this risk should remain on the register. In relation to oversight of the risk, he advised that oversight of all organisational risks remained within the remit of the Committee, however, the approach described, with the details being reviewed within other Committee's was appropriate.

Item 10: Resolved – The Committee resolved to accept reassurances relating to risk management processes.
Task: Continue to review RR review processes and consider reducing the no. of risks considered to be strategic in line with sector norms.

11 - Fraud Reporting and Policies

The Dir. Finance presented the Fraud Policy, which had been last reviewed by the Audit Committee in February 2024. Members noted that the policy remains largely unchanged, with only minor updates to job titles.

Members were informed that there were no incidents of fraud to report since the last meeting, however, an incident initially suspected to be fraud was discussed. This incident involved an issue with the banking system

during payroll processing, which was initially thought to be a fraud attempt but later determined to be a system issue.

The Committee thanked the Dir. Finance for the thoroughness of the fraud reporting process and the proactive approach taken to document and investigate potential incidents. The Dir. Finance assured the Committee that the organisation remains vigilant in monitoring and addressing any potential fraud risks.

Item 11: Resolved – The Committee resolved to accept reassurances relating to fraud management processes and resolved to recommend the Corporation approve the updated policy.

12 - Implementation of Audit Recommendations

The Dir. Finance provided an update on the implementation of audit recommendations. The Committee was provided with a summary of the recent reviews, being reminded that financial planning and budgetary control review resulted in no recommendations, with the most recent audit of cybersecurity, in January 2025, identified five recommendations. Members were informed the recommendations related to training needs analysis, policy management, and awareness campaigns on cybersecurity risks.

Members were given an overview of the management response, with all recommendations assigned to the head of IT, with these being addressed as a priority with some due for implementation by the end of March.

The Director of Finance also highlighted two recommendations that remained outstanding concerning business continuity and disaster recovery. Members were reminded that the testing had been rescheduled a number of times by the insurers, having been planned in for March 4th and rescheduled again for the end of March. Concerns were raised regarding the recurring postponements, with the Vice Principal Business Services assuring the Committee this was being prioritised and had been paid for.

Item 12: Resolved – The Committee resolved to accept assurances provided relating to the implementation of recommended actions and improvements.

13 - Internal Audit Reports

TIAA presented the internal audit report on cybersecurity, apologising for the change in staff available to present, due to a strategic day and last-minute scheduling conflicts. Key points of the review were highlighted, noting the presence of a cybersecurity risk register, clear mitigating actions, and robust systems such as multi-factor authentication and alerts for suspicious activity.

Members were advised of the areas for improvement identified, including a training needs analysis for high-risk roles, updates to governance policies on user identity and access, and enhancements to vulnerability and patching governance. Members attention was also drawn to minor housekeeping recommendations, which included targeted phishing campaigns and updating the password policy to 12 characters or more.

TIAA assured the Committee that the management's responses to the recommendations were prompt and satisfactory. In being advised the audit resulted in a reasonable assurance rating, members questioned the rating, with it confirmed that although it was not the highest available outcome, indicated robust systems with minor areas for improvement. TIAA informed the Committee that management responses to the recommendations were considered a more important area of focus for the Committee than the assurance rating, with the Committee advised the short dates for implementation indicated a management team that was committed to improvements.

The Committee thanked TIAA for the report and summary, and commended the proactive steps taken by the IT team to address the recommendations. In response to questions about the achievability of the timeline for implementing the recommendations, it was confirmed all actions would be completed by the end of March.

The Committee discussed the phishing simulation, outcome to the recent testing and plans to bring this in house to reduce costs and increase the frequency, targeting different teams and students more frequently. Members asked about access restrictions for former staff and were given an overview of the process and plans to integrate user ID's across MIS, IT and HR systems.

TIAA advised the Committee of new risks related to 'Smishing' which were cyber security threats that came via SMS, with the Committee advised that staff mobiles ad SMS use among staff was limited, however, acknowledged that there was widespread use of SMS for parents, which could pose a risk if parents were targeted posing at SEG. The Vice Principal Business Services agreed to look at ways to mitigate against this risk.

Item 13: Noted – The Committee resolved to accept the report.
Task: Vice Principal Business Services agreed to look at ways to mitigate against the Smishing risk in relation to parents receiving message purporting to be from SEG.

---

14 - GDPR

The Director of Governance and Compliance provided an update on GDPR compliance, focusing on subject access requests (SARs) and data breaches. It was highlighted that while the number of SARs and breaches appeared to indicate a pattern, with increases to both in the autumn term, members were advised they were unrelated, describing the types of requests and breaches.

The Director of Governance and Compliance highlighted the challenges posed by SARs, particularly when they are used by individuals to pursue complaints rather than genuine data access needs, with the process rarely able to give access to the information sought, due to the redactions of third-party data and format of the data retrieved from the system. The Dir. Governance and Compliance advised the Committee she encouraged all requesters to maintain dialogue with staff where there were complaints, with this being a more effective way of resolving issues and ascertaining the level of information needed. The time-consuming nature of SARs, was outlined, with the need to redact opinions and third-party information.

A summary of the breaches was provided, giving an overview of the types of actions and updates implemented as a result with an example of management responses.

The Committee was given an overview of the recommended updates to the privacy notices, with the Committee advised the review was driven by a query regarding the sharing of staff members' contact details with an exam board, which prompted a review of the privacy notices. Members were informed the previous staff notice had been more detailed than was necessary, with the detailed examples of third-party sharing resulting in it being perceived that these were the only instances of third-party sharing, rather than helpful examples. Following a review of examples and templates and ICO guidance, it was recommended the notices are simplified, using a more general template to allow for greater flexibility in data sharing while remaining compliant with ICO guidelines. Members noted that the Student and Website notices had also been reviewed, with minor updates recommended. The Committee endorsed all updates.

The Dir. Governance and Compliance advised the Committee of compliance with freedom of information legislation, confirming these were not included in the report as it was separate legislation to GDPR, but mentioned as compliance with the requirements is overseen by the DPO. The process for managing these requests was outlined, emphasising the collaborative effort between the governance and compliance teams.

The Committee concluded that there were no significant GDPR issues reported, and the updates to the privacy notices were approved. The importance of continuous monitoring and updating of GDPR policies to ensure compliance was reiterated.

Item 14: Approved – The Committee resolved to approve the updates to the Privacy Notices and accepted the assurances provided by the report.

Decision: Decision to update privacy notices to a more general format that allows for broader information sharing while remaining compliant, being in line with the guidance and examples provided by the ICO.

---

15 - Compliance Reporting

15.1 - Policies

The Director of Governance and Compliance informed the Committee the report had been introduced to provide information and assurances regarding progress in developing a comprehensive policy register and updating outdated policies.

Progress to date included working collaboratively with the Executive PA to compile a list of all organisational policies, identifying those that are past their review date. The Committee was informed that the organisation has identified 165 policies, with 73 past their scheduled review date.

The Committee discussed the challenges of managing such a large number of policies and the importance of ensuring they are current and compliant. The Director of Governance and Compliance advised that the task of reviewing these policies is resource-intensive, with plans to work with area managers to ensure this is addressed in a manageable timeframe. The Committee was informed that while some policies are not immediately critical, they still need attention to ensure they are current and comply with existing legislation.

The Committee discussed the strategy for managing this workload, including the potential use of external support and AI to expedite the review process. There was a consensus on the need to condense and streamline policies where possible, such as combining related policies into comprehensive handbooks for easier management and accessibility.

The discussion also covered the importance of version control and ensuring that policies are stored in a centralised location to avoid issues of missing or outdated documents. The Committee was assured that steps are being taken to address these challenges, and that progress is being made, with the reporting intended to provide oversight and assurance to the Committee.

Item 15.1: Noted

15.2 - Website Compliance

The report was summarised, with areas of partial and non-compliance highlighted, noting that all were in progress or updated and brought up to date since the review, with attention drawn to the accessibility statement. The Dir. Governance and Compliance highlighted that although in progress, this had been outstanding since reviews of the website had begun, with the developers having still not added the statement despite a number of requests.

The discussion on website compliance focused on the ongoing efforts to ensure the college website meets accessibility standards. The Vice Principal Business Services explained that the current website has several areas that are not compliant with accessibility requirements, and the accessibility statement is missing. It was noted that the age of the website prevented it from being fully accessible, which was permissible, however, a statement outlining this needed to be included. Members were advised this has been an ongoing issue for two years, with delays as a result of non-action by the website provider, LDA, with it unclear why, with examples given of other local colleges they had created websites for having had the required changes made and statement added.

The Committee discussed this at length, asking about the contract and potential for withholding invoices to ensure compliance requirements are met. The Committee was assured that the marketing team were working with the supplier to rectify these issues, including pushing the provider to conduct a thorough analysis of the website's accessibility and make the necessary changes. The Committee discussed the importance of having a compliant accessibility statement and the potential need for a complete website redesign if the current provider cannot meet the requirements.

There was a consensus that this issue needs to be resolved urgently, with a commitment to have this resolved by the next meeting. The Committee also discussed the possibility of adding this issue to the risk register if it is not addressed promptly.

Item 15.2: Resolved – The Committee resolved to maintain close oversight of the issues relating to non-compliance of the website accessibility statement.

Task: Work with LDA to provide an accessibility statement for the organisation's website, outlining which parts are accessible and what users can do to improve accessibility. Provide an update on progress at the next Committee meeting.

16 - Any Other External/Funding Audits

16.1 - Multiply Audit

Participated: Paris Bonwick

The Committee received a verbal update on the Multiply Audit which was still in progress, explaining it was part of the adult skills education budget and is conducted by the Liverpool City Region. The Vice Principal Business Services provided an update on the Multiply Audit, noting that the main issue identified was the use of an incorrect logo on learning agreements.

The Committee was informed that the correct logo has now been implemented, and there are no major concerns from the audit so far. Members were advised that the audit is ongoing, and the final report is expected soon, to be circulated either within the next meeting pack or by email depending on the timing.
Item 16.1: Noted
<u>Task:</u> Report to be circulated by email or included in the next pack (depending on timing)

16.2 - FEC Report

The Deputy Principal explained that this review was a voluntary diagnostic assessment requested by the college to ensure the apprenticeship provision is meeting standards, with the health check providing assurances of progress along with recommending improvements.

Members were informed the review identified several areas of good practice, with good progress made against previous areas of concern, with some recommendations for further improvement, particularly around systems and standard operating procedures. The Committee was informed that all recommendations are currently being addressed, with some already implemented.

In providing details of identified areas of good practice, such as the introduction of pastoral support for apprentices and the mandatory employer induction process, the Committee noted these had been well received and are being shared as models of good practice within the sector.

Members suggested the review and sharing of best practice indicated the scale of national issues with apprenticeships, with some of the practices being shared could be considered to be an expectation, not best practice, including induction. It was explained it was the mandating and quality of the induction and ongoing employer engagement which had been considered exemplary.

In response to a member question about student feedback, the Committee was informed the feedback around the apprenticeship offer was improving, with further discussions held around timing of the next inspection and the likely outcome including the monitoring visit, with it confirmed what this would entail and possible judgements from this.

Item 16: Noted – The Committee noted the assurances provided by the external audits.

17 - Committee Improvement Update

The Director of Governance and Compliance provided a brief update on the progress against identified areas for improvement from the review of 2023/24 performance. Members noted the update was included for information only, with no time allocated for discussion. In being advised of the ongoing work to address the identified areas for improvement, the Committee noted the update.

TIAA added that the questioning from members seen throughout the meeting had been robust and reflected well on the Committee, indicating that based on their experience, the Committee was performing effectively.

Item 17: Noted

18 - Review of Performance of Auditors

REDACTED

19 - Internal Audit Tender Update
REDACTED

20 - Items to be Reported to the Corporation
The Committee discussed the items that need to be reported to the Corporation at its upcoming meeting on 1st April 2025. The Committee agreed that the policies for health and safety policy and fraud would be presented for approval.

The Committee members considered if there were any other items they wished to communicate to the Corporation, noting the Privacy Statements, which the Committee had delegated authority to approve, did not need to be escalated to the Corporation.

Discussions focused on the need to be ensure reporting was concise and focused on essential items only, with it agreed there only needed to be a verbal update of items discussed, ensuring concerns relating to the website accessibility statement are highlighted.

Item 20: Approved – The Committee resolved to approve the presentation of the Fraud and Health and Safety Policies to the Corporation for approval.

21 - Date of Next Meeting & Close

The next meeting was confirmed to be on Tuesday, 6th May 2025. The Committee acknowledged that this meeting would be longer due to the internal audit service tender process. An earlier start time was suggested to accommodate the extended duration. A placeholder for an additional two-hours was proposed, although it was hoped that the actual meeting time would be shorter.

The Committee members were thanked for their time.

The meeting closed at 5.38pm, with members commending the Chair for working effectively through the agenda in the available time, whilst still giving due time to all items. It was noted that the meeting had concluded in two hours as there had been a slight delay in starting the meeting.