

## SOLIHULL COLLEGE

### MINUTES OF THE MEETING OF THE AUDIT COMMITTEE MEETING HELD ON 1<sup>ST</sup> MARCH 2016 AT SOLIHULL COLLEGE, BLOSSOMFIELD CAMPUS

PRESENT: John Bolt (Chair)  
Alex Palethorpe  
Tony Worth

IN ATTENDANCE: John Callaghan (Principal)  
Lindsey Stewart (Deputy Principal)  
Heather Evans (Vice Principal – Finance)  
Pete Haynes (Vice Principal – HR and Student Services)  
Sam Bromwich (Director of Risk, Control and Compliance)  
Theresa Lynch (Clerk to the Corporation)

Louise Tweedie – Director, RSM

#### 1. Membership

##### 1.1 Apologies for Absence

Apologies for absence were received from Keith Marriott.

##### 1.2 Declarations of Interest

Tony Worth noted that, in relation to Item 12, he had previously worked for RSM.

#### 2. Minutes of the previous meetings and matters arising

The minutes of the meeting held on 30<sup>th</sup> November 2015 were agreed as a correct record and signed by the Chair.

##### 2.1 ESF Funding – Bournville College

*This item was deemed confidential.*

#### 3. Risk and Board Assurance

The Director of Risk, Control and Compliance explained that a lot of work had been taking place to embed the Board Assurance Framework and the new Strategic Risk Register. Auditors had undertaken 3 audits to review the new processes and documentation, with a follow up audit due to confirm that all 22 recommendations to date had been addressed. In preparation for the follow up audit the Board Assurance Framework and Risk Register had been fully reviewed.

##### 3.1 Strategic Risk Register

The Director of Risk, Control and Compliance presented the Strategic Risk Register.

Clarity was sought regarding Risk 5 relating to IT as there were 3 'medium low' assessments of assurance. It was noted that this was in relation to independent assurance. The planned mitigation was to have an audit in this area.

### 3.2 Board Assurance Framework

The Director of Risk, Control and Compliance presented the Board Assurance Framework.

Discussion took place relating to Area 6 - incident management. It was noted that action had been taken for a consultant to review the Plan and this had resulted in it being amended and presented for approval, as well as the production of a new Business Continuity Policy.

Q. Is there a plan to test the overall Plan?

A. Simulation exercises will be planned to identify any problem areas and test recovery times.

Q. Is there a call cascade process in place?

A. This is operated by a company out of hours.

It was noted that debriefs after incidents and after the previous simulation exercise had helped to improve plans.

Discussion took place regarding the use of the Board Assurance Framework for the Audit Committee and it was **agreed** that each section of the plan would be presented to the Audit Committee as follows:

|                |  |
|----------------|--|
| June 2016:     | Area 1 Quality of Teaching, Learning and Assessment<br>Area 2 Responsive Curriculum<br>Area 3 Safeguarding |
| October 2016:  | Area 4 Effective Accommodation<br>Area 5 Effective IT<br>Area 6 Incident Management                        |
| November 2016: | Area 7 Governance<br>Area 8 Financial Health   |

### 3.3 Board Assurance Action Plan

The Board Assurance Action Plan was reviewed and it was noted that this now provides the full assurance requirements for management, corporate and independent components.

### 3.4 On-going Board Assurance

The Director of Risk, Control and Compliance presented the report and explained that it provided evidence of assurance other than internal audit assurance. It was noted that independent reviews had been carried out in relation to data protection and business continuity, which had been used to inform the policy reviews conducted by the College.

The Vice Principal Finance explained that the College insurers had carried out a review of health and safety policies and the report would be used as independent assurance.

## 4. Internal Audit Plan 2015/16 – Safeguarding/PREVENT and Competition and Markets Authority

The Vice Principal HR and Student Services presented the report and explained that the 5 contingency days identified in the Internal Audit Plan for 2015/16 would be used for safeguarding (PREVENT) and to review the College's processes with regard to the consumer protection law requirements for information for students.

## 5. Internal Audit Matters 2015/16

### 5.1 Key Financial Controls - Tendering

The Internal Auditor presented the report and explained that an advisory audit had been carried out in relation to the tendering process. The Financial Regulations had been reviewed and suggestions to amend terminology to reflect procurement regulations had been made. System functionality of In-tend had been undertaken and suggested changes and improvements identified. The College would now raise these with the system provider, as appropriate. A second assurance audit would be carried out in March 2016.

## **5.2 Progress Report 2015/16**

The Internal Auditor presented the report and explained that only one audit had been carried out so far. All other reports were planned to be reported to the next meeting in June 2016..

## **5.3 Benchmarking Report**

The Internal Auditor presented the report.

Q. How many clients does it include?

A. About 120, mostly GFE. There are about 30 sixth form colleges included.

Q. In terms of 'substantial assurance' what is the average for colleges, compared to the 7 for Solihull College?

A. The average for GFEs tends to be between 10 and 12, whilst sixth form colleges tend to be more in the region of 4.

## **6. Policy Review**

The Director of Risk, Control and Compliance presented the report and explained that both policies reviewed had reached their review date.

### **6.1 Incident Management and Business Continuity Plan and Policy**

The Director of Risk, Control and Compliance presented the report and explained that a new policy relating to business continuity was being recommended.

**RESOLVED** to recommend approval of the Incident Management and Business Continuity Plan and Business Continuity Policy to the Corporation.

### **6.2 Data Protection Policy and Data Archiving and Retention Policy**

The Director of Risk, Control and Compliance presented the report and explained that there may be a need to further review the Policy subject to changes to EU regulations in the next 18 months. The Policy would therefore be reviewed annually.

Q. How is the Policy communicated to staff within the College?

A. An implementation plan would be produced to roll the Policy out during the summer term. It was hoped that an electronic training package would be developed to ensure full staff compliance. It was noted that student guidelines were also being developed in conjunction with Student Services and curriculum areas. The consultant who had reviewed the Policy would continue to support this process. It was suggested that clarify in relation to the College's responsibilities regarding students and data handling be sought. This was suggested in relation to placements too.

The Director of Risk, Control and Compliance presented the Data Archiving and Retention Policy and explained that some further amendments were needed relating to BTEC requirements and Higher Education Achievement Report (HEAR) regulations.

Q. How does the College store hard copy records?

A. It was noted that the majority of records were now electronic and that the College employed the services of an archiving company which stored records electronically and physically.

Q. Have all retention periods been confirmed?

A. Yes, they were either statutorily defined or had been identified via JISC and the national archive guidelines.

**RESOLVED** to recommend approval of the Data Protection Policy and Data Archiving and Retention Policy to the Corporation.

**7. Health and Safety Update Report**

The Vice Principal Finance presented the report.

Q. Is there data to specify number and type of accident by staff and students?

A. Yes this data was available and would be included in a future report. **ACTION.**

**8. Value for Money Update Report**

The Vice Principal Finance presented the report.

**9. Ad Hoc Audit Reports – RSM Safeguarding Report**

The Deputy Principal presented the report and explained that the audit in relation to sub-contracting had been carried out in line with SFA requirements. A certificate of satisfactory assurance had been submitted to the SFA by the due date of 31<sup>st</sup> January 2016.

**10. Additional Audit Work**

*This item was deemed confidential*

**11. Review of the Performance of the External Auditors**

*This item was deemed confidential*

**12. Re-appointment of Internal Auditors for 2016/17**

*This item was deemed confidential*

**13. Management Report on the Implementation of Audit Recommendations**

The contents of the Management Report on the Implementation of Audit Recommendations were noted. It may be useful to identify the number of recommendations that have been removed from the list due to having been completed in the report in future. Discussion took place regarding the number of recommendations where planned implementation dates had been changed and whether the original dates had been overly optimistic. It was **agreed** that where dates are changed a reason would also be included. **ACTION.**

**14. Date of the Next Meeting**

The date of the next meeting was scheduled for Tuesday 14<sup>th</sup> June 2016 at 6pm.

Signed: JRBoa

Date: 14 June 2016.