

Minutes of: CORPORATION
 Date: 9th December 2021
 Time: 5:00pm
 Place: via Microsoft Teams (COVID 19)



Present: Mr S Brand
 Mr P Cook (Principal)
 Mr S Crick
 Dr H Friend
 Mr R Jones
 Ms J Lewis-Bell
 Mr I Pursglove (Chair)
 Mr C Todd (Vice Chair)

In attendance: Ms S Dent (Vice Principal, Finance and Resources)
 Ms J Ferguson (Vice Principal, Safeguarding and Pastoral Care)
 Mrs R Herbert (Vice Principal, Quality and Curriculum)

 Mr P Oxtoby (RSM UK Audit LLP)

 Mrs Y Doherty (Clerk to the Corporation)

21/18 APOLOGIES

Apologies for absence were received from Ms K Carr-Fanning and Mr M Crook.

21/19 DECLARATIONS OF INTEREST

As previously minuted, Mr Crick's employment was noted.

On the basis of the business to be considered there were no declarations of interest.

FOR DECISION

21/20 FINANCE & RESOURCES

Financial Statements 2020/21

Mr Oxtoby explained his attendance at the meeting was as a result of a new requirement from the ESFA as included in the Post-16 Audit Code of Practice.

The usual process of attendance at the Audit Committee where the accounts were considered had remained unchanged. Attendance at the Corporation meeting gave the wider membership access to the audit partner and provided additional assurance.

20.1. Annual Accounts

The Vice Principal Finance and Resources presented the Financial Statements 2020/21 (circulated, document Dec 21/1).

Key features of the Annual Accounts that were highlighted included:

- The operating surplus
- The decrease in FRS 102 pension liabilities
- The Total Comprehensive Income for the Year, taking into account the actuarial gain in respect of defined benefit pension schemes
- Total net assets which were impacted by the Local Government Pension Scheme being treated as a long-term creditor
- Increase in statutory income on prior year

- Savings in 2019/20 as a result of COVID, had forecast increased budget in 2020/21 but spend had remained lower than anticipated
- Year on year increases and savings had contributed to the strong performance, but this was **unusual**
- Good cash position

Going Concern

- The Board was required to form a view in approving the accounts of whether the College remains a “going concern”.
- The key consideration for the Board was whether there were cash flow forecasts and monthly budgets covering at least 12 months from the date of approval of the financial statements.
- The College Financial Forecasting Return submitted in July covered the 3 years from 2020/21 to 2022/23, and was assessed by the EFSA as having ‘Excellent’ financial health for the years 2020/21 and 2021/22 (no rating given for 2022/23).
- Bank covenants have been met in 2020/21 and will continue to be met based upon the 2021/22 forecast.
- The College has good cash reserves and is rigorously monitoring the financial impact of COVID19, as well as pay and non-pay cost increases as resulting from inflation.

Therefore, the recommendation was that the College continued to be a “going concern”.

Discussion points included:

- Staff costs as a percentage of expenditure, and reference to the data in the letter from the FE Commissioner (see minute 21/28); was this slightly higher than the average for the sector?

It was commented that it was believed that the data in the FE Commissioner letter was for mainstream provision /FE sector average. College costs were impacted by the staff to learner ratio, smaller class sizes and the inclusion of costs for additional support e.g. ILS, safeguarding, mentors, progress coaches.

It was acknowledged that the percentage had decreased in 2020/21 compared to the previous year, however, it was not expected to be maintained with anticipated increases due to recruitment and salary costs (minimum wage and pay award).

- Agency costs – were these included in the data for staffing costs?

This was confirmed.

- Agency – were there preferred suppliers and/or preferential rates

It was confirmed that a different approach had included strengthening relationships with agencies to deliver specific recruitment events and the use of temp to perm contracts. It was recognised that there was more that could be done and a need to be proactive in assessing learner numbers to determine required staffing levels.

- Income – proportion of reliance on Element 1 and 2 funding. Support from Governors?

It was reported that the College had recently received confirmation that Coventry LA would be funding an increased number of Element 2 from 2022/23.

It was suggested that this highlighted the previous discussion regarding subsidising places and that Governors should continue to monitor this and make representations if necessary.

Mr Oxtoby commented that there was a need for the detail contained in the report to provide balance in terms of acknowledging the good performance whilst recognising and appreciating that the College and sector would need this and more going forward.

20.2 External Audit Findings Report & Letters of Representation

Mr Oxtoby presented the External Audit Findings Report and Letters of Representation (circulated, document Dec 21/2).

The external findings report was an updated version to that considered by the Audit Committee.

It was confirmed that nothing was outstanding.

External Audit Findings Report:

Key risk areas:

- Income recognition

As a result of the changes under the Pots 16 ACoP 20/21 the ESFA and MCA/GLA no longer provide assurance to the auditor over the funds earned by the college, as generated through the ILR returns, so this year work had included detailed testing by a specialised team. There were no issues.

- Going Concern

No issues. A prudent approach was being maintained.

There would be continuing difficulties regarding negotiating income, as although it was positive that learner numbers were increasing there remained uncertainty as to what would actually be funded.

The strong cash position also supported the position.

- Management Override

The policies and procedures were considered appropriate. Testing had confirmed that there were no issues.

It was a clean audit.

Minor recommendations had been made which were primarily about cut off dates/tidying (as detailed).

Other changes to the format/content of previous years, included a more positive statement regarding the assessment of going concern and comment on laws and regulations (e.g. Education Act and GDPR).

The recommendations were raised an updated to the next meeting in February requested.

Mr Oxtoby clarified that these were attributable to the loss of organisational knowledge and would otherwise have been resolved in previous years.

It was noted that the risks associated with staff changes had been previously identified. It was suggested that the points were relatively minor amendments, and that changes of staff required time to settle.

It was **RESOLVED THAT**

- i. the assessment that the College remained a 'Going Concern' be agreed;
- ii. the Financial Statements and Letters of Representation for the year ended 31st July 2021 be approved and signed.

20.3 Regularity Self-Assessment Questionnaire 2020/21

The Vice Principal Finance and Resources presented the Regularity Self-Assessment Questionnaire 2020/21 (circulated, document Dec 21/3).

It was confirmed that the Audit Committee had considered a version of the RSAQ its meeting in June 2021. However, at the time it had been confirmed that an addendum relating to COVID was due for publication.

The completed addendum was considered by the Audit Committee at its meeting in November 2021. It was confirmed that the complete document was used as part of the regularity assessment by RSM no concerns had been raised.

The Audit Committee recommended the RSAQ for signature by the Chair and the Principal.

20.4 Audit Committee Annual Report 2020/21

The Chair of the Audit Committee presented the Audit Committee Annual Report 2020/21 (circulated, document Dec 21/4). It was noted that the Committee had considered the contents of the report, and the reports provided by the internal and external audit service.

The main points were:

- Confirming the Committees responsibilities
- The Committee's opinion **was** that the College had adequate and effective audit arrangements and processes with regard to governance, risk management and control and for achieving economy, efficiency and effectiveness, the solvency of the institution and safeguarding of its assets.
- Review and amendment of the Committee priorities for 2021/22
- The Financial Statements Auditors had provided an unqualified opinion.
- Regularity Audit –there were no issues of concern arising from the audit.
- Governor attendance at Corporation meetings
- Training
- Consideration of re-establishing the Finance and General Purposes Committee.

Detail was provided on the findings of the internal audit reviews, other relevant reviews, Risk Management, the Internal Audit Service Opinion 2020/21, the financial statements and the regularity audit.

It was commented that it was an informative report, providing assurance through the rigor and challenge of the Committee and the internal audit service.

The Chair thanked the Audit Committee, Vice Principal Finance and Resources and the Finance Team for all their hard work.

It was **RESOLVED THAT** the Audit Committee Annual Report 2020/21 be accepted.

Mr Oxtoby left the meeting.

21/21 MINUTES FROM THE PREVIOUS MEETING

21.1 14th October 2021

The minutes of the meeting (circulated, document Dec 21/5) held on 14th October 2021 were considered.

It was **RESOLVED THAT** the minutes of the meeting held on 14th October 2021 be approved.

21.2 Confidential minutes 14th October 2021

The confidential minutes of the meeting (circulated, document Dec 21/6) held on 14th October 2021 were considered.

It was **RESOLVED THAT** the confidential minutes of the meeting held on 14th October 2021 be approved.

21/22 MATTERS ARISING**21/06 Principal's Report - Catering**

An update on the previously reported issues was requested.

It was reported work with the caterers had resulted in improvements. There had been a reduction in the number of complaints received, and the intent was to continue to work with the external manager on any outstanding issues.

The contract was also overseen by the Litmus Partnership (which worked with the College) with the representative from Litmus also supporting the College in resolving the issues.

It was confirmed that the complaints had been dealt with via the formal complaints procedure. This supported discussion of recommendations and the implementation of actions.

21/9.2 Prevent Strategy and Action Plan

An update on a Governor to serve to on the Prevent Steering Group was requested.

It was confirmed that Dr Friend had agreed to fulfil this role.

21/23 STANDING AGENDA ITEMS**23.1 Principal's Report**

The Principal provided a report to members of the Corporation with a brief update on recent curriculum developments (circulated, document Dec 21/7).

The report provided detail on:

- Management of COVID cases
- Visit by Dr Jo Saxton, Ofqual
- Catering
- WMCA/AEB
- Residential CQC report – see minute 21/29.2

- Disruption to teaching, learning and progress – COVID

Due to the disruption increased resource had been allocated to ensuring that learner progress is monitored according to the recognised college standard. In addition, a new rolling programme of external scrutiny by a practicing Ofsted inspector was also being implemented to enhance the internal IQER process.

Vacancies – measures included a new relationship with an agency had delivered specific recruitment events and the use of temp to perm contracts.

- 14 – 16 provision

Enrolment of 5 learners in September 2020 for an anticipated 2-year programme.

Success was better than expected three of the five learners moving on into main stream college in September 2021.

One learner (now over 16) was enrolled on our main Explorer Pathway

One learner remains on campus under the 14-16 funding category.

Initial issues were identified regarding a suitable course offer and a suitable peer group.

Following further clarification regarding the rules governing 14-16 learners in a further education setting and direct written confirmation from the ESFA the learner has been integrated into a media group but is subject to enhanced safeguarding. This enhanced safeguarding oversight is in the form of one to one support.

- T Level

A working group has been looking at the T Level provision in ICT. The broad conclusion is that it is possible to develop T Level curriculum within the College subject to specific employer input to some aspects of the curriculum delivery. The next part of the process obtaining feedback from employer contacts. Financial modelling will also need to be completed. Proposals may include the need to partner with another organisation.

Discussion points included:

T Levels

It was commented that it was excellent that the College was considering these qualifications but it should be noted that there were concerns within the sector not only about college delivery but also about the ability of employers to be able to offer the length of placement required.

It was confirmed that there was scepticism in the sector despite the assurance of the Secretary of State that employers did have the necessary capacity and desire to support these qualifications.

Additional support from a practicing Ofsted inspector – what was the nature of this? Judgement/support or both?

What level of assurance would be provided?

It was reported that this was intended to ensure that the College was ‘match fit’ under the new inspection framework. It was about the knowledge that the inspector was able to offer.

Changes under the new framework included a change in focus regarding the SLT and nominee with Ofsted dealing directly with curriculum managers.

The inspector was working with middle managers and offering a perspective in the wider sense.

The inspector was new to Ofsted but was experienced in SEN.

It was anticipated that in the next Principal’s report detail would be provided regarding what was known of the Ofsted approach to inspections, how the ‘bar had been raised’ and what currently appeared to be an inconsistent approach regarding COVID and its impact.

It was commented that it appeared that the approach was to prove that COVID was an exception.

Members commended the SLT on their efforts to manage and limit the impact of COVID.

It was **RESOLVED THAT** the Principal’s update report be noted and received.

23.2 Student Numbers

The Vice Principal Quality and Curriculum presented a report on the Student Numbers (circulated, document Dec 21/8).

Attention was drawn to the number of applications for 2022/23 and the comparable data.

It was noted that it was very early in the current academic year.

It was **RESOLVED THAT** the Student Numbers update report be noted and received.

23.3 Data Dashboard 2021/22

The Data Dashboard was considered (circulated, document Dec 21/9).

- ILTA

R04 had been submitted, more detail would be available at the next meeting

Attendance rate was steady at approximately 90%

5% COVID absence rate

- DRIP

Staff Safeguarding Training data: Classroom 97% completion rate

Online 99% completion rate

- MMCR

There was an error regarding weekly staff days lost (COVID) and this should be RAG rated amber
Appraisal rate – it was anticipated that this would improve for the report in February.

Discussion of the appraisal process confirmed that completion would normally be required by the end of the academic year. However, the system did present challenges regarding meeting with learner facing staff, e.g. ILS, to complete the process, as when they are in college they spent all of their time with learners.

It was **RESOLVED THAT** Data Dashboard 2021/22 update report be noted and received.

21/24 STRATEGY

Strategic Plan 2021 - 2021

The Principal presented an update to the Strategic Plan 2021-2024 (circulated, document Dec 21/10).

The plan was presented for approval.

Following consideration of a draft Strategic Plan in July 2021 feedback was requested.

Governors had also been involved in two strategy events which considered in detail aspects of curriculum, pastoral support and accommodation planning. All of the feedback was incorporated into the updated document.

The draft plan had been presented to our sponsor local authority (Coventry) and received very positive feedback.

It had also been the subject to a series of consultation communications and surgeries with college staff. All of these events had further informed the final draft plan.

In summary the updates covered the following topics:

Remote and online learning – Detailed on page 28 (point 2.3), the plan makes a commitment to working with the sector leaders in the development of blended learning and assistive technology.

Accommodation – Detailed on page 36/37 (point 4.1), there is a commitment to commission a feasibility study that looks at the use of the campus with consideration to a new updated curriculum strategy.

Training and development of staff – Detailed on page 37 (point 4.3), there are commitments to develop specialist continuous professional development and also succession planning within the staffing structure of the College.

If approved a development plan would be written and presented to the next board meeting that detailed how each objective within the plan will be realised.

A shortened version of the document would be distributed to stakeholders.

There was no additional feedback. It was suggested that this was attributable to the previous consultation processes and subsequent responses. It was also commented that the plan provided a good example of collaborative working.

It was **RESOLVED THAT** the Strategic Plan 2021 – 2024 be approved.

21/25 FINANCE AND RESOURCES**25.1 Audit Committee Meeting – 22nd and 25th November 2021**

A report was received to provide the Corporation with an update on the work completed by the Audit Committee at its meetings on 22nd and 25th November 2021 (circulated, document Dec 21/11).

Business considered included:

- Draft Financial Statements for year ended 31st July 2021 *minute 21/20.1*
- External Audit Findings Report *minute 21/20.2*
- Regularity Self-Assessment Questionnaire – Addendum *minute 21/20.3*
- Audit Committee Annual Report 2020/21 *minute 21/20.4*
- Annual Risk Management Report 2020/21 *minute 21/25.2*
- Risk Management Policy *minute 21/25.3*
- Strategic Risk Register 2021/22 *minute 21/25.4*
- Committee Terms of Reference 2021/22 *minute 21/27*
- Students' Union Accounts 2020/21 *minute 21/30.3*
- Internal Audit Service Annual Report 2020/21 *available on Portal*
- Progress against the Internal Audit Plan 2021/22
- Progress against Audit Recommendations
- Annual Value for Money Report 2020/21
- Gifts and Hospitality
- Deep Dives
- Compliance with Terms of Reference 2021/21
- Performance Review of Audit Services

Attention was drawn to the following key points:

- No internal audit reviews had been completed so far, this academic year. Over the course of academic year staff would be invited to provide feedback on experiences with the Internal Audit Service, to inform any annual extension (as allowed by the contract) or requirement to tender this academic year.
- The Internal Audit Service was to be requested to provide necessary specialist knowledge where required.
- The Value for Money was a useful read – members who wished to read it, were directed to the Portal
- Deep Dive presentation on Diversification of Income was informative, with 'other income' a key factor for the College
- The Committee was considering the potential to schedule four meetings per year.

It was **RESOLVED THAT** the report from the Audit Committee meetings – 22nd and 25th November 2021 be noted and received.

25.2 Annual Risk Management Report 2020/21

The Vice Principal reported on the Annual Risk Management Report 2020/21 (circulated, document Dec 21/12).

It was noted that the report had been considered by the Audit Committee.

Highlights included:

- The Risk Management Policy was reviewed and approved by the Board in December 2020.
- Senior leaders have continued to drive a risk-based approach across all college operations.
- Updates on progress have been provided to the Board and Audit Committee on actions taken throughout the year.
- An analysis of the categorisation of residual risks for 2020/21 was provided with a comparison of the position in 2018/19 and 2019/20 (*to note that the risk scales and matrix were revised in 2020/21*).

It was commented that:

- Student numbers were an annual risk.
- Potential accommodation issues were acknowledged in risk 10
- The impact of income diversification was acknowledged in risks 16, 18 and 19
- The position regarding DSA was being monitored

It was reported that discussions at the Audit Committee had included the in-year cyclical nature of some of the risks and the strategic versus operational view.

Discussion points included:

It was a comprehensive report but was there a need to consider the difference between significant strategic risks and elements that would be classed as business as usual (BAU)

This was agreed to be a good point, but from the point of the work of the Audit Committee there might be the need to include the operational detail that feeds into the management of the strategic risks.

It was suggested the risks 21 and 22 were BAU, with no significant change year on year and the day to day management the responsibility of the SLT.

It was commented that to some extent the risks were BAU, however, with regard to the effects of the pandemic they had proved to be strategic risks, without this classification the impact could have affected delivery. It was suggested that it was valid to maintain these examples as strategic risks for the present, whilst acknowledging that it was a 'backwards looking' report.

It was **RESOLVED THAT** the Annual Risk Management Report 2020/21 be noted and received.

25.3 Risk Management Policy

The Vice Principal Finance and Resources reported on the Risk Management Policy (circulated, document Dec 21/13).

It was reported that the Risk Management Policy had been reviewed and updated. All deletions were in red text, and additions were highlighted in green.

The majority of the updates were formatting changes, such as adding text to a table, or the deletion of duplicate information.

It was **RESOLVED THAT** the Risk Management Policy be approved.

25.4 Strategic Risk Register 2021/22

The Vice Principal Finance and Resources reported on the Strategic Risk Register 2021/22 (circulated, document Dec 21/14).

It was noted that the Strategic Risk Register had been considered by the Audit Committee and was recommended for approval.

Three risks have been added and five risks have been removed, bringing the total number of risks to 26 (2020/21: 28). Detail was provided.

Discussion points included:
It was a comprehensive document.

Suggestions:

Risk MV-02: consider the inclusion of stakeholder management/partnerships in the controls and mitigation

Risk SO2-3: consider inclusion of any advice from the consultant Ofsted inspector

Risk SO2-5 and SO3-4: similar with reference to COVID
Overlap was acknowledged, but one related to the quality of academic provision and the other to safeguarding

Risk SO4-1 Control processes and mitigations duplicated from SO3-4

It was **RESOLVED THAT** subject to the required amendments the Strategic Risk Register 2021/22 be approved.

21/26 QUALITY AND STANDARDS

26.1 Employability and Enterprise Strategy

The Vice Quality and Curriculum presented the Employability and Enterprise Strategy (circulated, document Dec 21/15).

It was noted that the Employability and Enterprise Strategy had been considered by the Quality and Standards Committee and following feedback and amendments was recommended for approval.

It was **RESOLVED THAT** the Employability and Enterprise Strategy be approved.

26.2 Self-Assessment Report 2020/21 and Quality Improvement Plan (QuIP) 2021/22

The Vice Principal Quality and Curriculum reported on the Self-Assessment Report 2020/21 and Quality Improvement Plan 2021/22 (circulated, document Dec 21/16).

It was confirmed that the report had been considered in detail by the Quality and Standards Committee with suggested revisions incorporated in the document presented.

The Quality and Standards Committee recommended the Self-Assessment Report 2020/21 and Quality and Improvement Plan 2021/22 for approval.

Self-Assessment Report 2020/21

Members were requested to note the Self-Assessment Grade 2: 'Good'.

Points highlighted included:

- At the time the report was written there was no national comparative data, but discussion with the AoC confirmed that rates from MiDAS were in the public domain.
- Page 21, reference to accommodation improvements supported by the Strategic Plan.
- Page 22/23, use of software to support the evidence/recording of progress.
- Page 26, depressed Functional Skills achievement rate, this appears to be a national trend
- Page 33, acknowledgment of the value and contribution of the Peer Support Team

It was commented that the report was typically thorough, but were some of the judgements overly harsh? Was the College underselling itself? There were areas of outstanding practice.

It was commented that it was always challenging to be genuinely self-reflective, but consideration had also been given to external information in an attempt to ensure accurate assessment, but it would always be difficult to determine if the approach was overly cautious.

It was confirmed that these issues had been discussed by the Quality and Standards Committee, which had been of the same opinion regarding the judgements potentially being too self-critical.

However, it was agreed that the judgements in the SAR should not restrict articulation of aspirations/intended progress.

Agreement with the comments about over critical assessment was expressed, however, there was a need to for caution and to balance the judgements against what was known of the approach being adopted by Ofsted.

It was suggested that feedback from the consultant Ofsted inspector would be of use.

It was **RESOLVED THAT** the Self-Assessment Report 2020/21 be approved.

Quality Improvement Plan (QuIP) 2021/22

The QuIP remained in the same format, and had been populated since the meeting of the Quality and Standards Committee.

It was commented that significant progress had been made since September 2021.

It was **RESOLVED THAT** the Quality Improvement Plan 2021/22 be approved.

26.3 Equalities Data 2020/21 for publication

The Vice Quality and Curriculum presented the Equalities Data 2020/21 (circulated, document Dec 21/17).

It was noted that the Equalities Data report had been considered by the Quality and Standards Committee and was recommended for approval and publication in line with the requirements of the Public Sector Equality Duty.

Some presentational points were discussed.

It was **RESOLVED THAT** subject to the addressing the presentation points discussed the Equalities Data 2020/21 be approved for publication.

21/27 GOVERNANCE

Audit Committee Terms of Reference 2021/22

The Chair of the Audit Committee presented the proposed Audit Committee Terms of Reference 2021/22 (circulated, document Dec 21/18).

It was reported that the Audit Committee had reviewed the existing Terms of Reference, and proposed amendments as identified. This also included the previously agreed delegated authority to approve specific policies, again identified.

It was **RESOLVED THAT** the proposed Audit Committee Terms of Reference 2021/22 be approved.

FOR INFORMATION

21/28 GOVERNANCE

FE Commissioner Letter

The Chair presented the recent letter from the new FE Commissioner (circulated, document Dec 21/19). It was noted that it was for information and that the content reflected government priorities.

It was **RESOLVED THAT** the letter from the FE Commissioner be noted and received.

21/29 SAFEGUARDING AND PREVENT

29.1 Safeguarding and Prevent Update Report

The Vice Principal Safeguarding and Pastoral Care presented the Safeguarding Update Report (circulated, document Dec 21/20).

Thanks were expressed to Dr Friend for agreeing to serve on the Prevent Steering Group.

The report provided detail on a number of aspects:

- Operational MDT (Multi-Disciplinary Team)
- Clinical MDT (Multi-Disciplinary Team)
- Mental Health Pledge
- Counselling helpline
- Sexualised behaviours tutorial programme
- Mental Health services links
- Review of Personal Social Development programme
- Natspec Safeguarding Forum
- Prevent
- Safeguarding Data
- External Referrals
- Internal Safeguarding concern categories
- Staff and Governor Training

Discussion points included:

Staff were commended for the expedient action taken where required.

Counselling service: had other options been considered?

It was confirmed that it was an initial 12-month trial, feedback on the service had been considered and it was felt that strong escalation processes were included. Feedback would be provided throughout the year.

This was agreed as a useful. Other available options included a free service offered by Coventry and Warwickshire that was NHS approved.

It was **RESOLVED THAT** the Safeguarding Update Report be noted and received.

29.2 Care Quality Commission

The Vice Principal Safeguarding and Pastoral Care presented a report on the recent Care Quality Commission inspection and the initial findings (circulated, document Dec 21/21).

The inspection was conducted on the 30th September by two CQC inspectors and a Pharmacist. The inspection was undertaken as part of a random selection of good and outstanding providers, to test the reliability of CQC's new inspection approach.

Overall rating is - **Requires Improvement**

The report detailed the main areas that required improvement, and additional positive draft findings.

A draft report for factual checking had been received and was returned by the 6th December deadline. This would be reviewed by the lead inspector who may then amend the report. The updated report will be subject to peer review and final sign off by CQC before publication.

CQC had identified where action is required and the College is requested to provide a report that details what action will be take to meet these requirements. This report is to be submitted to CQC within 28 days of the publication of the inspection report.

It is anticipated publication will be end of December 2021/beginning of January 2022.

Following the visit in September, the College has conducted an initial review of staffing, resources, policies and procedures in the residential home. An outline action plan has been created and an overview of the actions was provided.

To ensure the improvement in the service goes beyond the points raised in the CQC report and provides sustained improvements to meet the ambitions articulated in the strategic plan, a new approach in quality improvement is being implemented.

A specialist company will be conducting a review of the service and the CQC report.

A care quality consultant who is a Registered Nurse for Learning Disabilities with extensive experience managing services, will be conducting a review in December. She will produce an action plan to work towards an excellence in care model.

This external review of quality within the residential home will be factored into the annual quality assurance cycle.

A communication strategy will be developed once the final report has been published.

There has been very positive and open dialogue with the inspector, and we have requested that the service is re-inspected at the earliest possible date. It has been confirmed that, subject to CQC receiving the action plan, the College will not be high priority. However, if we should have concerns from stakeholders or commissioners then they would consider the timing of any reinspection. Under the old remit we would be inspected within 12 months, however, the inspection framework is subject to review and therefore it could not be confirmed when any reinspection would be scheduled.

Discussion points included:

It was noted that the College had responded immediately to the inspection and expedited remedial actions.

An explanation of 'covert medicines' was requested.

This was confirmed to be when medication was administered in a 'carrier', e.g. food, and although it had been discussed with the GP/family it needed to be agreed by a pharmacist.

It was suggested that this supported the increased profile of pharmacists, and was a learning point.

Reputational damage

The intention to develop a communication strategy in time for publication of the report was noted. It was suggested that as far as possible this include contextual detail around any reference to covert medicines to ensure the accuracy of the message.

It was emphasised that notwithstanding the reputation risks, communication was **key**, and should include the swift response and aim to raise standards.

Clarification regarding any reinspection was requested. It was reported that it could be a full inspection, but it was anticipated that it would be against the areas that had been assessed as requires improvement.

It was further reported that there appeared to be a pattern emerging of inspections producing reduced grades. It was highlighted that as with all inspections, it was the position at that point in time.

It was **RESOLVED THAT** the report on the recent Care Quality Commission inspection and the initial findings be noted and received.

21/30 FINANCE AND RESOURCES

30.1 ESFA CFFR and Financial Dashboard

The Corporation considered the correspondence from the ESFA on the College Financial Forecasting Return (CFFR) 2021 (circulated, document Dec 21/22).

Discussion points included:

- The financial health assessment: outstanding/good
- Achieving a reasonable surplus to reinvest
- Discussion at the Audit Committee regarding the loan and cash reserves, specifically the pros and cons of repaying/refinancing. It was suggested that the dashboard should also be a factor in any considerations

It was **RESOLVED THAT** the ESFA CFFR and Financial Dashboard be noted and received.

30.2 Monthly Management Accounts (Month 3)

The Vice Principal Finance and Resources presented the Monthly Management Accounts for Month 3 (circulated, document Dec 21/23).

Detail of key issues included:

- The Financial health assessment
- The cash balance at the end of the period
- Banking covenants are being met
- Updated forecast and surplus
- Updates against previous reporting
- Current Position
- YTD position with detail on identified key issues including:
 - Income, expenditure, underspends, and inclusion of prior year figures for comparison
- Full Year data with detail on identified key issues including:
 - Revised budget, student numbers, revised forecast to the February Board meeting
- 3-year plan

The Corporation was requested to approve the closure of a disused Euro account previously opened in 2008 for a project undertaken alongside a number of European partners. Closing this account would reduce fraud risk and avoid future charges.

Discussion points included:

The positive outcome with regard to future Element 2 funding.

It was **RESOLVED THAT** the Monthly Management Accounts, Month 3, be noted and received.

30.3 Students' Union Accounts and Annual Report 2020/21

The Corporation considered the Students' Union Accounts and Annual Report 2020/21 (circulated, document Dec 21/24).

It was noted that the Students' Union Accounts and Annual Report 2020/21 had been considered by the Audit Committee.

It had been noted that the accounts were independent of the College Financial Statements with support being provided by the Finance Team.

The accounts showed a deficit position for 2020/21.

It was highlighted that there had been expenditure on equipment.

It was **RESOLVED THAT** the Students' Union Accounts and Annual Report for year ended 31st July 2021 be noted.

21/31 QUALITY AND STANDARDS

Quality and Standards Committee Meeting – 17th November 2021

The Corporation considered the update report on the work completed by the Quality and Standards Committee at its meeting on 17th November 2021 (circulated, document Dec 21/25).

Business considered included:

- Xello Software Presentation
- Future Deep Dives
- Employability and Enterprise Strategy *minute 21/26.1*
- Self-Assessment Report 2020/21 *minute 21/26.2*
- Quality Improvement Plan (QuIP) 2021/22 *minute 21/26.2*
- Equalities Data 2020/21 for publication *minute 21/26.3*
- Retention, Achievement and Pass 2020/21 *available on Portal*
- Destinations Report *available on Portal*
- Data Dashboard

It was **RESOLVED THAT** the report from Quality and Standards Committee meeting on 17th November 2021 be noted and received.

21/32 ANY OTHER BUSINESS

The Chair reported that this was the last meeting for Mr Rod Jones. After careful consideration Mr Jones had decided not to stand for a second term of office. The Chair thanked Mr Jones on behalf of the Corporation for his contribution to the work of the Corporation, and that his attention, care and consideration had been exemplary. He had been a staunch supporter of the Corporation and would be missed. The Chair extended the best wishes of the Corporation.

The Principal also thanked Mr Jones for his contribution, his support and challenge and in particular the assistance and suggestions provided regarding media relations.

Mr Jones thanked the Chair and Principal for their comments, and for having had the opportunity to serve on the Board. He confirmed that he was delighted to see the progress the College had made during his four-year term. He commented that the massive improvements made were testament to the quality of the management team and staff. Finally, he had enjoyed his time as a Governor and extended his best wishes for the future.

21/33 DATE OF THE NEXT MEETING

The date of the next meeting was confirmed as Thursday 3rd February 2022