

Heart of Yorkshire Education Group

Finance, People and Resources Committee ('Committee')

Minutes of the Meeting held on Wednesday 26 November 2025 at Castleford

College Conference Room (CX315) ('Meeting')

Present:

- Andrew McConnell
- Tracy Tallant
- Neil Warren (Chair)

In attendance:

- Caroline Carter (Group Executive Director of Finance and Resources)
- Sam Cremore (Head of Governance and Legal Services ('**Clerk**'))
- Lorraine Cross (Group Executive Director of External Relations and Development)
- Karen Sykes (Group Executive Director of People)

Apologies:

- Stuart Brenton
- Tim Welton

1. Appointment of Chair and Vice Chair 2025/26

The Clerk opened the meeting, confirming the appointment process for Chair and Vice Chair. He noted that, unfortunately, the Committee would not be quorate for these appointments, but members chose Neil Warren to Chair the Meeting with formal appointments for the year to be made at a later date.

2. Welcome and Apologies for Absence

The Chair welcomed members, including Tracy who was attending her first meeting, and confirmed the meeting was quorate. Apologies were noted as received.

3. Declarations of Interest

The Chair asked for any declarations of interest. No declarations were made.

4. Minutes of Meeting held on 17 June 2025

4.1. The Chair referred to the minutes of the previous meeting inviting comments.

4.2. IT WAS RESOLVED THAT the Minutes of the Meeting held on 17 June 2025 be approved.

5. Matters Arising

The Clerk reviewed the list of actions from the previous meeting, noting that most had been completed. Updates were provided on outstanding items, including insurance adequacy review and health and safety incident response. The frequency of strategic reviews in the Terms of Reference would be discussed at a meeting between the Chair and the Clerk arranged for December.

6. People Annual Report 2024/25 and Update 2025/26

6.1. The Group Executive Director of People introduced the annual report, describing it as a reflection on the previous year and inviting feedback from governors.

6.2. Questions and answers:

6.2.1. Q: Are any KPI indicators below target?

A: Yes, relating to the number of staff who would recommend the Group as an employer. Consideration was to be given to the question phrasing.

6.2.2. Q: How are sickness levels monitored and managed?

A: Sickness rates are tracked and compared to national averages.

Strategies are in place to reduce staff absence.

6.2.3. Q: What feedback has been received on the ARC leadership programme?

A: Mixed feedback has been received. The most value aspect is in bringing managers together.

6.2.4. Q: Are succession planning and retention risks being addressed?

A: Yes, succession planning is ongoing, particularly in areas with high turnover.

6.2.5. Q: Why are PDR completions so low?

A: Actions to improve are being implemented but this is, in part, to do with non-completion of follow-up forms when PDRs have been undertaken.

6.2.6. Q: Have staff survey response rates improved?

A: Response rates are down on the previous year, but plans are in place to generate improvements.

6.3. An in-year report was given relating to appointments and key vacancies and union pay claim negotiations. The risk of strike action was discussed.

7. People and Culture Strategy

7.1. The Group Executive Director of People introduced the refreshed People and Culture Strategy, noting that it was a refocusing exercise following the merger and that the strategy was designed to be actionable and measurable, with KPIs aligned to strategic objectives. The Committee discussed the timing and alignment with other strategic cycles.

7.1.1. Q: Does the strategy allow for an action plan that delivers what is needed?

A: Yes, the strategy is designed to be actionable and measurable.

7.1.2. Q: Should the strategy start from 2026?

A: The timing was discussed; it was agreed to align with other strategic cycles.

7.1.3. Q: What makes the Heart of Yorkshire's culture unique or distinct?

A: Culture is a feeling and personality of the organisation, and the strategy aims to articulate and foster that unique culture.

7.2. IT WAS RESOLVED TO recommend the People and Culture Strategy to the Board for approval subject to further input from Tracy Tallant.

8. Absence Management Policy

8.1. The Absence Management Policy was presented as the result of extensive consultation, including with trade unions and staff. The policy was described as a combination of policy and procedure, with a focus on supporting managers and staff. The Committee focused on whether the Group's values were present in the policy and it was agreed that wellbeing was a central focus.

8.2. Questions and answers:

8.2.1. Q: Is a return to work interview an essential part of the process?

A: Yes, it is a key step in the absence management process.

8.2.2. Q: Have the triggers for absence management been changed?

A: The triggers have been reviewed and adjusted as necessary.

8.2.3. Q: What problem are you trying to solve with the policy review?

A: Sickness was high. The aim was to give managers the tools and training to address both types of absence.

8.3. IT WAS RESOLVED TO approve the Absence Management Policy.

9. Finance Update: 2024/25 Outturn and 2025/26 Update

9.1. The Group Executive Director of Finance and Resources provided an outturn position for 2024/25 and update on in-year financial performance, highlighting additional funding (which triggered the production of an early forecast), pressures around student recruitment, and agency costs. The Committee was informed of the main financial risks and the actions being taken to address them.

9.2. Questions and answers:

9.2.1. Q: What are the key changes in the financial position?

A: Additional funding has been received and there are pressures around student recruitment and agency costs.

9.2.2. Q: Are there any actions required to address financial risks?

A: The main focus is on resolving pay negotiations and managing agency costs.

10. Student Recruitment Update

10.1. The Committee received an update on student recruitment, noting above funding allocation numbers of 16-18 and High Needs learners and above target apprenticeship numbers but a decline in T-Level and HE numbers, the latter creating some budgetary pressures. The challenges of accommodating all learners were discussed.

10.2. Questions and answers:

10.2.1. Q: Are there any risks associated with accommodation or programme capacity?

A: Efforts are being made to accommodate all learners and future plans will improve capacity.

11. Debts Written off During 2024/25

The Committee reviewed the report on debts written off, noting that all approvals were within delegated limits.

12. Report on Waivers from Financial Regulations 2024/25

- 12.1. The Committee considered the report on waivers, with the Group Executive Director of Finance and Resources explaining the strengthened controls and regular training provided to staff.
- 12.2. The Committee questioned the authority of one signatory but were satisfied they had been an authorised approver at the relevant time.
- 12.3. The Committee discussed waiver justifications and management controls which were deemed to be appropriate and effective, respectively.

13. Treasury Management Annual Report

- 13.1. The annual report was presented, with the Group Executive Director of Finance and Resources highlighting one minor breach of policy relating to an investment, which had been addressed, and confirming that all investments are reviewed regularly.

14. Treasury Management Policy

- 14.1. The revised Treasury Management Policy was introduced, with the Group Executive Director of Finance and Resources confirming that the policy had been updated to reflect current best practice and sector guidance. The Committee considered the process for reviewing investments and the maximum investment period and amounts each of which were deemed appropriate.
- 14.2. IT WAS RESOLVED TO recommend the Treasury Management Policy to the Board for approval.

15. Property Update 2025/26

15.1. The Committee received an update on property matters, including the status of the Castleford Construction Workshop build and contingency plans for delayed completion. Members were satisfied that necessary steps had been taken to mitigate any potential material risks caused by the delay. The reputational risks of ending the lease of the building in which construction was currently undertaken were discussed.

15.2. The Group Executive Director of Finance and Resources gave an update regarding the proposal to develop a Skills Hub within Castleford Town centre. Consideration was given to the costs associated with this project and the Group's strategy to bring it to fruition taking into accounting ongoing conversations had with the Local Authority owner.

16. Health and Safety: Annual Report 2024/25 and Update 2025/26

16.1. The annual report and update were presented, with the Group Executive Director of Finance and Resources highlighting improvements in incident reporting, the introduction of QR code-based near-miss reporting, and ongoing efforts to improve compliance.

16.2. Questions and answers:

16.2.1. Q: What is the current compliance rate for mandatory training?

A: Approximately 90%; efforts are ongoing to reach 100%.

16.2.2. Q: What do you do to mitigate the risk when staff have not completed mandatory training?

A: After appropriate reminders, if staff still have not completed the training, it becomes a verbal warning and, if necessary, further consequences follow.

16.2.3. Q: Is the higher number of risk assessments at Castleford compared to Selby due to different reporting approaches?

A: Yes, Castleford uses per-product assessments, which results in higher numbers.

16.2.4. Q: What assurances can you give the Committee regarding the appropriateness and sufficiency of actions taken relating to the RIDDOR incident?

A: Investigations are ongoing to understand the root causes. An initial meeting of senior staff has been held, and further meetings are scheduled to identify and implement corrective actions.

16.2.5. Q: Is there anything of concern or requiring action in the report?

A: No significant concerns were raised. The increase in incident reporting is attributed to improved culture and tracking.

17. Health and Safety Policy

17.1. The updated Health and Safety Policy was reviewed, with the Group Executive Director of Finance and Resources outlining key changes, including clarification of roles and responsibilities and feedback from unions.

17.1.1. Q: Should the Deputy Health and Safety Manager be included in the committee membership diagram?

A: The Deputy is not currently included because the role is vacant, but the policy will clarify this in the relevant section.

17.1.2. Q: Is there a requirement for directors and staff to complete specific health and safety training (e.g., IOSH)?

A: It is required for certain positions. The policy will clarify expectations and collective responsibility for training.

17.1.3. Q: Is the policy externally benchmarked or reviewed?

A: The policy is sometimes sent for external review, and benchmarking is considered good practice.

17.1.4. Q: Should the risk appetite for health and safety be revisited?

A: The Committee discussed that the current 'risk-averse' appetite may not be achievable in practice and agreed to raise the matter at the next Board meeting.

17.2. IT WAS RESOLVED TO recommend the Health and Safety Policy to the Board for approval.

18. Modern Slavery Policy Statement

18.1. The Modern Slavery Policy Statement was presented by the Head of Governance and Legal Services, who confirmed that the statement met statutory requirements and outlined due diligence processes.

18.2. IT WAS RESOLVED TO recommend the Modern Slavery Policy Statement to the Board for approval.

19. Estates and Infrastructure Strategy

- 19.1. The refreshed Estates and Infrastructure Strategy was introduced, with the Group Executive Director of Finance and Resources explaining that KPIs and targets had been adjusted to reflect achievable outcomes.
- 19.2. IT WAS RESOLVED TO recommend the Estates and Infrastructure Strategy to the Board for approval.

20. Growth Strategy

- 20.1. The Growth Strategy was discussed, with the Group Executive Director of External Relations and Development confirming that the strategy was aligned with the financial strategy and covered the period 2026–2029.
- 20.2. Questions and answers:
- 20.2.1. Q: Are the KPIs and targets in the strategy realistic and achievable?
A: Yes, the targets have been adjusted to reflect what is reasonable and achievable within the strategy period.
- 20.2.2. Q: Should the strategy period be extended to 2030 or kept as is?
A: The timing was discussed, with some members suggesting a longer period, but it was agreed to keep the current cycle and review again in 2028.
- 20.2.3. Q: How are annual progress and review points managed?
A: Progress against targets will be reported annually, rather than setting average annual targets.
- 20.2.4. Q: Are the financial and operational risks adequately addressed?

A: Yes, the strategy includes a section on financial and operational risks, and these are reviewed and updated as projects progress.

20.3. IT WAS RESOLVED TO recommend the Growth Strategy to the Board for approval.

21.IT and Digital Strategy

21.1. The IT and Digital Strategy was presented.

21.2. Questions and answers:

21.2.1. Q: Does the strategy address digital inclusion and the needs of all students?

A: Yes, digital inclusion is a key focus. The strategy recognises the wide range of digital skills and access among students, from those who are highly proficient to those who lack basic access or skills. Efforts are being made to ensure all students are supported, including those facing digital exclusion.

21.2.2. Q: Is there ongoing engagement with staff and students regarding the strategy?

A: Yes, engagement is ongoing. There has been significant consultation with staff, and there are plans to continue engaging both staff and students, possibly including a specific strategy for students in the future.

21.2.3. Q: Are there challenges with data management and compliance?

A: Yes, while policies are in place for data retention and management, there are ongoing challenges with data being stored in various locations. This is being addressed as a strategic risk.

21.3. IT WAS RESOLVED TO approve the IT and Digital Strategy.

22. Review of Effectiveness of Meeting and Identification of Emerging Risk

22.1. The Chair invited reflections on the effectiveness of the meeting and identification of emerging risks. Members noted the high quality of papers and discussed risks relating to estates, funding, and strategic workload.

23. Date of Next Meeting

The next meeting was scheduled for 10 March 2026.



Signed..... Date 12.03.2026

Actions

No.	Minute	Details	Deadline	Responsibility
1	1	Formal Chair and Vice Chair appointments for the year to be made	Next Committee Meeting	Clerk
2	5	The frequency of strategic reviews in the Terms of Reference would be discussed at a meeting between the Chair and the Clerk arranged for December	Next Committee Meeting	Clerk
3	7.2	IT WAS RESOLVED TO recommend	Next Board meeting	Group Executive Director of People

		the People and Culture Strategy to the Board for approval.		
4	14.2	IT WAS RESOLVED TO recommend the Treasury Management Policy to the Board for approval.	Next Board meeting	Group Executive Director of Finance & Resources
5	17.1.4	The Committee agreed to raise risk appetite around Health and safety at the next Board meeting.	Next Board meeting	Chair
6	17.2	IT WAS RESOLVED	Next Board meeting	Group Executive

		TO recommend the Health and Safety Policy to the Board for approval.		Director: Finance & Resources
7	18.2	IT WAS RESOLVED TO recommend the Modern Slavery Policy Statement to the Board for approval.	Next Board meeting	Head of Governance and Legal Services
8	19.2	IT WAS RESOLVED TO recommend the Estates and Infrastructure Strategy to the	Next Board meeting	Group Executive Director: Finance & Resources

		Board for approval.		
9	20.3	IT WAS RESOLVED TO recommend the Growth Strategy to the Board for approval.	Next Board meeting	Group Executive Director: External Relations and Development