Heart of Yorkshire Education Group Corporation (Group)

Group Board of Governors (Corporation)

Minutes of the Meeting held on Thursday 9 October 2025, 12.00pm (Meeting)

Present:

- Stuart Brenton

- Dmitry Fedotov

- Jayne King

- Andrew McConnell (Chair)

- David Powell

- Tracy Tallant

- Vijay Teeluck

- Neil Warren

- Tim Welton

- Sam Wright

In attendance:

- Clare Allcock, Group Executive Director of Student Experience & Support

- Caroline Carter, Group Executive Director of Finance & Resources

- Sam Cremore, Head of Governance and Legal Services

- Lorraine Cross, Group Executive Director of External Relations & Development

- Karen Sykes, Group Executive Director of People

- Katie Nicolaou, Shadow Governor (by invitation)

- Alex Miles (by invitation)

1. Welcome and Apologies for Absence

The Chair reported that due notice of the Meeting had been given in accordance with the Corporation's Instrument and Articles and its Standing Orders and that a quorum was present. The Chair declared the meeting open.

2. Declarations of Interest

The Chair asked for declarations of interest. None were given.

3. Minutes of Meeting held on 1 July 2025

3.1. The minutes of the previous meeting were reviewed for accuracy.

3.2. IT WAS RESOLVED THAT the minutes of the meeting held on 1 July 2025 were approved.

4. Matters Arising

4.1. The Head of Governance and Legal Services reported on matters arising noting that all actions had been completed except:

4.1.1. MA6 – Collect student governor feedback for 24/25 – feedback would be provided in due course.

4.1.2. MA7 – Confirm conversion rate for student acceptances to enrolment – it was noted that the percentages of students converting from acceptances to enrolments had totalled 86.4% for the Group (representing an increase on the previous year) and breakdowns were given for each of the three colleges.

4.1.3. MA8 and 9 – Provide updates on capacity risks and the Castleford construction project – it was noted that there were capacity pressures, that the Castleford construction project had been delayed but contingency plans were in place to manage any issues arising from increased student numbers and the delayed completion, ensuring that the Group would be ready to accommodate students as planned.

4.1.4. MA 10 – Risk Register to be reviewed at every Board meeting – Discussions were had regarding the frequency with which the risk register would be brought to Board.

4.2. Questions and answers:

4.2.1. Q: Do you have a target for enrolment?

A: No, targets are difficult to set, but operational targets will be reviewed going forward.

4.2.2. Q: What is the cause of increased acceptances this year?

A: There has been a significant push on acceptances this year, resulting in larger numbers compared to previous years.

5. Strategic Goal KPIs

5.1. The strategic goals and proposed KPIs were presented for approval. It was noted that each had been the subject of careful debate the previous day as part of the Group's away day.

5.2. Questions and answers:

    5.2.1. Q: Are the strategic goals for retention and achievement realistic?

    A: Yes, they are based on departmental input and national averages, with recognition of exceptional results in previous years.

    5.2.2. Q: Are the targets imposed from above or developed by managers?

    A: The targets are developed from the bottom up by departmental managers, not imposed from above, giving confidence in their relevance and achievability.

5.3. Governors discussed the importance of monitoring respondent numbers where KPIs relied on surveys. It was agreed that this would be kept under review and efforts would be made to increase numbers.

5.4. IT WAS RESOLVED THAT the proposed strategic goal KPIs be approved.

6. Safeguarding Annual Report

6.1. The Group Executive Director of Student Experience & Support presented the Safeguarding Annual Report for consideration and discussion.

6.2. Questions and answers:

    6.2.1. Q: What is the process when there are positive disclosures or allegations against staff?

    A: There is a process involving risk assessment. For staff with allegations, actions are taken as appropriate, and the process is managed carefully.

    6.2.2. Q: How many of the staff investigated completed their training?

    A: The exact number was not available at the meeting. The details would be provided after checking records.

    6.2.3. Q: What happens for staff who have not completed safeguarding training?

    A: It depends on the circumstances. Some may be new starters or on probation, but everyone is required to complete the training early in their employment. There are processes in place to ensure compliance.

    6.2.4. Q: Are there any issues with reconciling staff lists and training records?

A: Yes, there are some inefficiencies in the process, especially with external training providers, but efforts are ongoing to improve reconciliation.

7. Safeguarding Policy and Procedure

7.1. The Group Executive Director of Student Experience & Support presented the Safeguarding Policy and Procedure for approval.

7.2. Questions and answers:

   7.2.1. Q: Should the safeguarding policy include a context section and expanded scope?

   A: Suggestions are noted and will be considered for inclusion.

   7.2.2. Are all roles and responsibilities clearly defined in the safeguarding procedures?

   A: Roles and responsibilities are included in the procedures, and further clarification will be considered.

7.3. Governor proposed wording was considered along with the inclusion of a definition section.

7.4. IT WAS RESOLVED THAT the safeguarding policy and procedures, with noted amendments and proofreading, be adopted.

8. Scheme of Delegation

8.1. The Head of Governance and Legal Services presented the Scheme of Delegation for approval.

8.2. Questions and answers:

   8.2.1. Q: Is it possible to delegate some strategies to committees?
   A: Some strategies may be delegated, but statutory responsibilities and legal advice indicate most should remain with the Board.

8.3. IT WAS RESOLVED THAT the Scheme of Delegation be approved.

9. Schedule of Business

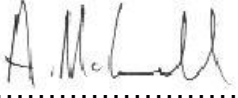9.1. The Head of Governance and Legal Services presented the Schedule of Business for approval.

9.2. IT WAS RESOLVED THAT the Schedule of Business be approved.

10. Review of Effectiveness of Meeting and Identification of Emerging Risks

The Chair led a review of meeting effectiveness and identification of emerging risks which had been discussed over the Away Days. Feedback on the Away Days and meeting effectiveness was discussed.

11. Date of the Next Meeting

It was noted that the next meeting would be held on 9 December 2025, and the Chair declared the Meeting closed.

Signed: …………………………………………. Date: 09/12/2025

Actions

No.	Item	Details	Deadline	Responsibility
1	6.2.2	How many of the staff investigated completed their training?	The next meeting	Group Executive Director of People