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COLLEGE



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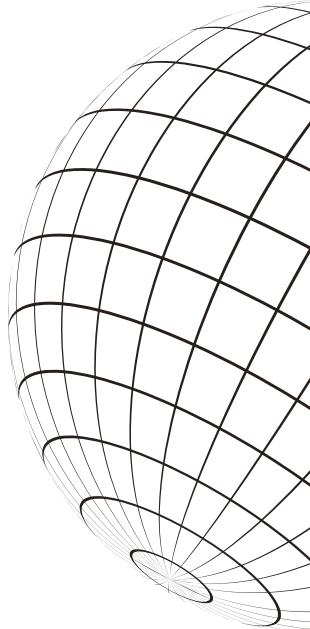
Governance & Leadership Policy Policy

London Maths & Science College

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COMPLAINTS POLICY



VLondon Maths & Science College (LMSC)

Version: 1.0

Status: Approved

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Next Review Due: 31st October 2026]

Policy Owner: Proprietor/Governing Body Chair

Operational Lead: Head of Centre (HoC)

Supporting Leads: Vice Principal(s); Designated Safeguarding Lead (DSL)

— Eman Ahamed; Deputy DSL — Anis Zaman; Quality Nominee (Pearson); Examinations Officer (EO); SENCo/Access Arrangements Lead (AAL); Health & Safety (Competent Person); Data Protection Officer (DPO); EDI Lead; Site/Estates Manager; Finance Lead (where applicable)

1. PURPOSE / RATIONALE

This policy sets out LMSC's approach to promoting equality of opportunity, diversity, and inclusive practice for learners, apprentices, staff and visitors. It ensures compliance with relevant legislation and frameworks, including:

- Equality Act 2010 (Protected Characteristics; Reasonable Adjustments; Public Sector Equality Duty (PSED) principles).

- Ofsted Education Inspection Framework (EIF) and FE & Skills Handbook (behaviour & attitudes; personal development; leadership & management; safeguarding).
- KCSIE 2025, Working Together 2025, Prevent Duty.
- UK GDPR/Data Protection Act 2018.
- Awarding-body requirements (JCQ; Pearson; AAT) and centre policies

2. SCOPE

Applies to the Proprietor/Governing Body, Head of Centre and senior leaders, and to all committees and panels operating in LMSC (e.g., Quality Board, Safeguarding, Health & Safety, Exams/Assessment, Finance & Risk). It also sets expectations for delegated leaders (HoDs, functional leads) and for partnership/sub-contracted provision (if any).

3. GOVERNANCE MODEL & PRINCIPLES

LMSC adopts a model of governance that is:

- Strategic (sets vision, values, and strategic plan; holds leaders to account).

- Assuring (obtains independent assurance on safeguarding, exams, QA, H&S, data protection, finance).
- Proportionate (commensurate with size/risk but meeting regulatory standards).
- Transparent & Ethical (open reporting, register of interests, handling of conflicts of interest).
- Learner-centred & inclusive (student voice and equality impacts considered in decisions).
- Improvement-focused (uses data, evaluation and external benchmarks).

4. ROLES & RESPONSIBILITIES

4.1 PROPRIETOR/GOVERNING BODY (GB)

- Sets vision/values and approves the strategic plan, budget, risk appetite, and key policies.
- Appoints, supports and holds to account the Head of Centre for educational performance, safeguarding, compliance and financial stewardship.
- Receives termly reports on quality (SAR/QIP), safeguarding (including low-level concerns/allegations, safer recruitment/SCR assurance), exams/JCQ compliance, H&S, complaints/whistleblowing, EDI and data protection.
- Ensures Whistleblowing and Complaints processes are available and used without detriment.
- Approves Equality Objectives and monitors progress (PSED).
- Maintains a skills matrix, conducts annual governance self-assessment, and commissions external review where proportionate.
- Ensures publication of required information (policies, safeguarding contacts, complaints route, EDI statement) on LMSC's website.

4.2 HEAD OF CENTRE (HOC)

- Overall executive accountability; leads implementation; ensures resources, staffing, training and compliance.
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- Fulfils JCQ Head of Centre responsibilities (centre declarations, malpractice reporting, exam integrity, secure storage).
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- Chairs/oversees the Senior Leadership Team (SLT) and ensures effective committees/boards operate and report to GB.
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4.3 SENIOR LEADERSHIP TEAM (SLT)

- VP/Academic: quality, curriculum, TLA, SAR/QIP, CPD; chairs Quality Board.
- DSL (Eman Ahamed): safeguarding/Prevent; risk assessments; case management; training; reporting to GB.
- Quality Nominee: Pearson QA compliance, SV/EE actions, assessor/IV matrices.
- Exams Officer: JCQ/awarding-body compliance, entries, conduct, post-results; exam contingency.
- SENCo/AAL: SEND strategy; Access Arrangements; NWoW evidence.
- H&S Competent Person / Estates: premises safety, statutory compliance, contractor control; drills.
- DPO: data protection governance, DPIAs, breaches, records of processing.
- EDI Lead: equality objectives, impact assessments, incident monitoring.
- Finance Lead: financial controls, value for money, regularity (where applicable).

4.4 MIDDLE LEADERS (HODS/FUNCTIONAL LEADS)

- Implement policy; manage staff and budgets; run standardisation/moderation; analyse data; manage risks and improvement plans.

4.5 STUDENTS & STAKEHOLDERS

- Student forum feeds into GB/SLT via learner voice cycles; employer/HE partners engaged in curriculum design and review.

5. COMMITTEES / BOARDS & REPORTING LINES

- Governing Body (termly): Strategy, performance, risk and compliance.
- Quality Board (termly): TLA, assessment, outcomes, SAR/QIP, EQA actions.
- Safeguarding & Prevent Panel (half-termly): cases, training, audits, filtering/monitoring, visiting speakers.
- Exams & Assessment Board (termly/more in season): JCQ readiness, malpractice, post-results, AA implementation.
- Health & Safety Committee (termly): incidents/RIDDOR, RA status, statutory inspections, drills, estates.
- Data Protection & Information Governance (termly): DPIAs, breaches, SARs, retention; cyber/IT risk.
- Finance & Risk (termly): budget, forecasts, value for money, risk register, business continuity.
- Each board has Terms of Reference (Appendix A) and a reporting template (Appendix D).

6. SCHEME OF DELEGATION & DECISION-MAKING

- LMSC collects and reviews participation, retention, achievement, high grades, destinations, attendance, behaviour and complaints by relevant characteristics where lawful and appropriate.
- Equality Impact Assessments (EIAs) are completed for new or significantly changed policies, programmes, assessments, or estates/IT changes (template at Appendix B).
- Annual EDI Report goes to Governance and is published in summary form.

7. COMPLIANCE FRAMEWORK

- Safer Recruitment ensures fair, transparent processes; positive action may be considered within the law to address under-representation.
- Induction and CPD include EDI, unconscious bias, inclusive pedagogy, and bystander training.
- Reasonable adjustments provided for applicants and staff; return-to-work plans for disability/health needs.
- Workload and flexible working considered to support inclusion.

8. RISK MANAGEMENT & ASSURANCE

- Accessibility by design; websites and platforms follow recognised accessibility standards where practicable.
- Filtering & monitoring protect users from harmful content; online conduct expectations are clear; digital poverty mitigations (loan devices, connectivity support) considered.

9. CONFLICTS OF INTEREST, GIFTS & HOSPITALITY

- All governors/trustees/senior staff complete annual declarations and update within 10 working days of changes.
- Register of Interests is maintained and reviewed termly; conflicts are managed and minuted.
- Gifts & Hospitality over the published threshold must be recorded (see Staff Code of Conduct); inappropriate offers are declined.

10. INFORMATION GOVERNANCE & TRANSPARENCY

- Meeting papers marked with security classification; personal data minimised/redacted.
- Minutes capture key decisions and rationales; non-confidential minutes may be published on request.
- FOI (if applicable)/transparency principles observed; subject to UK GDPR.

11. SAFEGUARDING OVERSIGHT

- GB ensures a named Safeguarding Governor/Proprietor oversees safeguarding and Prevent; completes regular checks with the DSL (SCR sample, training, case audits).
- Annual Safeguarding Report to GB summarises training, cases (non-identifying), audits, filtering/monitoring risk assessment and action plan.
- The DSL's access to training/resources is assured; leaders ensure safer recruitment and allegations processes are effective and timely (LADO within one working day where thresholds met).

12. QUALITY & CURRICULUM OVERSIGHT

- GB reviews curriculum plans, study programmes (including English/maths condition of funding), and outcomes (attendance, retention, achievement, high grades, value-added, destinations).
- QA/EQA actions monitored to closure; underperformance triggers support and challenge.

13. FINANCIAL STEWARDSHIP (PROPORTIONATE)

- Leaders ensure effective budget management, procurement controls and value for money commensurate with scale.
- Related-party transactions/conflicts are declared and authorised transparently.
- Financial risks included in the risk register; business continuity covers cash-flow and payroll resilience.

14. PEOPLE, CULTURE & CPD

- GB/SLT promotes an open, safe culture; monitor workforce metrics (recruitment, retention, EDI, mandatory training completion).
- Annual CPD plan aligns to SAR/QIP and compliance needs; staff survey findings inform actions.

15. STAKEHOLDER ENGAGEMENT

- Communication with learners, parents/carers (where applicable), staff, employers, HE partners and community; website kept current; reports shared termly.
- Visiting speakers/lettings due diligence overseen by leadership as part of Prevent.

16. POLICY FRAMEWORK & REVIEW SCHEDULE

- Policies are owner-assigned with version control, approval routes and review frequency (Appendix E).
- Obsolete versions withdrawn; staff notified of updates.

17. MONITORING & REVIEW OF THIS POLICY

- Reviewed annually by the GB; effectiveness evaluated via governance self-assessment, external reviews, compliance/audit findings and inspection outcomes.
- Amendments communicated to all leaders and published on the website/staff intranet.

17. MONITORING & REVIEW OF THIS POLICY

- LMSC: Safeguarding & Child Protection; Prevent Duty; Safer Recruitment; Staff Code of Conduct; Quality Assurance & Self-Assessment; Curriculum; TLA; Examinations; NEA/Controlled Assessment; Access Arrangements; Malpractice & Maladministration; Health & Safety; Risk Assessment; Data Protection & Privacy Notices; Complaints; Whistleblowing; EDI; Behaviour.
- External: Ofsted EIF; KCSIE 2025; Working Together 2025; JCQ GR/ICE/NEA; Pearson CQA; AAT regs; Equality Act 2010; UK GDPR/DPA 2018; H&S legislation and guidance.

19. APPROVAL & REVIEW RECORD

Version	Date Approved	Approved By (Signature)	Role	Next Review
1	[DD/MM/YYYY]		Proprietor/Governin g Body	[DD/MM/YYYY]

APPENDICES (OPERATIONAL TEMPLATES)

APPENDIX A – TERMS OF REFERENCE (MODEL)

- Purpose • Membership • Quorum • Meetings (frequency/agenda) • Reporting • Delegations • Information rights • Review.
- A1 – Quality Board: monitors TLA, assessment, SAR/QIP, EQA actions; receives data dashboards; escalates risks.
- A2 – Safeguarding & Prevent Panel: case oversight; training; audits; filtering/monitoring; Prevent risk assessment & action plan.
- A3 – Exams & Assessment Board: JCQ readiness; malpractice; post-results; AA implementation; secure storage checks.
- A4 – Health & Safety Committee: incidents; RAs; statutory compliance; drills; contractor control.
- A5 – Data Protection & IG Group: DPIAs; breaches; retention; FOI (if applicable); cyber risk.
- A6 – Finance & Risk: budget; procurement; risk register; business continuity.

APPENDIX B – SCHEME OF DELEGATION (TEMPLATE)

Decision/Approval	GB	Chair	HoC	VP/SLT	Manager	Notes/Thresholds
Strategic plan & budget	✓					
Safeguarding & H&S policies	✓		✓ (implement)			
JCQ Centre declarations			✓			
Staff recruitment/discipline			✓	✓	✓	Per HR policy
Exclusions (student)	✓/panel	✓ (urgent)	✓ (recommended)			DfE guidance
Financial commitments > £	✓		✓			Threshold to set

APPENDIX C – GOVERNANCE ANNUAL CALENDAR (TEMPLATE)

Term	GB Agenda Highlights	Reports Received
Autumn	Strategy; SAR headlines; safeguarding annual report; exams readiness; risk register	DSL; VP/QN; EO; H&S; DPO; Finance
Spring	Mid-year outcomes; QA/EQA updates; H&S; EDI; audits	As above
Summer	Results forecast; staffing/CPD; policy approvals; business continuity; risk review	As above
Post-Results	Outcomes & destinations; post-results services; SAR/QIP approval	VP/QN; EO

APPENDIX D – REPORTING TEMPLATES (HEADLINES)

Term	GB Agenda Highlights	Reports Received
Autumn	Strategy; SAR headlines; safeguarding annual report; exams readiness; risk register	DSL; VP/QN; EO; H&S; DPO; Finance
Spring	Mid-year outcomes; QA/EQA updates; H&S; EDI; audits	As above
Summer	Results forecast; staffing/CPD; policy approvals; business continuity; risk review	As above
Post-Results	Outcomes & destinations; post-results services; SAR/QIP approval	VP/QN; EO

APPENDIX E – POLICY REVIEW SCHEDULE (POPULATE)

Policy | Owner | Approval route | Frequency | Last approved | Next due |

APPENDIX F – REGISTER OF INTERESTS & CONFLICTS FORM

Name | Role | Organisation/Relationship | Nature of interest | From-To dates | Management plan | Signature/Date |

APPENDIX G – GOVERNANCE CODE OF CONDUCT (SUMMARY)

Selflessness • Integrity • Objectivity • Accountability • Openness • Honesty • Leadership; confidentiality; respect; collective responsibility; meeting etiquette; decision-making and challenge; training commitment; handling complaints.

APPENDIX H – RISK REGISTER (QUALITY/COMPLIANCE EXTRACT)

Risk | Cause | Impact | Controls | Assurance | Owner | Score | Actions |

APPENDIX I – MEETING AGENDA & MINUTES TEMPLATES

Standardised agenda headings; minute style (decisions/actions with owners/dates); action log.

Printed copies are uncontrolled. The Proprietor/Governing Body retains the master version and ensures publication of governance arrangements and contacts.

Contact



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