

Diverse Academies Trust
Minutes of the Audit and Risk Committee Meeting

Wednesday 13 October 2021, at 4.30pm, held via Microsoft Teams.

| Trustee name | Initials | A = absence |
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| Mr P Mabbott | PM | |
| Mr M Quigley MBE | MQ | |
| Mr I Storey (Chair) | IS | |

In attendance (staff or other invited persons):

| Staff name | Initials | Role | A = Absence |
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| Mr D Cotton | DC | Chief Executive Officer and Accounting Officer | |
| Mr G Corban | GC | Chief Operating Officer | A |
| Mrs R Harvey | RH | Executive Business Leader | |
| Mr P Knight | PK | Strategic Development Lead, Safeguarding | Left 4.44pm |
| Ms S Flear | SF | Smith Cooper Limited, Partner | Joined 4.45pm Left 4.59pm |
| Mrs S Chambers | SC | Internal Auditor, Cooper Parry | Joined 4.45pm |
| Mr A Jones | AJ | Internal Auditor, Cooper Parry | A |
| Mrs J Harrison Hill | JHH | Company Secretary and Clerk to Board of Trustees | |

| Agenda item number | Item | Action by who/when |
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| Agenda item 1 ARC/01/2122 | Appoint Chair Mr I Storey was nominated and appointed as Chair of the Audit and Risk Committee for 2021/2022 academic year. | |
| Agenda item 2 ARC/02/2122 | Apologies for absence All committee members were present, apologies for absence were received Mr G Corban and Mr A Jones who attend the committee. | |
| Agenda item 3 ARC/03/2122 | Declaration of interest and any changes to be advised There were no declarations of interest, either direct or indirect, for any items of business on the agenda. The Chair asked if anyone had any declarations to update. Trustees confirmed that the declarations given at the beginning of the academic year were correct. | |
| Agenda item 4 ARC/04/2122 | Minutes of the meeting dated 12 July 2021 The minutes of the meeting, having previously been received were agreed by the Chair. | |

Agenda item 5: Matters Arising: **ARC/05/2122**

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| ARC/16/2021 | 04/11/2020 | Action: QEA non-compliance for health and safety progress will be reported at audit and risk meeting on 24/02/2021 | K Bonser | Feb- 21 | In Progress | <p><i>Nothing further to report - due to testing workload - moved to sending reports out we 5.2. Related to issues with estates team and site condition.</i></p> <p>Action 24/02/02021: H&S Progress report for QEA is due this half term and will be brought to next A&R meeting, Mrs Bonser assured the committee that progress is being made. Update 28/04/2021: The reports have gone to academies for reporting and actions update, with extra technical support now in academies to move them on quicker for H&S. Meetings have been held with the Local Authority team to put a business case in for 20 extra days per year to bring staff up to speed through more rigorous checks to ensure meeting audit actions and requirements and ensuring looking at key themes.</p> <p><i>QEA have until end of May to report back actions and updates to the report it is expected that in the June meeting this should be finalised. The committee were updated that the Trust have procured 20 extra days from the Local Authority Health and safety to work with the academies.</i></p> <p><i>Trustees asked if the allocation of extra days will be issued by the trust, and it was confirmed that it would be used in October and November.</i></p> <p><i>Trustees queried if a report was available for QEA progress and Mrs Harvey confirmed that significant progress had been made regarding Health and safety, and a report would be provided at the committee meeting on the 13 October 2021.</i></p> <p>ARC/98.1/2021 Action: QEA H&S progress report agenda item 13 October 2021. A DfE Health and Safety audit has been undertaken and the report will be available for the October meeting. Update: on agenda item 8 Action: Update to be provided following current Health and safety Audit completion, to be emailed to committee members.</p> <p><i>Mrs Bonser informed the committee that currently working through the structure of the Institute, re-evaluating roles. Once this work is completed will continue to evaluate impact of staff development. Training that has taken place can be reviewed on BlueSky to assess impact. Action: K Bonser to report to be brought back on value and impact on training carried out across the year at next A&R. This item has not been carried out due to the structure of TVSA and institute being merged, to create Association of Diverse Professional Learning (DAPL). Discussion is ongoing regarding remit of the DAPL. Update: Mrs Harvey updated the committee that this item has been superseded by the launch of Diverse Association for Professional Learning. The impact of training already held is being assessed to understand for future improvements,</i></p> |
| ARC/38/2021 | 24/02/2021 | Compliance and Assurance reviews: Action: Evaluate the impact of staff development carried out online. | K Bonser | Apr- 21 | In Progress | |

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| ARC/39/2021 | 24/02/2021 | Action: Hillocks Primary Academy Health and safety update report to be reported at A&R committee meeting on 28th April 2021 | K Bonser | Apr- 21 | In Progress | <p>entailing a review of personal, professional and compliance training to ensure it meets the needs of the Trust and individuals. Following this update trustees queried if there was anything that A&R committee should review for the association going forward, and it was discussed that the committee would review if the association was meeting strategic objectives re development and impact, reducing risk related to performance and professional development. In response to trustees questioning the method of validation that the Association is developing, they were informed that work is underway to assess how evaluation of professional learning and professional development would take place linked to strategic objectives. Status: complete</p> <p><i>Report has just been released and will report back in June, no concerns raised on the report. Status moved to in progress. Another audit is programmed to look at progress, Status: In progress. Update: H&S audits in progress over next 6 weeks, ongoing update as start to get feedback from reports. Status: complete.</i></p> |
| ARC/51/2021 | 24/02/2021 | Action: Formatting of claims report to show status of claims. | K Bonser | Apr- 21 | In Progress | <p><i>In Progress- formatting has been partially changed. In report, formatting has been part of change still waiting changes to dashboard, in progress. Update: High level information to gauge level of risk is required for the committee, discussion around risk appetite will take place in session in January, this will enable effective reporting from that point. Status remains In progress</i></p> |

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| <p>Agenda item 6 ARC/06/2122</p> | <p>Smith Cooper Presentation (working with A&R Committee)</p> <p>Mrs S Flear joined the meeting at 4.45pm. Mrs Flear discussed how the external audit engagement with executives and leaders within the Trust was constant and proactive throughout the year not limited to audit visits, the next step was to develop proactive relationships with those charged with governance and work collaboratively with internal audit. Discussion took place regarding the main areas of focus for the internal audit and Mrs Chambers informed the committee that meetings have been held to discuss areas of scrutiny for the year, building a risk-based approach on the areas raised by management and Audit and Risk Committee. It was agreed that given the crossover of committee members between Finance and Resources and Audit and Risk that the Financial Year End audit report would be reviewed at the Finance and Resources committee. Action: The Internal Audit plan will be shared with Mrs Flear and Mrs Chambers once agreed by the committee.</p> | <p>RH</p> |
| <p>Agenda item 7 ARC/07/2122</p> | <p>Safeguarding Policy Update</p> <p>Mr Knight discussed the new Safeguarding policy, updating the committee that due to fast changing landscape around safeguarding a complete rewrite of the policy had taken place. It was highlighted that the policy was split into sections with section one containing essential reading and guidance for all adults who work within the trust including dealing with a disclosure, whistleblowing, and training. This section is operational. The second section contains key contacts and section three provides the wider roles and responsibilities. Throughout the policy there are hyperlinks to further reading enabling the policy to be more accessible. The policy contains appendices of key safeguarding themes. Peer on Peer abuse has been emphasised within the policy and the whistleblowing process streamlined for clarity. The curriculum links with safeguarding have been included and are detailed wider in other policies which take more of a lead for curriculum. Academy safeguarding leads are developing more detail regarding this in their appendix to the safeguarding policy. Following the update on the Safeguarding policy trustees asked if validation of staff knowledge will continue to be carried out and were informed that auditing of safeguarding will continue. Testing compliance through the Single Central Record, training, disclosure and barring records, safer recruitment and also auditing the cultural safeguarding in academies incorporating staff and pupils. Staff are still required to complete the online safeguarding modules and complete the test for certification.</p> <p>Mr Knight left the meeting 4.44pm</p> | |
| <p>Agenda item 8 ARC/08/2122</p> | <p>QEA Health and safety Progress update</p> | |

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| | <p>Mrs Harvey informed the committee that Health and Safety Audits are currently being carried out by Nottinghamshire County Council (NCC) and are due to be completed by the end of October.</p> <p>Extensive work has been carried out regarding Health and Safety issues at Queen Elizabeth's Academy, an improved audit result is expected. The audit will provide a report on any ongoing risks within academies.</p> <p>Trustees raised that the committee have been expecting a report regarding Queen Elizabeth's health and safety for a number of meetings and requested an update in the interim prior to the next meeting.</p> <p>Action: Update of audits issues flagged from NCC Health and safety audits to be provided to the committee.</p> | RH by end of November |
| Agenda item 9 ARC/09/2122 | <p>DfE Health and Safety Audit</p> <p>The Accounting Officer report previously received by the committee provided an account of the DfE health and safety audits pilot. Mrs Harvey summarised this account for the committee.</p> <p>The audits had been successful providing assurance that, for the areas audited and scope used, there was substantial evidence of best practice at organisational and academy level of excellent and good quality health and safety management:</p> <ul style="list-style-type: none"> • Trust: 7 areas of best practice and 5 areas of good practice. • Walton Academy: 8 best practice and 6 good practice; • Redgate Primary: 6 best practice and 8 good practice; • Wainwright Primary: 10 best practice and 4 good practice <p>No high risks were reported, and the recommendations will be incorporated into a report alongside the NCC external Health and Safety audit findings.</p> | |
| Agenda item 10 ARC/10/2122 | <p>External communication during Incidents</p> <p>The committee were apprised that following any incident a review is undertaken to assess the business continuity and emergency planning procedures appropriateness and adherence. Recent incidents have highlighted a need to improve communication to governors and trustees, for example the process of full or part closure of academies. Work is in progress to create a decision-making tree process and introducing a template for consistent approach across the Trust for business continuity and emergency planning with appendices at local level.</p> <p>Trustees requested a timeline of this work being completed and were assured that the working group are meeting in November and expect the results to be shared at the next committee meeting on 9 February 2022 at the latest.</p> | |
| Agenda item 11 ARC/11/2122 | <p>Review Internal Scrutiny report</p> <p>Documents: <i>DAT Annual Report 2020-21 ICCA</i> <i>Internal Scrutiny Report Diverse Academies 2020 2021</i></p> <p>The above two reports were previously received by the committee. The committee were advised that the ICCA report provides reasonable assurance for Trust's governance arrangements but were unable to complete sufficient work to provide an opinion on risk management.</p> <p>Mrs Harvey expressed that the work being proposed for risk management, risk appetite, identification and controls from a management perspective covers the gap of work which they were unable to complete.</p> | |

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| | <p>Trustees queried if there was work which could be carried out to close the gap, for example an internal audit on the risk management processes but due to these being in the process of revising these currently this would not be suitable at the moment.</p> <p>Mrs Harvey explained that there is further work to be carried out to ensure the GRCON system is being utilised fully, strategic risks need to be captured to allow the committee to scrutinise and challenge, and a review on the scope of how managing the risk and appetite for risk.</p> <p>Trustees commented that the work carried out need to be included in the Internal Scrutiny report to cover the area ICCA were unable to provide an opinion on.</p> <p>Action: Trustees to feedback any comments on the two Internal scrutiny reports to Mrs Harvey.</p> <p>Action: Report to be finalised and distributed to committee members for recommendation to the Trust Board.</p> <p>Trustees checked that the form and content was compliant with what is required and were assured that the reports had been prepared following the guidance of the DfE.</p> | <p>Trustees 22/10/2021 RH 24/11/2021 (F&R Committee date)</p> |
| <p>Agenda item 12 ARC/12/2122</p> <p>ARC/13/2122</p> <p>ARC/14/2122</p> | <p>Accounting Officer report to include:</p> <p>Documents: Accounting Officer Report October 2021 Appendix B Risk Management next steps GDPR Audit response summary GDPR report to AR October 2021 Introduction to Children’s Code 2021</p> <p>The above reports were previously received by the committee. Mrs Harvey provided the committee with a summary of the report which covered:</p> <ul style="list-style-type: none"> Appointment of Internal and External Auditors Internal Audit Report for 2020/21 Internal Scrutiny Report Diverse Academies Audits and Quality Assurance Reviews 2020-2021 External Audit 2021 – DfE Health and safety pilot audits Proposed Internal Audit programme 2021-2022 Health and Safety audits Financial management Fraud, Regularity, Whistleblowing, Impropriety and Bribery Policies Cyber Security Serious Incidents and closures <p>Trustees agreed to the new approach for catering detailed in the report.</p> <p>Following discussion and trustees clarifying that the proposed Internal Audit programme 2021 -2022 replaces the previously agreed plan, trustees agreed the plan commenting that no substantial changes had been made from previously agreed plan and the presentation format was helpful.</p> <p>Trustees commented that previously a summary report was provided for the committee on claims and complaints and questioned if this report will be available in the future, it was agreed that a high-level summary would be provided at future committee meetings.</p> | |

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| <p>ARC/15/2122</p> | <p>Action: High level summary of claims and complaints to be provided for future meetings.</p> <p>Mrs Harvey explained the Appendix B document Next steps to risk management at Audit and Risk Committee and Trust Board. A discussion was held regarding risk management and the role of the Audit and Risk Committee and the process for risk management. Trustees agreed to the proposal to start a new risk register based on the strategic objectives, risks from Academy improvement Plans and any other risks.</p> <p>Trustees agreed the following areas for the risk register</p> <ol style="list-style-type: none"> 1. Strategic Objective 1 (Corporate Risk Register for reporting) 2. Strategic Objective 2 (Corporate Risk Register for reporting) 3. Strategic Objective 3 (Corporate Risk Register for reporting) 4. Leadership and management (leadership, staff development, community, governance, safeguarding) 5. Personal development (extra-curricular/enrichment, British values, diversity, equality) 6. Quality of education (curriculum, SEN, teaching) 7. Behaviour and attitudes (behaviour, attendance, bullying) 8. Schools with sixth forms (Post 16) 9. Early years 10. Use of resources (value for money, compliance, quality assurance) could be part of Strategic Objective 3 <p>Trustees asked for clarification if the process would replace the existing method and risk register and it was confirmed that it would. Following trustees checking if the process was incorporating input from academies as well as executives, Mrs Harvey confirmed that Tuxford Academy will be the pilot school and following meetings with senior leadership team will enable initial experiences to be assessed and then rolled out across the Trust.</p> <p>Trustees commented that keeping the process as a prototype for a while to allow changes to be made as it is embedded and linking strategy to risk appetite to drive the risk process is supported. Following a trustee's question Mrs Harvey clarified that the timeline is for the end of December 2021 that the Trust will be using a new risk register.</p> <p>Trustees agreed the approach to new risk register and risk management.</p> <p>Covid Update– the committee were updated that a number of academies have experienced high covid cases. This is being managed effectively, with controls such as an open evening being held virtually which worked well and had good feedback. Co2 monitors are being introduced and a procedure is in place to test out any issues.</p> <p>Covid continues to be managed through covid risk assessments, which are being reviewed on regular basis.</p> <p>Vaccination programme is underway, and any concerns are being handled at academy level.</p> | <p>RH</p> |
| <p>Agenda item 13 ARC/16/2122</p> | <p>Policy Approval:</p> <p>Documents: <i>Safeguarding and Child protection Policy September</i> <i>Educational Visits Policy</i> <i>Summary of changes to EV policy</i> <i>Covid 19 appendix to safeguarding and Child protection</i></p> | |

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| | <p><i>policy update September 2021</i> <i>Summary of changes to updated CV19 appendix to SG</i></p> <p>The above documents were previously received by the committee.</p> <ul style="list-style-type: none"> • Safeguarding Policy - The policy having previously been approved by email was retrospectively approved. • Covid 19 Appendix to the Safeguarding and Child Protection policy - The committee approved the policy. • Educational Visits Policy - The committee approved the Policy. | |
| Agenda item 14 ARC/17/2122 | <p>Issues referred to/from the Board:</p> <ul style="list-style-type: none"> • Internal Scrutiny Reports • Risk Management next steps | |
| Agenda item 15 ARC/18/2122 | <p>Exception reporting to the Board No exceptions to report.</p> | |
| Agenda item 16 ARC/19/2122 | <p>Determination of confidentiality of business Equality Act consideration Nolan Principles Trustees considered whether anything discussed during the meeting should be deemed as confidential. It was resolved: That no confidential information had been discussed There had been no Equality Act implications Attendees were content that all decisions made adhere to the seven Nolan principles.</p> | |
| Agenda item 17 ARC/20/2122 | <p>Date and time of next meeting: Wednesday 9 February 2022, 4.30pm via Microsoft Teams</p> | |

The meeting closed at: 6.13pm

Agreed by Chair: 09/02/2022 minute number ARC/23/2122