Diverse Academies Trust
Minutes of the Audit and Risk Committee Meeting
Monday 22 June 2026 at 4.00pm, held via Microsoft Teams.

Quorum required:2
Committee members present: 4

Trustee name	Initials	A = absence
M Blore	MB	
J Robertson	JMR	
I Storey (Chair)	IS	
R Vizma	RV	
Trustees attending but not committee members		
A Ball	AB	

In attendance (staff or other invited persons):

Staff name	Initials	Role	A = Absence
D Cotton	DC	Chief Executive Officer and Accounting Officer	
G Corban	GC	Chief Operating Officer / Chief Finance Officer	A
V Williams	VW	Head of Corporate Affairs	
S Archibald	SA	WBG (internal auditors)	
J Harrison Hill	JHH	Governance Professional	

Agenda item number	Item	Action by who/when
1. ARC/55/2526	**Apologies for absence** Apologies for absence were received from G Corban. The Chair welcomed A Ball who was observing the meeting, and introductions were made.	
2. ARC/56/2526	**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.	
3. ARC/57/2526	**Minutes of the meeting dated 02 March 2026** The minutes of the meeting, having previously been received were agreed by the chair.	
4. ARC/58/2526	**Matters Arising:** See action log on next page	
5. ARC/59/2526	**Accounting Officer Report** **Document:** Accounting Officer report was previously received by the committee as part of the pre-reading pack**.**	

	V Williams introduced the Accounting Officer's report and confirmed that key control areas were operating as expected with no breaches in compliance controls reported during the period. In relation to data protection and cyber security training, V Williams explained that completion rates have improved since the last report. Issues arising from changes in software access and recording arrangements had been contributing factors. While this has resulted in more accurate reporting, it has also highlighted completion gaps which are now being addressed in liaison with software providers in respect of access issues and through line managers to drive completion. **Trustees challenged** the level of completion querying what the actual percentage of staff who have not completed training. V Williams responded that 110 staff remained outstanding for cyber security and 107 for GDPR training. **Trustees queried** if this equates to approximately 10% of staff, and whether this includes those who may have completed training but not had it recorded on the system. It was confirmed that the figures reflect only those who have not completed the training. **Trustees expressed concern** about the risk exposure associated with incomplete mandatory training. Querying what the completion date would have been. V Williams confirmed that the figures include the rolling process of new starters, staff that have been off on maternity leave or returning from absence. Some inconsistencies relate to system transition issues which are expected to be resolved by the next training cycle. **Trustees emphasised** the need to follow up on outstanding training and to maintain oversight into the next academic year after it was confirmed that a new training cycle would commence in September. **Action**: Follow up on current year's outstanding training. The committee were informed that there had been no significant data breaches reported, and any previous ICO-reportable incidents had resulted in embedded learning to prevent recurrence. Cyber security controls remained in place with no incidents reported. Health and safety received good assurance through the internal audit, with continued improvements in preventative measures. The committee were informed that a RIDDOR reportable incident was notified. In regard to regularity, propriety and value for money, one instance of non-compliance relating to cash handling had been identified. Following review, it was confirmed that although no loss or theft occurred, established procedures were not followed. The required procedures have been reinforced with staff. No whistleblowing matters had been raised. V Williams summarised the complaints and legal matters detailed in the report, noting that complaint volumes are broadly in line with the previous year (61 to date compared to 63). Complexity and workload related to complaints had increased significantly due to the volume and length of submissions, including the use of AI-generated material within the complaints received. **Trustees asked** for further update on the outcome of the Stage 4 complaint and whether the complainant has indicated if they will progress further. **Action:** V Williams will follow up the complaint and feedback to the committee. **Trustees discussed** the significant volumes of AI-generated content that panels are having to consider during complaints and **asked** if this was being addressed in the complaints policy.	VW VW

	V Williams clarified that work is underway to review the complaints policy, including limiting format and length of submissions. Trustees discussed AI-detection tools and V Williams confirmed that practical measures such as limiting length of complaints submissions are being considered. **Trustees queried** what the position is on students assisting with equipment following the accident. **Action:** V Williams to follow up on procedures to prevent recurrence and report back to the committee**.** **Trustees also discussed** expectations relating to SEND provision and the need to be clearer about what the Trust can and cannot offer, to manage parental expectations. D Cotton responded that Stage 4 complaints often reflect disagreement with provision despite legal compliance. There is a need for greater parental education on what can reasonably be provided. **Trustees considered t**he AI advisory report and queried, given the increase in use of AI for complaints, if a more formal audit should be considered. V Williams responded that AI is an emerging area, guidance and oversight are evolving and require ongoing review. A formal audit may be more appropriate once risks begin to materialise more clearly. S Archibald also confirmed that it may be too early for a standalone audit, AI considerations could be embedded across future audits, including areas such as financial controls and complaints handling. **Trustees agreed** that AI should be considered across all areas of internal audit, reflecting both risks and opportunities. V Williams noted that the AO report details other areas such as the external auditor reappointment and Ofsted outcomes. **Trustees referred** to the report section 2.3.2 attendance, and senior leadership accountability, querying what is being done to raise parents' role in driving attendance. V Williams confirmed that academies work with parents to ensure connections are as strong as they can be and continue to develop these relationships with parents.	
6. ARC/60/2526 ARC/61/2526	**Internal Audit** Internal auditors update **Documents**: Payroll audit, Staff Recruitment and Retention audit, Estates and Facilities Management audit , Internal audit tracker were previously received by the committee as part of the pre-reading pack**.** <u>Payroll Audit</u> S Archibald presented the payroll internal audit, confirming an overall substantial assurance opinion, with one medium and three low recommendations, alongside nine examples of good practice. **Trustees discussed** the key finding of medium level recommendation related to lack of formal payroll review and authorisation prior to submission to the payroll provider. **Trustees queried** if there is no audit trail evidencing sign-off, should this be a high-risk issue. S Archibald explained that the audit identified that checks are undertaken, but evidence is not retained; therefore, the issue was graded medium rather than high. After Trustees queried what specifically was missing, S Archibald clarified that it was formal documented evidence of review and authorisation prior to submission. **Trustees also discussed** the report detailing that 7 out of 10 sample contracts were not signed prior to start date.	

	D Cotton confirmed that signing of contracts prior to start date was not a requirement as the onboarding process includes sharing of key documents and agreement to commence. S Archibald also explained that the audit found that certain policies (e.g.	
ARC/62/2526	levels of authority) were overdue for review at the time of audit and Payroll procedures documentation required further development. **Action:** Audit and Risk Committee to refer payroll audit to Finance and Resources committee to review issues raised.	JHH to refer to FR committee
ARC/63/2526	<u>Estates and Facilities Management</u> S Archibald confirmed a strong assurance opinion, with only one low-grade recommendation relating to logging of statutory inspections and monitoring of data accuracy, rather than compliance failure. <u>Staff Recruitment and Retention</u> A substantial assurance opinion was reported, with key findings including lack of evidence of induction for 3 out of 10 staff sampled. Missing evidence of 3- and 6-month review processes. **Trustees explored** safeguarding implications and D Cotton explained that safeguarding compliance is rigorously checked via the SCR by the Safeguarding Lead, the issue relates to record-keeping of induction checklists rather than practice. V Williams reiterated that onboarding processes are in place, but documentation and consistency of record-keeping may need strengthening. **Trustees also discussed** recruitment documentation and retention of	
ARC/64/2526	records, confirming that application forms, interview notes and related documents are retained.	
ARC/65/2526	**Action:** Audit and Risk Committee to refer staff recruitment and retention audit findings to Finance and Resources committee for consideration. <u>Follow up action audit</u> S Archibald confirmed that this audit is completed at end of year <u>Internal audit tracker (internal)</u> V Williams confirmed that the document tracks follow up actions on previous year recommendations and tracking internally to see any outstanding actions. Nothing has changed significantly since March reporting. Outstanding items are expected to be completed towards end of summer or autumn term.	JHH to refer to FR committee
ARC/66/2526	**Trustees requested** that a date raised on when the initial audit took place be included in the report to allow sight of how long it has been an action point. **Action:** V Williams to add date raised on initial audit to Internal audit tracker report. <u>2026/27 internal audit programme</u> **Trustee discussed** the planning of the next internal audit programme, noting that this will be influenced by the updated risk register using principal risks to determine the programme for the next year's cycle. Following discussion, S Archibald confirmed that provisional windows of work had been booked throughout year with Wbg. The programme of audits will then be determined at the Audit and Risk Committee meeting on 28 September 2026. **Trustees raised** that management of change projects and embedding was a potential area to consider for the internal audit programme**.**	VW
7. ARC/67/2526	**A&R risk update** **Documents:** Risk Register current July 2025 and Risk Register updated (draft) June 2026 were both previously received by the committee as part of the pre-reading pack**.** The committee discussed the risks Audit and Risk have oversight for. V Williams explained that the updated risk register showed significant development in structure, including clear articulation of risks and	

	consequences, pre- and post- mitigation scoring, introduction of updated risk appetite statements and target scores. The committee oversight risks were clarified as operational, health and safety and technological. Trustees welcomed the progress on the risk register and **queried** if the register indicates which committee oversees each risk appetite. **Action:** V Williams to include committee oversight areas within the register. **Trustees referred** to risk R003.1 which showed significant control activity, but the post mitigation scores had not been impacted by these. V Williams explained that this reflects the early stage of control embedding, meaning risk scores have not yet reduced. **Trustees discussed** the level of information held on the register and appropriateness for Board level and whether expected timelines for movement of scores should be included. It was discussed whether narrative commentary should accompany the register to explain maturity and expected trajectory. Discussion covered whether risks should be split into more specific entries to better reflect mitigation impact alongside the importance of ensuring the register remains meaningful and usable at Board level, managing the balance between detailed controls and high-level oversight. Trustees concluded that the revised register represented a significant step forward but remains a developing document requiring further refinement over time. **Trustees need to consider** if placing the right resources to the right places, what are the risks and have they been accurately captured. Trustees noted that R003.3 and R 003.7 post mitigation scores need reviewing. **Action:** review R003.3 and R003.7 scores and correct. **Trustees raised** that R007.1 that risks and mitigations are very broad and might benefit from more granular responses. **Trustees commented** that the risk register is a significant step forward, a living document which will continue to evolve over time and enables Trustees to see where should be focusing and prioritising resources. V Williams raised the development of functional risk registers as an area that needs to be explored in the next academic year which will capture risks below the corporate register, relating to academy registers.	VW VW
8. ARC/68/2526	**Risk management** **Documents:** Risk Register current July 2025 and Risk Register updated June 2026 were both previously received by the committee as part of the pre-reading pack. • Risk Register (updates and risk appetite statements) • Exceptions reporting Risk Report had been received and noted by the committee. The Committee received the updated Risk Register, which was considered as part of agenda item 7 (Risk Update). Trustees noted the progress made in developing the register and noted that further, more detailed discussion was scheduled with dedicated time allocated at the Trust Board meeting on 15 July 2026.	
9. ARC/69/2526	**Policy Approval** **Document:** Summary of policy changes and Whistleblowing policy were both previously received by the committee as part of the pre-reading pack**.** Whistleblowing policy had been approved via email by the committee and was retrospectively noted as approved during the committee meeting.	
10. ARC/70/2526	**Issues referred to the Board**	

	– The committee agreed to refer the updated risk register to the Board and discussion time has been agreed in the Board agenda for 15 July 2026. – The committee agreed to refer items from Payroll and Staff Recruitment and Retention audits to Finance and Resources committee for discussion.	
11. ARC/71/2526	**Determination of confidentiality of business** Trustees considered whether anything discussed during the meeting should be deemed as confidential. It was resolved: – The AO report would remain confidential due to complaints identification and reporting of legal issues. **Equality Act consideration** **Trustees queried** if there was a pattern noted in the start contracts and whether there were any barriers. **Action:** Governance professional to enquire with S Archibald if there was a pattern related to equalities. **Nolan Principles** Attendees were content that all decisions made adhere to the seven Nolan principles.	JHH/SB
12. ARC/72/2526	**Date and time of next meeting:** Monday 28 September 2026, 4.30pm, via Microsoft teams	

The meeting closed at: 18.23

Minutes agreed by Chair: **on 28 September 2026 minute number ARC/04/2627**

Agenda item 5: Matters Arising:
ARC/58/2526

Minute reference	Meeting date raised	Action required	Owner	Date due	
ARC/43/2526	02/03/2026	**Accounting Officer report** **Action:** Follow up on completion of GDPR and Cyber security training.	DC		In AO report
ARC/43/2526	02/03/2026	**Accounting Officer report** **Action:** Report on outcome of Phishing email exercise to committee at next committee meeting 8 June 2026.	GC		Phishing email report received by the committee as part of the pre-reading document. Trustees asked if there is a targeted follow up on the high percentages. V Williams confirmed that a target programme was in place and specific to academes. This item is now complete
ARC/44/2526	02/03/2026	**Internal Audit** **Action:** Gather suggestions for next year's audit plan through the Board meeting.	JHH		DAT/106/2526 Board minutes: Trustees asked to consider topics for internal audit plan and email to I Storey. No suggestions had been received from

					committees. This item is now complete.
ARC/46/2526	02/03/2026	**AI Advisory audit** **Action:** S Archibald to follow up and provide the finalised version to the committee within the next few weeks.	SA		AI Advisory Audit received as part of pre-reading pack and covered in AO report. This item is now complete.
ARC/48/2526	02/03/2026	**Risk Register** **Action:** Governance professional to add risk register to sub-committee agendas. **Action:** A3 copies of the risk register to be distributed at the end of the Board meeting for use in upcoming Committee meetings.	JHH		All subcommittees have had as an agenda item with conversations progressing on development of risks. Updated risk register and agenda item. Copies distributed to Board members. This item is now complete.