

**East Midlands Academy Trust Audit & Risk committee**  
 Monday 4<sup>th</sup> April 2022 at 10.am **Meeting to be conducted virtually in Teams**  
**Second meeting of academic year 2021/2022**  
**AGENDA**

These minutes reflect the order of the agenda, not necessarily the order of discussion

Agenda item	Discussion	Action
1. Welcome and introductions	<p><b>Present:</b>  <b>Ayo Salam</b> (Trustee) - Chair 📞  <b>Fiona Wheeler</b> (Trustee) 📞 (<i>connexion issues</i>)  <b>Andy Davis</b> (Trustee) 📞  <b>David Houghton</b> (Trustee) 📞</p> <p><b>Joshua Coleman</b> (CEO: EMAT)  <b>Paul Wheeler</b> (COO: EMAT)  <b>Monica Juan</b> (Head of Governance &amp; Compliance) - minutes</p> <p><b>In attendance:</b>  <b>Daryl Unitt</b> – Head of Shared Services: EMAT  <b>Chris Rising</b> - Internal Audit Director: Macintyre Hudson 📞</p> <p>The chair welcomed all and reminded all present that the matters raised within this meeting would remain confidential until the minutes were agreed and signed off.</p>	
2. Apologies	There were no apologies.	
3. Quorum	The clerk confirmed that the meeting was quorate.	
4. Declarations of interest	<p>The chair called for any additional declarations of interest pertaining to this agenda not already recorded on the annual Register of Interests.</p> <p>No interests were declared</p>	
5. Minutes of A&R meeting held on the 23.11.2021, & matters arising not appearing on the Action Log	<p>The minutes of the meeting held on 23.11.2021 had been distributed with the agenda for this meeting and were agreed to be an accurate representation of the meeting.</p> <p>The Chair agreed to physically sign the minutes at the next face to face meeting.</p>	
6. Action Log from the meeting on 23.11.2021	<p><b>1.</b> Trustees to be invited to BCP exercise – Had not taken place - <b>Deferred</b></p> <p><b>2.</b> Invite SENTRY to present to trustees – <b>Deferred</b></p>	

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7. Internal Audit - McIntyre: <ul style="list-style-type: none"> <li>Safeguarding</li> </ul>	<p><i>The Internal Audit documents had been distributed with the agenda for this meeting.</i></p> <p>CR presented the results of the safeguarding internal audit and recognised the important of this exercise in the current context and after the NIA Ofsted inspection.</p> <p>CR informed trustees that an audit on the current Safeguarding arrangements had been undertaken as part of the Internal Audit Plan for 2021/22. The purpose of this audit was to provide assurance that there were effective arrangements for Safeguarding across the Trust, including policies and procedures and provisions for referrals.</p> <p>The audit concluded that the Safeguarding controls at EMAT and the 3 schools sampled (NIA, PWS and Orchard Academy) were adequately designed with some opportunities for enhancement. Trustees could take adequate assurance over the effectiveness of control and the risks associated with this area.</p> <p>There were opportunities to improve some processes and the following actions were recommended:</p> <ul style="list-style-type: none"> <li><b>Incident Referral Process:</b> There should be an annual or termly report to the Board of Trustees listing all incidents from the current and previous academic year in MyConcern, new referrals made, their status updates, and the outcome of any completed investigations.</li> <li><b>Annual Safeguarding Reports:</b> An Annual Safeguarding Report should be produced and submitted to the Board of Trustees for review. This report should be created at central Trust level and provide comprehensive information and analysis of safeguarding activities across the year and across all schools in EMAT</li> <li><b>PREVENT Duty:</b> All schools to develop and implement a Prevent Strategy and Action Plan outlining how identified risks will be addressed. They should be reviewed at central trust level to ensure they align with the Trust's core risk register and approved by the LAB.</li> </ul> <p><b>In response to a question from a trustee regarding whether the audit findings reflected the NIA Ofsted report</b> JC clarified that Ofsted had recognised that the processes at the NIA were strong, however the perception from staff, parents and pupils was different. Undoubtedly, processes had to be implemented and managed by responsible people and the NIA would need a change of culture in order to improve the current opinion. The new NIA Head of Safeguarding alongside FC and external consultants would increase the oversight rigour within the school and will support the central team implementing the audit recommendations.</p>	

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	<p><b>In response to a question from a trustee regarding the processes around the audit and how the recommendations had been achieved</b> CR clarified that auditors had looked at testers and controls in all sample paperwork and had had discussions with key members of staff. The recommendations would help to strengthen the trustees' monitoring measures.</p> <p><b>In response to a question from a trustee regarding whether the trust needed to change its monitoring metrics moving forward</b> JC clarified that the information was already shared at trust level as FW (Safeguarding trustee) was in constant contact with LB offering support and challenge. However, the audit recommendations would improve the way that the information was widely presented to trustees as well as acting as evidence.</p> <p><b>Trustees unanimously agreed to follow the recommendations presented in the Safeguarding Audit report.</b></p> <p>Trustees thanked CR for the report and invited him to stay for the duration of the meeting.</p>	
8. Risk Register – GCR ONE	<p><i>The Risk Report had been distributed with the agenda for this meeting.</i></p> <p>DU reminded trustees that a brief summary of GCR ONE had been included with the paperwork and summarised the highlights of the report, covered under the following headings:</p> <ul style="list-style-type: none"> <li>• Risk Summary</li> <li>• Risk Methodology</li> <li>• Risk Scoring Definitions</li> <li>• GRCon One Overview</li> <li>• Core Risks – Highest Exposure Scores</li> <li>• Risk Activity</li> <li>• Planned Activity</li> </ul> <p>DU clarified that the Bow Tie method had been recommended by the Trust's Risk Management software solution partner. There were a total of 582 risks registered in GRCon One, these risks were generic to the system. Of those, DU had identified the following for EMAT:</p> <ul style="list-style-type: none"> <li>• Two red status risks with an exposure score of 5 - 6</li> <li>• 152 amber risks with a score of 3 – 4</li> <li>• 349 green risks with a score of 1-2</li> </ul> <p>Different owners had been allocated to different risks, including governance and new definitions had been allocated to understand the risk appetite of the trust. Most risk owners had undergone training to understand the system and had been given a deadline to look at their risks and tweak them if necessary. DU would work with MJ to upload all necessary documents to the platform.</p>	

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	<p>An extensive discussion took place around the distinction between risks and threads, the types of risk that would need to be identified and recorded, different risk scores, whether the risk appetite of the trust would inform the scores, and which type of risks should trustees be made aware of. Trustees concurred with DU that the risk register would be an evolving picture. AS offered DU the opportunity to work together to refine the process.</p> <p><b>In response to a question from a trustee regarding whether the current system was achieving its purpose</b> CR explained that with risk simplicity was always best. The interpretations of risk had to be clearly and consistently approached by all risk owners and therefore another cycle would be necessary in order to tidy up the current register.</p> <p>Trustees reviewed the new Risk Management Policy and looked at the points that DU had included for discussion. Trustees agreed to consolidate the portfolio to fewer owners and were happy with the definition of risks and risk status. A discussion took place around the risk tolerance and appetite and DU agreed to bring the revised policy to the next meeting for ratification.</p> <p>After careful consideration, trustees agreed that most risks in the risk register were operational and therefore <b>trustees should only review strategic risks and core risks with high exposure</b> and that the new risk management policy should clearly indicate the level of exposure for the trust. Trustees requested for the next Risk Register version to reflect the alterations discussed during the meeting.</p> <p>Trustees thanked DU for his report.</p>	<p><b>DU to liaise with AS</b></p> <p><b>Review Risk Management Policy</b></p> <p><b>Present new risk register version</b></p>
<p>9. GDPR Update – Medium risks response plan</p>	<p><i>The GDPR Reports had been distributed with the agenda for this meeting.</i></p> <p>DU presented the highlights of the report and reminded trustees that the GDPR audit had been rebooked for June and SENTRY would present at the following meeting.</p> <p>The number of DPO leads had increased across the organisation with more DATA owners residing in the central team. A DATA mapping exercise would take place during the next term.</p> <p>GDPR Sentry was the training platform used to deliver GDPR related training. Most GDPR training had been completed by staff across all academies and central team. The governance team would resend the details to governors and trustees to try to increase uptake numbers before the next meeting.</p> <p>DU explained that an increase in GDPR breaches was expected after undergoing training and it was clear that the majority of the breaches were involving human error and were not IT related. The team was looking at alternative solutions to try to mitigate this. However, the number of breaches at the NIA</p>	<p><b>MJ/PO to send training details to governors &amp; trustees</b></p>

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	<p>was a concern. The new appointed NIA Operations Manager would be looking at this to try to understand why. All SARs requests had been completed.</p> <p><b>In response to a question from a trustee regarding whether staff were able to recognise SAR requests and treat them accordingly</b> DU confirmed that the training had been fully embedded, and staff were confident enough to recognise any requests and liaise with the DPO to resolve them. NIA was the only school where the knowledge wasn't fully embedded. DU was working with the school to resolve this.</p> <p>Trustees thanked DU for the report and praised the high standard of papers.</p>	
10. Finance update	<p><i>PW gave a verbal update</i></p> <p>PW informed trustees that the reforecast had been done and information had been presented to the FHRE committee. The full year forecast aimed to achieve a £295k surplus and enough contingency had been set aside to deliver the forecast and NIA improvement.</p> <p>The NIA had not been included in the reforecast. After the Ofsted report had been published, the board had agreed for £250k contingency money to be invested in the NIA to implement the rapid improvement plan. The school would move to 100 minutes lessons after Easter and therefore a reforecast based in 60 minutes lessons would have been meaningless. The new information would be presented at the next FHRE meeting.</p> <p>PW informed trustees that one of the current concerns was the hike in energy prices. Although contracts were fixed until July 2023, standing charges would increase across all trust sites. The procurement team was already working on securing contract post July 2023. General inflation would affect next year's budget, around 5% to 7% increase and catering costs will also increase as the minimum wages had gone up. All this would most likely put a strain in the 2023/24 budget.</p> <p>Trustees thanked PW for his update.</p>	
11. Policies for review	<p><i>The following policies had been sent out with the agenda for this meeting.</i></p> <ul style="list-style-type: none"> <li>• Risk Management Policy (<i>for discussion</i>) Discussed in item 8.</li> <li>• Whistleblowing policy (<i>no changes.</i>) <b>Trustees unanimously ratified the Whistleblowing policy.</b></li> </ul>	<b>MJ to upload policies</b>
12. IFNW	<ul style="list-style-type: none"> <li>• Risk management policy</li> <li>• Fixed assets and cyber risk internal audit</li> <li>• Sentry presentation</li> </ul>	

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13. AOB	SM and AS term of office had come to an end. Both trustees agreed to continue serving as trustees for another term.  JC informed trustees that The Willows were still interested to join EMAT. A meeting had been scheduled for 27 <sup>th</sup> April to discuss next steps.	<b>MJ to update records</b>
18. DONM	Dates for the academic year 2021/2022 have been set. <ul style="list-style-type: none"> <li>• Friday 8<sup>th</sup> July 2022 @ 10am</li> </ul>	<b>Invites to meetings had been sent</b>

**The meeting ended at 12.25pm**

### Action log of the Audit and Risk committee meeting held 04/04/2022

No.	Action	Owner
1.	Trustees to be invited to Business Continuity Plan exercise	DU
2.	Invite SENTRY to present to trustees	DU
3.	DU to liaise with AS to look at Risk Register and Policy – ready for next meeting	DU
4.	Send training details to Governors & Trustees	MJ/PO
5.	Upload policies	MJ
6.	Update trustees' records	MJ