



Audit & Risk Committee Meeting
Monday 10 November 2025 at 17:00 – 19:30
via Teams

Director's present	Role	Initials
Tina Havenhand	Nexus MAT Director/Chair	Chair
Gill Askew	Nexus MAT Director	GA
Ray Palmer	Nexus MAT Director	RPA
Sue Shelley	Nexus MAT Director	SS
Also present		
Warren Carratt	Nexus MAT CEO	CEO
Joel Hardwick	Nexus MAT Assistant CEO: Corporate Affairs	JH
Karen Smith	Nexus MAT CFO	CFO
Lana Stoyles	Executive Director Business Transformation	LS
Rebecca Horne	Governance Clerk	RH
Apologies		
James Kelly	Nexus MAT Director	JK
Mark Greenwood	Nexus MAT Director	MG
No Apologies		
None		

1. APOLOGIES FOR ABSENCE	
1.1 Welcome & receive apologies for absence Apologies were received from JK and MG.	
1.2 To accept apologies for absence. Apologies were accepted from JK and MG.	
2. ITEMS OF URGENT BUSINESS	
2.1. Chair to determine any items of urgent business to be considered. Following discussions between CEO, RP and MG regarding committee attendance, the following points were noted: It has now been clarified that MG is consistently unavailable on Mondays. This has been a recurring issue over the past 18 months, though it had not been explicitly understood until recently. In light of this and with the agreement of the respective Chairs of the Audit and Risk Committee and the Finance and Infrastructure Committee, future meetings for the summer term have been rescheduled to avoid Mondays. This change is intended to support MG's continued participation. Apologies from M are accepted for the current meeting and the upcoming spring term meeting.	
3. DECLARATION OF INTERESTS	
3.1. Individual Directors to declare any personal, business or other governance interests on any item on the agenda. None to discuss.	
4. AUDIT & RISK COMMITTEE MEETING MINUTES	
4.1. To approve the minutes of the following meeting: Audit and Risk Committee held on 30 June 2025. The minutes of the Audit & Risk Committee Meeting held on 30 June 2025 were received and agreed as a true and proper record.	
4.2. REVIEW OF ACTION TRACKER The outstanding actions on the tracker were reviewed and updated.	
4.3. MATTERS ARISING FROM THE MINUTES No matters arising were discussed.	
5. ITEMS TO BE CONSIDERED	

5.1 Pre-meet with auditors (without officers in attendance)

TH reported that the pre-meeting with the auditors was productive. Attendees included TH, SS and GA. The draft management letter was reviewed and it was confirmed that there were no audit adjustments, with the exception of one related to the Local Government Pension Scheme.

As clarified by Carrie Jensen (Forrester Boyd), this adjustment does not affect the asset or liability positions and will be reflected solely within the Statement of Financial Activity, having no impact on the reported figures.

Three points were raised in the management letter:

- Carry-forward issue from the previous year regarding authorisation of purchase invoices.
- An instance of self-authorisation of an expense claim form.
- A matter concerning title registers not being available at the Land Registry.

TH directed attention to page 18 of the draft management letter, which outlines control issues identified during the audit.

Of 38 sampled purchase orders, 2 were raised retrospectively, which is contrary to policy.

While this represents a small proportion, further context was requested from CFO.

CFO explained that compliance varies by school with an average of 90% and described ongoing efforts to improve compliance, including monthly tracking and sharing data with Regional Directors.

GA questioned whether a 90% compliance target was sufficient. The CEO suggested benchmarking against sector averages. It was agreed that comparative data from similar Trusts will be gathered and shared at the next meeting. **Action: CFO to obtain and present comparative data on purchase order compliance rates from other Multi Academy Trusts for the next Audit and Risk Committee Meeting.**

**Action:
CFO
02/03/26**

In relation to self-authorising own expense claims, this will be discussed under item 5.9 of the agenda.

In relation to the land registry title documents, it was highlighted that some school titles are not updated at the Land Registry. Investigations are ongoing to determine whether delays are due to school process or Land Registry backlog. LS confirmed the team is investigating each case individually and an update will be provided. **Action: LS to provide an update on Land Registry issues at the December Board meeting.**

**Action:
LS
17/12/25**

CEO summarised that all that updates on all three management letter points will be provided at the December Board meeting, with the land registry issues potentially requiring a factual update in the accounts.

TH highlighted that Column 3 of the management letter may need updating prior to the account's approval, as the matters referenced may not relate directly to actions of the Trust.

CEO acknowledged this as a valid point and suggested that if an update is provided clarifying the Trust's position and actions, this may resolve the issue for the December Board meeting. **Action: CFO to update column 3 of the management letter to clearly reflect the Trust's position and actions.**

**Action:
CFO
17/12/25**

5.2 External Audit 2024-25 Update

TH reported that the audit team commended the CFO and the Finance Team for their efficient preparation and the smooth execution of the audit process. The auditors specifically praised the Trust's approach, noting marked improvements in both the speed and quality of information sharing compared to previous years.

5.3 High Level 12-month Delivery Plan

This was circulated on Governor Hub for information.

5.4 Audit Tracker

CFO reported there has not been much change to the Audit Tracker, once the audit is complete the external audit will be updated.

5.5 Competent Person Termly Update Report

LS provided a comprehensive update on Health and Safety across the Trust, including audit outcomes, training plans and ongoing capital projects.

LS explained that the Trust's competent person role is now internal based within the Central Team. This allows the Trust to identify and address common themes across schools more effectively.

One identified theme related to food standards regulations and additional rigour has been applied to ensure policy expectations are clear. The appendices of the relevant policies have been updated to reflect this.

In addition to the internal competent person, the Trust retains a competent external advisor who provides specialist support for particular incidents as needed.

The external advisor has also been asked to audit the Trust's internal audit processes to ensure that the appropriate rigour and procedures are consistently applied.

LS explained that audits of schools and central functions continue to be conducted every six months as part of the Trust's ongoing monitoring and compliance programme.

LS provided an update on ongoing capital projects, noting that certain areas, including fire safety and plant room works, are being prioritised in the 2025/26 capital programme. These items are currently flagged in the audit as outstanding, as they have

not yet been scheduled; work is planned to be carried out over Easter and Summer 2025/26.

LS noted that many audit themes remain continuous from the previous term, with high-priority focus areas including:

- Embedding food hygiene practices previously identified in audits and now incorporated into policy.
- Strengthening cash compliance processes and documentation.
- Continuing the delivery of capital investment projects to mitigate emerging risks across the Trust.

LS reported that there were five RIDDOR reportable incidents during the reporting period. All incidents were reported by schools, with documentation uploaded to the Trust's system and subsequently checked and verified by the competent person.

LS confirmed that a rolling health and safety training programme has been embedded across the Trust.

The IOSH training course, previously delivered externally with schools selecting their own providers, is now coordinated centrally through the Enterprise Learning Institute with one or two approved providers, allowing for improved quality assurance of training delivery across all schools.

GA asked whether there are plans for IOSH or NEBOSH qualifications within the Trust.

LS responded that the Trust's competent person is NEBOSH trained. Plans are in place for the Assets and Compliance Supervisor to undertake NEBOSH training within the year. Headteachers, School Resource Managers and Supervisors are required to be IOSH trained and this is centrally recorded. All schools now receive general annual training from the competent person.

5.6 Proposed of Internal Audit Plan for 25-26

CFO highlighted that the circulated paper suggested a number of areas for inclusion in the internal audit plan:

1. **Cyber Security Review** – previously approved at earlier meetings.
2. **Information Governance Review** – update from a prior review.
3. **Pupil Premium Planning and Reporting.**
4. **Capital Fund Reporting** – including links to the Asset Register.
5. **Pension Administration.**

The CFO sought Director input on whether to progress with the proposed areas immediately or to leave space to decide on Pension Administration at the February/March meeting, or alternatively to approve it now as an additional area of focus.

Following in-depth discussion, Directors agreed to focus on four areas for the internal audit programme:

1. **Cyber Security Review**
2. **Information Governance Review**
3. **Pupil Premium Planning and Reporting**
4. **Pension Administration**

CEO, noted that four areas constitute an ample internal audit programme, while allowing scope to include additional areas if new priorities emerge.

The Board unanimously approved this decision to progress with these four areas in the internal audit programme.

5.7 Trust Risk Register

CEO explained that the Trust Risk Register was presented to the October Board meeting.

The Risk Register is also reviewed by both the Audit and Risk Committee and the Standards Committee to ensure that any emerging issues are identified and reflected in subsequent updates.

At this time, there were no proposed changes and Directors noted that they had accepted, agreed and approved the Risk Register at the October Board meeting and the Standards Committee and asked if there were any changes from the Audit and Risk Committee.

5.8 Finance Risk Register

CFO outlined factual updates to the Trust Risk Register, including:

- New roles added to the register.
- Reduced risk ratings for funding pressures and midterm planning risks.
- New risks added relating to independent school provision and the training subsidiary.
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The CFO proposed these changes to the Directors, who all agreed to the updates.

GA asked whether there is a procurement-related risk register capturing high-impact and high-risk suppliers.

LS responded that the Trust maintains this internally as an operational tool, which is typically updated quarterly. While it is primarily used for day-to-day management rather than formal reporting, it could be shared with Committees if required.

CEO proposed adding a procurement risk summary to the risk register, with the committee agreeing to review the current operational risk documentation at the next meeting before deciding on the reporting format. **Action: LS to submit the current operational procurement risk register to the next Committee meeting for directors to review and determine the appropriate level and frequency of future reporting.**

**Action:
LS
02/03/26**

Minutes approved

CHAIR	SIGNATURE	DATE
Tina Havenhand		