



# HARTPURY

## AUDIT AND RISK MANAGEMENT COMMITTEES HARTPURY UNIVERSITY AND HARTPURY COLLEGE

### Minutes

10am Thursday 30 March 2023

Via Videoconferencing – Microsoft Teams and Gordon Canning Room

Members	University Audit Committee	College Audit Committee
Ms Lucie Hammond	Present (Chair)	Co-opted Member - Present
Professor Ian Robinson	Present	Co-opted Member - Present
Dr John Selby	Present (Vice-Chair)	Co-opted Member - Present
Mr Patrick Brooke	Co-opted Member - Present	Present (Chair)
Ms Barbara Buck	Co-opted Member - Present	Present
Ms Mary Heslop	Co-opted Member - Present	Present
Mr Matthew Williams	Co-opted Member - Present	Co-opted Member - Present
<b>In Attendance</b>		
Ms Lynn Forrester-Walker	Present (Chief Operating Officer)	Present (Chief Operating Officer)
Ms Gillian Steels	Present (Clerk to the Board)	Present (Clerk to the Board)
Mr Iain Williams	Apologies	Apologies
Dr Michael Collier	Present (TIAA)	Present (TIAA)
Mr Richard Bott	Present Item 12 (Mazars)	Present Item 12 (Mazars)
Professor Andy Collop	Present (Vice-Chancellor)	Present (Principal)
Mr John Perry (Director of Estates)	Present Item 7.2	Present Item 7.2
Mr Neil Chatten (Health & Safety & Environment Manager)	Present Item 10	Present Item 10
Ms Lesley Worsfold (Deputy Principal Resources)	Present Item 8.4	Present Item 8.4
Ms Rayna Edwards (Head of Safeguarding, Wellbeing and Health)	Present Item 8.4	Present Item 8.4

		ACTION & DATE
AR01/03/23	<p><b>Apologies &amp; Confirmation of Quoracy</b></p> <p>There were no apologies. Matthew Williams was welcomed to the Committees.</p> <p>It was confirmed that the University Audit and Risk Management Committee and the College Audit and Risk Management Committee meetings were quorate.</p>	

<p><b>AR02/03/23</b></p>	<p><b>Declaration of Interest.</b></p> <p>The Clerk advised that members' interests would be taken as those disclosed in the Register of Members Interests.</p> <p>John Perry – Director of Estates joined the meeting</p>	
<p><b>AR07/03/23</b> <b>7.2</b></p>	<p><b>Internal Audit</b> <b>Estates Management of Maintenance Contracts – Limited Assurance</b> <b>1 Urgent Recommendation, 2 – Important Recommendations,</b> <b>5 - Routine Recommendations, 1 – Operational Recommendation</b></p>	
	<p>The review had considered the arrangements in place to ensure that contracts were in place as appropriate for ongoing maintenance of the estate (fire, gas, electric, LOLER, asbestos and water hygiene) and the maintenance of significant machinery and compliance with the legal duty of care. The review considered the arrangements in place to ensure that contracts were subject to market testing in line with financial regulations and subject to ongoing monitoring in terms of performance delivery. Members commented it was disappointing there were no areas of good practice identified. Dr Collier advised that this was in part due to the definitions within the report template, noting that rather there were no stand out areas of good practice to highlight above usual practice.</p>	
	<p>It was noted that the contract management issues were being taken forward and a new contract was to be put in place with clear performance requirements and monitoring processes. It was confirmed 6-weekly monitoring meetings were already in place with current suppliers. The benefit of smaller contracts rather than an overarching contractor for Estates was flagged by the Director of Estates. The Director of Estates confirmed the checks used to ensure value for money was being achieved. It was confirmed that the Estates Team were well aware of the Financial Regulations and the need to use the procurement checklist to ensure compliance. The Director of Estates advised that the Property Hub had been developed to monitor projects and minor works, and incorporated a compliance section. He had been disappointed this had not been identified as good practice. A governor queried who could access the hub and was advised all the Estates Team had access, and that it was possible to drill down to different levels. He offered to demonstrate it if that would be helpful. The Chief Operating Officer commented that it provided a helpful form of electronic access which ensured sharing of knowledge that went beyond one individual and would be helpful as personnel changed.</p>	
	<p>A governor, who was currently the link governor for the area commented that the report and the feedback within the meeting resonated with the meetings he had undertaken, and particularly the difficulties with the external contractor which were being progressed as discussed. He queried whether it was a specific contract management issue or whether there were wider contract management issues at Hartpury. The Chief Operating Officer advised that there were a number of different departments with responsibility for contracts, such as IT and Estates. She noted there was no procurement officer and that there was an opportunity for a more consistent approach. She commented that this issue might be an element within the structural review which was ongoing. Governors queried if this should be an action point for the Committees but agreed it would be considered when the Boards were updated on the structural review.</p>	

	<p>A governor noted the snagging process relating to Graze and queried if this highlighted any wider issues. The Chief Operating Officer advised that the process had been developmental, identifying responsibilities, this had been considered within the post project review.</p> <p>A governor noted the information shared with contractors in relation to estates contracts and flagged the need to ensure this was shared with any contractors at Hartpury.</p> <p>A governor queried how specifications were used to ensure value for money. The Chief Operating Officer advised that Hartpury was working to put in place standard specifications to help with this. This would support value for money and standardise items for use to ensure consistency.</p> <p><b>The Committees NOTED the Report and the actions taken to meet the recommendations by 31<sup>st</sup> March 2023.</b></p>	COO Ongoing
7.1	<p><b>Summary Internal Controls Assurance Report</b></p> <p>The summary controls assurance report provided the Audit and Risk Management Committees with an update on the emerging Governance, Risk and Internal Control related issues and the progress of Internal Audit work at Hartpury University HEC as at 15<sup>th</sup> March 2023. Dr Collier advised that the plan for 2022/23 was progressing smoothly, with the plan on track. The remaining reports for the year would come to the June meeting. It was confirmed the current status dates should be 2023 (rather than 2022).</p> <p>It was noted that TIAA Limited had commissioned an External Quality Assessment (EQA) of its internal audit services in 2022 and been awarded the highest level of assurance.</p> <p><b>The Committees NOTED the Report.</b></p>	
7.3	<p><b>ICT Review of ICT Security and Digital Strategy – Limited Assurance 2 Urgent Recommendation, 3 – Important Recommendations, 0 - Routine Recommendations, 0 – Operational Recommendation</b></p> <p>It was noted this was the last report from 2021/22 and had previously been circulated by email. The urgent recommendations related to Hartpury not having a Digital Strategy Group or a Digital Strategy implementation plan. It was noted that Hartpury used the Executive Group to consider the Digital Strategy and considered this ensured key individuals were involved. The Chief Operating Officer confirmed the Executive Group received regular digital strategy reports. A governor queried how governors could get an overview of the Digital Strategy. It was noted that this was within the remit of SFR and would be brought to a future meeting. It was confirmed Hartpury had considered the recommendation relating to a Digital Strategy Group but considered that current practice reflected Hartpury's shape and structure, it was noted this might be considered within the structural review. Governors queried whether it got sufficient time within the broader agenda and the Chief Operating Officer confirmed it got significant time.</p> <p><b>The Report and the planned actions were NOTED.</b></p>	SFR Feb 2024  Vice-Chancellor Ongoing

AR03/03/23	<p><b>Minutes of the Meetings – 14<sup>th</sup> November 2022</b></p> <p>The minutes of the University Audit and Risk Management Committee and the College Audit and Risk Management Committee 14<sup>th</sup> November 2022 meetings, subject to noting the University members co-option to the College Audit and Risk Management Committee were <b>APPROVED</b> as true records.</p>	
AR04/03/23	<p><b>Matters Arising</b></p> <p>The updated Action Log was noted.</p>	
	<p>Governors asked how the Structures Review would be updated to the Boards and were advised that the draft report was due after Easter, the SMT and Executive would then review and prioritise, and then update to relevant committees as appropriate. Some recommendations would be for longer term consideration. The aim was to ensure the overall resilience of the organisation.</p>	
	<p>A governor asked if it had been confirmed if the TPS (Teachers' Pension Scheme) funding would be consolidated by the ESFA (Education Skills Funding Agency). The Chief Operating Officer confirmed that it had been.</p> <p>It was advised that HR had confirmed that there was no evidence that the issues raised in Equine were wider spread.</p>	
AR05/03/23	<p><b>Audit Recommendations Follow Up Update</b></p> <p>The Committee considered the update which detailed progress on the recommendations.</p> <p><b>Stock Control</b> – the new Management Accountant was to undertake a project on hay and haylage and where it was procured from, the farm or elsewhere, and the position would then be reviewed. Dr Collier, TIAA, advised that he had provided a Terms of Reference for a Stock Review which Hartpury could roll out. The Vice-Chancellor was noted that the cost base within the Equine area was to be reviewed.</p> <p>Governors queried how staff would know about updates to the <b>Financial Regulations</b>. The Chief Operating Officer advised they were advised to new starters and changes highlighted to all staff by email when the regulations were updated. They were particularly highlighted to budget holders. Governors noted on the limited use of the Whistle-blowers' Policy and commented on the need to raise its profile. The Chief Operating Officer agreed this should be an ongoing action and agreed to advise the Head of Finance to revise this in the log.</p> <p>Governors expressed concern that the current Equine Therapy Centre Policy was last reviewed in 2017. The Chief Operating Officer advised that there was a policy cycle to review policies. There was also concern that not all staff were aware of the Gifts and Hospitality Policy, although it was noted there had been recent training.</p> <p><b>The Audit Recommendations Update Report was NOTED.</b></p>	Clerk Action Log

<p><b>AR06/03/23</b></p>	<p><b>Procurement Compliance</b></p> <p>The Chief Operating Officer presented the Procurement Compliance Report and provided assurance where there had been any variation on the standard compliance requirements, for example where work was bespoke, time critical or there was a need to align to current services, or there was only a single supplier. She advised that the Financial Regulations had been updated to define a process where there was only a single tenderer. It was confirmed Zeelo helped with tendering for bus services, but did not also supply bus services. It was agreed the wording could be clearer.</p> <p><b>The Procurement Compliance Report was NOTED.</b></p>	
<p><b>AR08/03/23</b></p>	<p><b>Risk Management Update</b></p> <p><b>8.1 Review Risk Register</b></p> <p>The report provided ARMC with a summary of the changes to the Risk Register since the last meeting. It was noted it provided ARMC the opportunity to review both the outcome of the Risk Management Process and the robustness and breadth of coverage of Risk Management. It was confirmed the Risk Register had been reviewed and updated following the latest Risk Management Group meeting and continual reviews by each operational area of their local risk registers. The latest version (available on the Governors website) had been reviewed by the Executive at a recent meeting.</p> <p>New Risks had been added relating to the OFSTED Under 18 Residential Inspection, the delivery of the Digital Strategy – responding to the Audit, and response to UCAS Admissions process change relating to software provider. It was noted that risks relating to the Box Park and the new car park had been deleted as these were complete and that the risks relating to Covid had been deleted reflecting latest government guidance.</p> <p><b>The Committees NOTED and endorsed the revisions.</b></p>	
	<p><b>8.2 Review Top Risks</b></p> <p><b>The Committees NOTED the top risks.</b></p>	
	<p><b>8.3 Note Minutes from Risk Management Group (RMG)</b></p> <p>The Committees considered the latest RMG minutes. A governor queried the scale of the power outage risk, and the likelihood that Hartpury would need to hire generators. The Chief Operating Officer advised that the issue had been highlighted when the government had suggested that power cuts might be required due to potential shortages of power supply. This position had not materialised but there had been concerns that there could be power outages, as there had been on site in November, and that there had been a need to further review the risks relating to IT, freezers etc in these circumstances. It was noted that with the new supply cable currently being put in that National Grid had “guaranteed supply” and discussions were ongoing to confirm exactly what this meant. Key areas had been identified which would need supply, for example the sewage pump, and options to respond to these areas continued to be investigated.</p>	

The Risk Management Group Minutes were NOTED.

The Deputy Principal Resources and the Head of Safeguarding, Wellbeing and Health joined the meeting

#### 8.4 Deep Dive Safeguarding

The Deputy Principal Resources and Head of Safeguarding, Wellbeing and Health talked the Committee through the risks on the Risk Register relating to Safeguarding and provided information on the mitigations used to minimise the risks, as far as was possible.

The risks discussed were

- *Inappropriate management of students on or off site with a major security, safeguarding incident or potential injury/multiple injuries/fatality/fatalities to student(s) including PREVENT – High*
- *Sudden or unexpected death (suicide) of a student on campus/ off-site managed property or off-site under the duty of care of Hartpury – Medium*
- *Student (under 18) going missing/ or not returning to campus - Medium*
- *Students or Staff being drawn into/ radicalized in respect of extremist groups or acts of extremism / terrorism- Medium*
- *International student going missing / or not returning to campus. Resulting in damage to our Highly Trusted Sponsor status and the subsequent effect on international recruitment and income - Low*
- *Serious allegation made against a member of staff/former member of staff which is founded and results in dismissal/adverse publicity - Low*
- *Unsuitable individuals gaining employment working with children or vulnerable adults - Low*

The breadth of processes in place to mitigate the risks included:

- Compliance with legislation/statutory guidance e.g. KCsiE (Keeping Children Safe in Education) /PREVENT Duty
- Risk assessments (contextualised)
- Identification of “at risk” students e.g. medical/safeguarding priorities/EHCP (Education & Health Care Plan) etc.
- BCPs (Business Continuity Plans)
- Behaviour standards/Code of Conduct
- Safeguarding/Duty Residential Support/Duty Director 24/7 mobiles
- Policies – e.g. Safeguarding, Study trips, Sudden or unexpected death, Repatriation
- Registration – morning/curfew/sign-out process
- CallMy/ lockdown procedure
- Weekly safeguarding meetings
- CPD/reflective practice
- Serious debriefing/RST reflective meetings
- Wellbeing/nursing provision
- Trip leaders attend weekly safeguarding meetings
- Clear referral processes

- Monitoring of suspicious vehicles on campus – culture of vigilance/challenge
- Onsite team of wellbeing professionals
- Missing Student procedure
- Morning registration checks and curfew checks
- Student Absence policy/absence reporting
- Net2 controlled access system for monitoring onsite residential student activity
- Communication links with NOK, Police and other external agencies
- Referral system - MyConcern
- Weekly Safeguarding meeting
- WHISPER reporting
- SAP
- GoVox wellbeing check-in
- Strong relationship with staff at Blackfriars/ member of Hartpury staff holds weekly drop-ins
- Agreement to contact NOK if in the student's 'vital interests'
- Compliance with PREVENT Duty – OfS requirements/OFSTED
- PREVENT Risk Assessment & Action Plan
- Safeguarding Policy includes PREVENT
- Student and staff awareness raising/CPD
- Continuous monitoring of legislation updates and liaison with partners i.e. PREVENT Lead for SW region, Local PREVENT Partnership Board, Channel Panel
- Local intelligence
- Monthly face to face monitoring of all international students
- UK guardian for all U18s/monitoring over holiday periods
- Safeguarding policies and procedures
- Code of Conduct/ Guidelines for Professional boundaries
- Safeguarding CPD
- Recruitment and Selection policy/Safer recruitment process
- LADO referral for advice and potential case allegations management
- PR crisis management
- DBS checks/References / social media checks
- Assessment of professional suitability to work with children/young people

It was confirmed CPD and reflective practice processes were in place for the safeguarding and wellbeing teams. It was confirmed that when trips were planned that these were updated to the Safeguarding weekly meetings where they were reviewed to gain assurance that all necessary checks and balances were in place. Students of concern attending trips were reviewed to confirm suitability to attend. Governors queried where Risk Assessments for trips were stored and were advised that they were held by the trip leaders and a copy held centrally. It was confirmed there was a culture of vigilance and support in place. A governor queried if near missed were recorded, for example students driving too fast. The Deputy Principal of Resources advised that she was confident staff knew when to refer issues, based on the range of staff submitting

concerns. She agreed that there was also an ongoing need for reinforcement and education which Hartpury worked to provide. The Head of Wellbeing and Safeguarding and Health advised that only a small proportion of reports related to safeguarding and child protection, but that it was helpful to get a breadth of reporting to provide a full picture. A governor queried if issues might get missed within reporting. The Head of Wellbeing and Safeguarding and Health advised that audits of "My Concern" (the recording system) were held to ensure lessons were learnt and training informed by issues highlighted.

A governor queried whether there was a register of students with gun licenses. The Chief Operating Officer advised there was a policy relating to the students on the gamekeeping course which set in place requirements. It was confirmed there was also a policy relating to knives on site. It was confirmed these issues were treated very seriously. Governors queried whether staff were in place for the site nursing provision. The Deputy Principal Resources advised that one member of this team was on maternity leave and appointment processes were ongoing. It was recognised there was a national shortage of nurses which could make it more challenging to recruit.

The Safeguarding Training for staff was outlined and it was confirmed the importance of professional boundaries was reinforced.

A governor queried whether volunteers were reviewed and provided with safeguarding training. The Deputy Principal Resources advised that information was provided, noting the need for staff to advise the Safeguarding Team of proposals to use volunteers [post meeting the committee was advised that this information had been reinforced to staff post meeting in the latest Safeguarding Bulletin and to staff who were particularly likely to use volunteers.] It was noted that the regular safeguarding meetings reviewed the Events Diary as part of their meetings to confirm all safeguarding risks had been identified to the group.

A governor queried whether the use of a range of systems might cause students confusion. The Deputy Principal Resources advised that "My Concern" was used by staff to report concerns, whilst CallMy, Go Vox, SAP, whisper and provided students with a range of mechanisms to highlight concerns/need for support and that there were mechanisms for these systems to feed into the Wellbeing and Safeguarding Team. She advised that students had not indicated that the range of services provided confusion. She advised that students were briefed about them at induction. The aim was to provide a range of mechanisms to encourage students who would not necessarily engage in face to face communication to engage. The importance of students feeling able to find support was recognised. She advised that the aim was to be supportive and preventative.

A governor queried whether the processes to respond to a missing student had been tested. The Deputy Principal Resources advised that there had been exercises done, and where an incident occurred de-briefs were undertaken to

	<p>ensure learning was implemented. She advised a test of CallMy would be undertaken. A governor asked if an incident on the motorway happened would the processes be ready to respond. The Deputy Principal Resources advised that desktop exercises had been done to test this. The Head of Wellbeing, Safeguarding and Health advised that it was planned to undertake a test within the residencies.</p> <p>Governors thanked the team for the assurance provided on this area, noting the need to maintain a culture of vigilance and support.</p> <p><b>The Deep Dive was NOTED.</b></p>	
	<p><b>11.40am Deputy Principal Resources and Head of Wellbeing, Safeguarding and Health left the meeting</b>  <b>Health &amp; Safety Manager joined the meeting</b></p>	
<p><b>A&amp;RM10/03/23</b></p>	<p><b>Health &amp; Safety Annual Report</b></p>	
	<p>The Health and Safety Manager presented key aspects from the annual report which provided Governors with a comprehensive overview of Health and Safety Management and activities over the academic year 2021/2022, as well as an understanding of the health and safety priorities and activities undertaken in the first half of 2022/23.</p> <p>The Report incorporated:</p> <ul style="list-style-type: none"> <li>Health and Safety Management</li> <li>Health and Safety Forum</li> <li>Risk Management Coordination</li> <li>Health and Safety Prioritisation</li> <li>The health and safety plan</li> <li>Policies and Procedures</li> <li>Risk Assessment</li> <li>Security &amp; Lighting</li> <li>Work Placements &amp; Apprenticeships</li> <li>Large scale public sports</li> <li>Facilities Management - H&amp;S Compliance</li> <li>Water hygiene management</li> <li>Asbestos management</li> <li>Fire equipment servicing and maintenance</li> <li>Fire Safety Management</li> <li>Building design &amp; projects</li> <li>Competence / Training</li> <li>Reactive Monitoring - Accident Statistics</li> <li>Insurance Claims</li> <li>Active Monitoring</li> <li>Audit Programme</li> <li>Staff Wellbeing</li> <li>Environmental Management (Inc Waste)</li> <li>Looking Forward</li> </ul>	
	<p>It was confirmed the processes relating to Fires Safety had been taken forward. He confirmed fire evacuations drills were in place for residential buildings and work ongoing to identify building owners to ensure ongoing drills taking place in other buildings [post meeting it was confirmed Graze evacuation has taken</p>	

	<p>place and that via building owners, drills will happen in all non-residential accommodation twice per year]. The Health &amp; Safety Manager confirmed the processes in place through audit etc to ensure ongoing compliance. He detailed improvements which had taken place in relation to First Aid and security, with training in place for managers and leaders.</p>	
	<p>A governor queried what the Accident Prevention Workshop had covered and were advised it had included near misses and wider issues. It was confirmed it had demonstrated that the quality of reporting had improved. There had been work on identifying root causes to identify areas of potential risk in other areas and ensure lesson learnt were shared. It was confirmed the reported incidents included near misses.</p> <p>Governors queried when the Environment Policy would be in place. They were advised this would be an area for the new Sustainability Manager. It was noted that interviews for this post would be held on 3<sup>rd</sup> May 2023. Governors discussed the amount of recycling and how this could be improved. It was confirmed that waste contracts were in place to minimise landfill.</p> <p>A governor advised he was the Health and Safety Link Governor and had recently attended the Health &amp; Safety Forum. He had been impressed that attendees took the roles seriously and had demonstrated a commitment to improvement.</p> <p>It was noted it was planned to use barriers and vehicle recognition in the evenings/nights to provide greater security on campus. The need to balance security and individual freedoms for students was recognised.</p>	
	<p><b>The Committees NOTED the Annual Health &amp; Safety Report.</b></p> <p>12noon The Health &amp; Safety Manager left the meeting</p>	
<b>A&amp;RM09/03/23</b>	<p><b>Value for Money Annual Report</b></p> <p>This annual Value for Money report reviewed the progress to date on the delivery of the Value for Money Strategy set in September 2020 and considered the Value for Money (VFM) reporting in the annual report and financial statements of the University for 2021/22.</p> <p>Governors agreed it provided a helpful update.</p> <p><b>The Committees NOTED the Annual Value for Money Report.</b></p>	
<b>A&amp;RM11/03/23</b>	<p><b>Internal Audit Guidance Notes and Hartpury Response</b></p> <p>The Committees had been provided with a report which had been developed in response to the regular briefings provided by TIAA on key sector issues which were shared with the committees and in response to a request by the committee to demonstrate the briefings have been considered. The report updated against ongoing actions from earlier briefings and provided the most recent briefings and planned actions. The Committees agreed the report provided helpful assurance and closed the loop on the information provided. It was noted that the issue relating to 4 CCTV cameras was under review. In relation to potential financial fraud it was confirmed staff were briefed to be vigilant and that regular CPD was provided to the Finance Team.</p>	
	<p><b>The Update was NOTED.</b></p>	

	<b>12.10 Richard Bott Mazars joined the meeting</b>	
<b>A&amp;RM12/03/23</b>	<b>Direct Loan Audit Report</b>	
	<p>The Report confirmed that Mazars had performed the procedures evaluating Hartpury's University compliance with the requirements described in Chapter 4 of the 2020 edition of the U. S. Department of Education's Guide for Financial Statement Audits and Compliance Attestation Engagements of Foreign Schools relative to Hartpury's University participation in the William D. Ford Federal Direct Loan Program, for the year ended 31 July 2022. It was noted that Hartpury University is responsible for compliance with the requirements of laws, regulations, contracts, and grant agreements applicable to the Direct Loan program.</p> <p>The report related to 4 students who fell within the requirements. No issues were raised. Management were to consider whether to continue with the process going forward, recognising it was a significant amount of work for a small number of students. It was agreed it would depend on the International Strategy.</p> <p><b>The Direct Loan Report was NOTED.</b></p>	
<b>A&amp;RM13/03/23</b>	<b>Any Other Business</b> None	
<b>A&amp;RM14/03/23</b>	<b>Dates of future meetings all at 10am</b> Noted	

The meeting closed at 12.15

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