

**Barnet and Southgate College Corporation
Audit & Risk Committee meeting
held on Tuesday 21st April 2026
at 18:00**

**Governors
present:**

Diane Moore, Chair
Thomas Streater
Adam Morley

In attendance:

Maxine Bagshaw, Director of Governance & Corporation Secretary
Leisyen Cox, Internal Auditors (Scrutton Bland)
Simon Evans-Evans, COO
Sarah Surrey, CFO
Mark Munroe, External Auditors (Bishop Fleming)

Item	Description	Action
1	Preliminary items 1) Apologies for absence Apologies for absence were received from Alex Middleton and Paul Goddard (Internal Auditors) 2) Confirmation of eligibility, quorum and declarations of interest It was confirmed that the meeting was quorate and standing declarations were noted. 3) Requests for matters of urgent business It was confirmed that no requests for matters of urgent business had been raised in advance of the meeting.	
2	Minutes Minutes of the meeting held on 3rd February 2026 The minutes were reviewed and committee agreed they were an accurate record of discussions. AGREED: to approve the minutes of the meeting held on 3rd February 2026. Matters arising and outstanding actions	

	The Director of Governance provided an overview of progress against the action tracker. Members noted that outstanding actions continued to be monitored closely and broadly fell within thematic areas now addressed through substantive agenda items, including cyber security, internal audit follow-up and health and safety assurance. It was confirmed that an outstanding action relating to the internal audit tender process would be addressed under Any Other Business. AGREED: To note progress against actions.	
3	External Audit Planning Memorandum 2025/26 The External Auditor presented the Audit Planning Memorandum, outlining the proposed audit scope, methodology and key risks for the 2025/26 financial year. The Committee noted that the scope of the audit remained consistent with previous years and would include both the financial statements and the regularity opinion. Two standard significant audit risks had been identified: management override of controls and income recognition. The External Auditor outlined planned testing activity, including substantive testing of journals, key estimates, year-end adjustments and income recognition processes, drawing on MIS and student data where appropriate. Members discussed the treatment of the Local Government Pension Scheme as a significant audit estimate. The External Auditor explained that this reflected the potential materiality of pension assumptions, notwithstanding a nil balance position at the prior year-end. In response to challenge from the Chair, it was clarified that audit assurance related to the College's share of scheme assets and liabilities and the actuarial assumptions applied, rather than the overall financial health of the scheme, but that any materially unusual assumptions would be robustly challenged with scheme actuaries. The Committee also considered the forthcoming transition to the revised Statement of Recommended Practice (SORP), particularly changes affecting income and lease accounting. Members noted early indications that the impact on the College was expected to be limited but requested a concise, governor-focused summary to support understanding. The implications of the implementation of a new finance system were also discussed, with emphasis placed on the importance of audit testing around data migration and integrity. The Committee noted increased sector scrutiny on Related Party transactions and suggested that a briefing note to governors would be helpful to ensure that all material matters have been captured in the register of interests updated annually.	

	CFO advised that, in advance of the audit she would be undertaking a review of Handbook requirements, with a focus on the 'musts' and the 'shoulds'. It was agreed that a report on this would be presented to the next meeting. AGREED: - To recommend that the Board approve the External Audit Planning Memorandum. - For the External Auditor to provide a concise summary note on forthcoming accounting changes for governors. - For governance meeting dates to be confirmed to support audit planning. - For a guidance note on conflicts of interest and related party transactions to be circulated to all governors. - To receive a Handbook Compliance report at the next meeting.	R * * * *
4	Health & Safety Report – 2025/26 Mid-Year The Chief Operating Officer presented the mid-year Health & Safety assurance report. The Committee noted detailed updates on the monitoring of incidents, including slips, trips and falls, with an overall increase in reported incidents. It was acknowledged that this increase was, in part, reflective of improved reporting culture. Members also noted that scheduled fire drills had been completed at all campuses each term, with revised arrangements enabling the Health & Safety team to fulfil an independent observation role, strengthening assurance. Members welcomed improvements in compliance with mandatory Health & Safety training, with statutory training compliance reported at approximately 90%, and noted ongoing work relating to campus-level risk assessments and escalation through governance structures. An update was provided on staffing within the Health & Safety team, including the recent use of a short-term advisor to strengthen capacity, followed by their departure for promotion elsewhere. The Chair challenged a marked increase in reported incidents at the Barnet campus compared with other sites and sought assurance on the underlying causes. The Chief Operating Officer advised that behaviour and safety attitudes within particular student cohorts were likely contributing factors and confirmed that a new senior role with responsibility for student behaviour had recently been introduced at the Barnet campus. Members requested further analysis to provide greater assurance.	

	AGREED: Chief Operating Officer to provide a written update on the underlying drivers of increased incidents at Barnet campus and the actions being implemented to mitigate risk.	*
5	2025/26 Internal Audit Reports i) Single Central Record Health Check The Internal Auditor presented the Single Central Record (SCR) health check, clarifying that this was a diagnostic review rather than a formal assurance audit. The Committee noted that the SCR was appropriately designed and aligned with statutory safeguarding requirements. However, operational weaknesses were identified, including instances where staff or volunteers commenced duties prior to completion of DBS checks without appropriate documented risk assessments, alongside inconsistencies in data entry practices. The report included one high-priority safeguarding recommendation, one medium-priority recommendation relating to data accuracy and several low-priority recommendations concerning qualification checks, prohibition checks and reference recording. Members emphasised the need for a zero-tolerance approach to safeguarding non-compliance and welcomed assurances that strengthened HR leadership and revised operational procedures were addressing historic issues. AGREED: To note the findings and recommendations. ii) General Ledger Audit The Internal Auditor reported a substantial assurance opinion. Members noted strong controls in relation to journal processing and cost centre management, with no material issues identified in sampled testing. Low-level recommendations related to system access, evidencing of reconciliations and the timeliness of period-end closure were discussed. The Committee welcomed the assurance outcome and acknowledged the progress made by the finance function. AGREED: To note the report and assurance opinion. iii) Follow-Up Review – Visit 2 The Internal Auditor reported reasonable progress against previously agreed recommendations.	

	Members noted that a significant proportion of actions had been fully implemented, with others continuing to progress. It was highlighted that certain risk ratings had been downgraded to reflect demonstrable improvement. Committee members reflected positively on evidence of increased executive ownership and improved engagement with the internal audit process. AGREED: To note progress achieved. iv) Progress Against the Internal Audit Plan The Internal Auditor confirmed that delivery of the audit plan remained broadly on track. Some audits had been re-phased to better align with data availability and organisational readiness, which the Committee supported as a pragmatic approach to maximising assurance value. AGREED: To note progress against the internal audit plan.	
6	Audit Actions Tracking The Chief Financial Officer provided a verbal update confirming that audit actions were actively monitored, extensions were subject to scrutiny and approval, and executive oversight of delivery had strengthened significantly. Members noted improved momentum in closing actions and clearer accountability arrangements. AGREED: To note the update.	
7	Risk Management The Chief Operating Officer presented an update on the development of the College's risk management framework, including outcomes from recent Board risk appetite discussions. Members noted strong alignment between the revised Risk Management and Assurance Policy and the Board-agreed risk appetite. The discussion emphasised a shift toward embedding risk-based conversations within operational and performance management forums, rather than reliance on documentation alone. Sector context, including sustainability-related risk appetite, was discussed to support shared understanding. AGREED: - To recommend the updated Risk Management and Assurance Policy to the Board for approval. - To note progress toward a more embedded and mature risk culture.	R
8	Cyber Update	

	The Chief Operating Officer presented the findings from a recent cyber incident simulation exercise. The Committee noted that the simulation tested both technical response capability and senior leadership decision-making in the context of a cyber incident. Strengths and areas for development were identified, with actions underway to address learning points. Members discussed proposals to align with the National Audit Office Cyber Governance Code of Practice and to introduce a cyber KPI dashboard to strengthen ongoing oversight. Further discussion covered mandatory cyber awareness training for staff and students, reliance on insurance arrangements and specialist support in the event of a serious incident, and the importance of regular reporting and scenario planning. AGREED: • To support adoption of the Cyber Governance Code of Practice. • For a cyber KPI dashboard to be developed and reported to the Committee. • To support proposals presented on a communications framework to be used should a serious incident occur.	
9	MPM Monitoring Report – 2025/26 (Verbal) The Chief Financial Officer confirmed that there were no issues arising from MPM monitoring during the period.	
10	Fraud, Irregularity and Whistleblowing – any instances to report (Verbal) The Chief Financial Officer confirmed that no instances of fraud, irregularity or whistleblowing had been reported.	
11	ICO Reportable Incidents 2025/26 The Chief Financial Officer confirmed that there were no ICO-reportable incidents during the period.	
12	AOB The Committee discussed progress on the internal audit tender process, including proposed interview arrangements and panel composition. A provisional interview date of 20 May 2026 was noted, subject to confirmation of availability.	
13	Date and time of next meeting	

	Tuesday 7 July 2026 at 18:00 (on site).	
	Meeting closed at 19:40	