

**Barnet and Southgate College Corporation
Audit & Risk Committee meeting
held on Tuesday 3rd February 2026
at 18:00**

**Governors
present:**

Diane Moore, Chair
Alex Middleton (from 18.20)
Thomas Streater
Adam Morley

In attendance:

Maxine Bagshaw, Director of Governance & Corporation Secretary
Paul Goddard, Internal Auditors (Scrutton Bland)
Simon Evans-Evans, COO
Sarah Surrey, CFO
Debbie Greenidge, Interim Financial Controller

Item	Description	Action
1	Preliminary items 1) Apologies for absence Apologies for absence were received from Neil Coker, Principal and CEO. Debbie Greenidge was welcomed to her first Audit & Risk committee meeting and round table introductions were made. 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 25th November 2025 The minutes were reviewed and committee agreed they were an accurate record of discussions.	

	AGREED: to approve the minutes of the meeting held on 25th November 2025. • Matters arising and outstanding actions Committee noted the content of the tracking document. Committee specifically discussed: • Most items carried clear progress updates and were either completed or on today's agenda. • Two items required timeline confirmation from the COO relating to: ○ Development of a KPI dashboard for cyber governance. ○ College consideration of adopting the voluntary Cyber Governance Code of Practice. COO confirmed these would be ready for the next Audit Committee meeting. AGREED: to note the content of the updates provided.	*
3	Internal Audit Reports 2025/26 These were presented by Internal Auditor (Scrutton Bland). <u>1, Health & Safety Audit (November 2025)</u> Audit Opinion: Reasonable Assurance, with three medium and several low recommendations. The internal auditor summarised recurring themes from previous audits (March 2023 and now November 2025), noting: • Training compliance remained a central challenge, though a new Learning Management System (LMS) had been introduced. • At the November review, 10% of staff had no evidence of completed statutory H&S training — likely reflecting incomplete data migration rather than genuine non-completion. The COO explained practical constraints influencing progress: • A key staff vacancy within the H&S team had limited capacity for several months; the team is now fully staffed, enabling more proactive site audits and compliance checks. • ELT recently agreed a seven-week structured statutory-training completion window, with staged communications to all staff. • ELT members themselves had already completed the required training to set an example.	

	He confirmed that each campus now has a risk register in place. Only one red RAG rated risk has been identified, and this will be addressed by works planned for the February 2026 half term. This has not impacted on the corporate risk register. There was detailed discussion around improving near-miss reporting, with the committee chair emphasising that near misses provide "gold-dust" learning opportunities. The COO agreed and described new processes including: • Proactive campus walk-arounds by the reinstated H&S team. • Introduction of a root-cause analysis approach for significant incidents. • Two recent case studies were provided: ○ A high-risk student-on-ledge incident requiring safeguarding intervention. ○ A security-related incident involving misinformation from police about an individual returning to campus. Governors probed how the college evaluates incidents involving complex behaviours, particularly within the Pathways Centre. The COO clarified: • Many learners have EHCPs; behaviour may stem from difficulties with emotional regulation rather than intentional harm. • Staff are highly experienced in managing these risks, though mainstream staff may need additional development based on the Pathways team's expertise. The Committee also questioned whether environmental mitigations (e.g., physical barriers on high balconies) were being considered after the near-fall incident. The COO confirmed a range of options were being scoped, balancing safety with the need to avoid an overly institutional environment. AGREED to note the report and endorse management's continued actions. Actions • H&S team to maintain enhanced near-miss processes and incident reviews. • Continued LMS integration and full migration of historical training data. <u>2, Follow-Up Audit (Visit 1)</u> Key findings highlighted were:	* *
--	---	-------------------

	• Out of 34 recommendations, 14 were closed, 17 in progress, and others had evolved into revised recommendations reflecting operational changes. • High-risk items relating to GDPR training had moved reflecting strong progress (training compliance now at 86%+). The COO and CFO emphasised improvements in response times and accountability among directorates. Regular follow-ups are now embedded and expectations are clearer. Internal auditors confirmed the termly review model is beneficial, sustaining momentum. The Committee emphasised the importance of: • Strong governance discipline. • Realistic completion timelines instead of optimistic estimates. • Ensuring staff availability for audits amid competing operational pressures (MIS system procurement, finance implementation, website rebuild, etc.). The Committee was assured that the follow-up process is working well and becoming increasingly embedded across directorates. AGREED to note progress and endorse the ongoing termly follow-up model. <u>3, Risk Management Advisory Review</u> The internal auditor presented findings from the December advisory review. Key points highlighted were: • The college has a clear vision for evolving risk management from a centralised ELT process to an embedded, organisation-wide model. • Structure, governance and policy direction were praised, with recommendations to: ○ Finalise milestones and timelines ○ Enhance clarity and consistency in risk descriptors ○ Move from a 6×6 matrix to a more common 5×5 matrix ○ Strengthen assurance mapping The COO provided an extensive narrative on the transformation already underway: • Introduction of campus-level risk registers, creating a “bottom-up” flow from curriculum managers through campus leadership to corporate level.	
--	--	--

	• Comprehensive training rolled out to approximately 45 managers. • A shift from risk tolerance (previous approach) to risk appetite, which allows the Board to set boundaries around desired cultural ambition. Governors explored the practical implications of the proposed risk appetite matrix, suggesting: • Adding a dedicated 'compliance' domain to ensure clarity regarding health & safety, safeguarding, cyber security, and funding compliance. • Ensuring the matrix supports meaningful Board-level discussions at the Strategy Away Day. • Using smaller working groups at the Away Day to maximise engagement and avoid overly philosophical debate. The Committee welcomed the proposals, recognising them as materially strengthening governance maturity. Committee then reviewed the proposed new Risk Management and Assurance Policy. All agreed that it was a useful framework and agreed to recommend that it be approved by the board. AGREED to A, Endorse the framework and support its progression to the Board Development Day. B, Recommend that the board approve the Risk management and Assurance Policy as presented. Actions • COO/CFO to refine risk appetite matrix, including potential compliance dimension. • Risk framework to be prepared for Away Day workshop. Responsible: COO & CFO <u>4, Internal Audit Progress Report (Annual Plan)</u> The internal auditor noted: • Three audit reports delivered this term. • Six further audits underway or scheduled • Some scheduling challenges due to teaching commitments and internal events, but no material risks to timely completion. The Committee discussed logistical improvements, e.g., avoiding clashes with CPD days and ensuring subject-matter experts are available.	* *
--	--	-------------------

	AGREED to note the update provided.	
4	Audit Actions Tracking (Verbal) The CFO provided a verbal update confirming continued progress. Governors highlighted the importance of maintaining momentum and ensuring realism in timelines. All agreed that tracking is now viewed as increasingly reliable and reflective of genuine progress. AGREED to note the content of the update provided.	
5	Risk Management (Including the Corporate Risk Register) Committee agreed that this has been covered substantively earlier in the meeting. The Committee specifically noted that there were no unexpected risks. They urged ongoing monitoring, with regular reviews completed. AGREED to note the content of the report provided.	
6	Cyber Attack Simulation Exercise – Outcome & Next Steps Report was presented by the COO. He outlined a summary of the Exercise. A multi-stage simulation was conducted involving: 1. Technical team morning simulation ○ Simulated system instability (e.g., repeated Outlook launches). ○ Walkthrough of escalation decision-points. 2. Afternoon scenario for senior leaders (CMG) ○ Explored decision-making under uncertainty. ○ Tested awareness of reporting thresholds. 3. Real cyber-attack event occurring the same evening ○ Approx. 20 million attempts were made to guess staff credentials. ○ 700 valid usernames were identified; approx. 400 active. ○ Resulted in widespread account lockouts due to failed password attempts. The COO reported on management actions and learning: • Plans to upgrade from Microsoft A3 to A5 licensing to benefit from Defender functionality.	

	• Upcoming penetration test by Jisc. • Reinforcement of phishing-reporting culture, with noticeable improvement. • Consideration of a dedicated cyber specialist role, subject to budget. • Exploration of the Jisc Cyber Operations Centre (substantial cost; not yet justified). • Need for clearer escalation procedures and improved staff training within statutory modules. • Recognition that attack likelihood has increased now the college has been probed externally. Governors asked searching questions around: • Whether the absent simulation-lead posed any risk (COO to follow up). • The potential need for dedicated resource in cyber. • Dependencies on insurers during real incidents. • Role of Microsoft support in disaster recovery. • Business continuity implications, including backup vulnerabilities if malware seeds existed prior to snapshot points. The Committee agreed the situation is serious and requires sustained attention. Actions • COO to obtain clarification from simulation provider regarding missing report. • COO to prepare clear timeline for security improvements and KPIs. • Governors to be reminded of the need for them to also complete mandatory training. Cyber training link accessibility for governors to be checked by Director of Governance. AGREED to note the content of the update provided.	* * *
7	College Financial Handbook – Governor Guide The CFO presented a summary of key updates and recommendations. Key Points highlighted were: • The review highlighted areas needing clearer documentation, including delegation and form-sign-off protocols. • CFO is preparing a revised draft for Committee review. • Additional training for budget holders will be undertaken to improve understanding of audit expectations, financial	

	regulations, procurement thresholds, and delegated authority. • Scheme of Delegation to be reviewed and updated. Governors commended the CFO on: • Maturing financial culture within the organisation. • Improved challenge and confidence among junior finance staff. • Positive relationship between Finance and MIS teams. AGREED to note the content of the update provided and support planned next steps. (Adam Morley left the meeting at 7.45pm)	
8	Internal Audit Re-Tender – Timetable The CFO outlined the proposed timetable. Members stressed the importance of clarity in scoring methodology and weightings (e.g., Finance 50%, Quality 30%, etc.). It was agreed that governance oversight will include ensuring methodology aligns with sector best practice and avoids narrow interpretations. Action • CFO to provide finalised tender scoring approach for Committee review AGREED to note the content of the update provided.	*
9	MPM Monitoring Report – 2025/26 (Verbal) CFO confirmed that there was nothing to report.	
10	Fraud, Irregularity and Whistleblowing – any instances to report (Verbal) CFO confirmed that there was nothing to report.	
11	ICO Reportable Incidents 2025/26 CFO confirmed that there was nothing to report.	
12	AOB <u>1, External Auditor Relationship</u> The Chair updated the Committee on plans to: • Meet external auditors to reset expectations.	

	• Address issues from last year around duplication and lack of clarity. • Consider participation at relevant committee meetings. The Committee supported strengthening the relationship to ensure better alignment and transparency. <u>2, DfE Year-End Updates</u> CFO advised that recent communications confirm: • DfE will not impose a March–July year-end change. • A new secondary reporting requirement will be introduced instead in 2026/27 (trial year). Committee noted the reduced operational burden compared to feared alternatives.	
13	Date and time of next meeting These were noted as 21st April 2026 at 6pm on Teams. Meeting closed at 8pm.	