



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

27 November 2024

Item 20

THIS PAPER IS FOR NOTING

AUDIT AND RISK COMMITTEE MINUTES OF 13 JUNE 2024 AND REPORT OF MEETING HELD ON 10 OCTOBER 2024

Lead Director Author	Carol Sinclair, Chair of Audit and Risk Committee Julie Kerr, Governance Co-ordinator
Action required	The Board is asked to note the minutes and report.
Key points	<p>In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee.</p> <p>The minutes of the Audit and Risk Committee held on 13 June 2024 were approved by the Committee on 10 October 2024. An update of the meeting held on 10 October 2024 is also attached for the Boards information.</p>
Timing	Minutes are presented following approval by the Committee. The Board will receive also received a written update of the most recent Committee meeting.
Corporate Risk Identification	Risk 4636 – Health and Wellbeing of Staff Affected Risk 4638 – Hospital Handover Delays Risk 5602 – Service's defence against a Cyber Attack Risk 5603 – Maintaining required Service Levels
Link to Corporate Ambitions	The Audit and Risk Committee has responsibility on behalf of the Board to ensure that the appropriate work is undertaken to assess clinical governance within the Service and provide assurance to the Board that the governance arrangements are safe, effective and person centred.
Link to NHS Scotland's Quality Ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care

Benefits to Patients	–
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	–



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**MINUTES OF AUDIT AND RISK COMMITTEE MEETING
10:00 AM ON THURSDAY 13 JUNE 2024
VIRTUAL, MICROSOFT TEAMS**

Present: Carol Sinclair, Non-Executive Director (Chair)
Stuart Currie, Non-Executive Director
Mike McCormick, Non-Executive Director
Irene Oldfather, Non-Executive Director
Madeline Smith, Non-Executive Director

In Attendance: Katy Barclay, Head of Business Intelligence
Melanie Barnes, Assistant Director of Finance
Paul Bassett, Chief Operating Officer
Karen Brogan, Associate Director of Strategy, Planning and Programmes
Dave Bywater, Interim Director of Care Quality and Professional Development
Julie Carter, Director of Finance, Logistics and Strategy
Michael Dickson, Chief Executive
Gary Devlin, Azets – External Auditors
Julie Kerr, Secretariat – Minutes
James Lucas, KPMG – Internal Auditors
Stephen Massetti, Director of National Operations
Maria McFeat, Deputy Director of Finance
Gordon Richardson, Head of Finance
Sarah Stevenson, Risk Manager
Tom Steele, Board Chair

Apologies: Syed Shah, KPMG Internal Audit

ITEM 1 WELCOME AND APOLOGIES

Carol Sinclair welcomed everyone to the meeting and in particular extended a welcome to Dave Bywater, joining his first Audit & Risk Committee meeting in his capacity as Interim Director of Care Quality and Professional Development. Apologies for absence were noted as above.

ITEM 2 DECLARATIONS OF INTEREST

Standing declarations of interest were noted:

- Madeline Smith in her position as Board Member with Scottish Fire & Rescue Service

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- Irene Oldfather in her position of Director, Scotland Health and Social Care Alliance and Vice Chair of Domestic Advisory Group (DAG) on the Trade and Cooperation Agreement (TCA) with the European Union.
- Carol Sinclair in her position as Trustee of Scotland's Charity Air Ambulance and Strategic Data Adviser, Digital Health and Care, Scottish Government
- Paul Bassett in his position as Trustee, Scotland's Charity Air Ambulance.
- Stuart Currie - Board Member of State Hospital Board and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by the Scottish Government.
- Mike McCormick, member of an advisory Group on ESN which is a neutral group and a former Board member of NHS 24.

No new declarations of interest were noted.

ITEM 3 MINUTES OF PREVIOUS MEETING

The minutes of 22 April 2024 were reviewed for accuracy and agreed as a true and accurate reflection of the meeting and were subsequently approved by Committee.

ITEM 4 MATTERS ARISING

Committee noted the following items as completed and approved their removal from the Audit and Risk Committee Matters Arising paper.

2024/04/03	Minutes of Meeting 18 January 2024
2024/04/05 (1)	Risk 4638 Hospital Turnaround)
2024/04/05 (2)	Risk 5603 (Business Continuity)
2024/04/05 (3)	Risk 5653 (Organisational Culture)

ITEM 5 RISK MANAGEMENT

Item 5.1-5.3 Quarterly Update and Corporate Risk Register

Sarah Stevenson presented the Committee with the quarterly Risk Update and Corporate Risk Register. The Corporate Risk Register presented to Committee was approved by the SAS Board at its meeting at the end of May 2024 and any changes highlighted red. Audit and Risk Committee were asked to:

- Discuss and note the update provided.
- Note the updated risk description on CRR 5603 (Business Continuity) to include the impact of climate change.
- Note the comparison and review of risk registers across Health Boards and the National Risk Register.
- Note the attached PPSG paper which shows the review of the Service Risk Registers highlighted in section 4.8.

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Sarah Stevenson highlighted the very positive status of the review of the very high risks organisationally which are reported on a monthly basis to PPSG where they are discussed and any areas of concern escalated. A review of the Risk Registers across NHS Scotland as well as a review of the CONTEST Risk Register is also included in the update presented. The Service have purchased a new Risk Management System InPhase Solutions as part of the National Framework for Scotland which includes a mechanism for mobile reporting for staff and access to dashboards for managers. This system will be implemented throughout 2024-25 for full implementation by the end of March 2025 when the Datix contract ends.

Carol Sinclair thanked Sarah for the overview and in relation to RIDDORS noted in the reasons for non-compliance many related to management availability or responsiveness and asked if this could be expanded upon. Sarah Stevenson will follow this up with Fay McNicol and provide more detail to the next Audit and Risk Committee meeting in October.

Action/s: 1. Risk Manager to follow up with Head of Health and Safety the reasons for non-compliance in relation to RIDDORS, particularly around management availability and responsiveness and expand on this.

In terms of Corporate Risk 4636 Mike McCormick alluded to the area where it suggests that the risk will be reduced by 80-100% if Rest Break compliance is resolved which seems particularly high and asked for some insight around this.

Madeline Smith acknowledged the change in wording in relation to Risk 4638 (Hospital Handover Delays) in terms of the wider system aspect. Madeline highlighted that if we are saying that if these actions are in place 80 -100% of the risk will be mitigated, but we are failing to progress because of external factors then perhaps a refresh of the actions is required. A lengthy discussion ensued and Committee noted our risk register actions and mitigations are very clear, with the failure to progress in relation to the external factors which sits with a magnitude of other external risks. Following discussion regarding the effectiveness of actions, the Risk Manager and Director of Finance will meet with the Chief Operating Officer to discuss Risk 4636 (Health and Wellbeing) and Risk 4638 (Hospital Turnaround) identify the main areas of concern and refresh the actions and perhaps cluster some actions together.

Action/s: 2. Risk Manager and Director of Finance to meet with Chief Operating Officer to discuss Risk 4636 (Health and Wellbeing) and Risk 4638 (Hospital Turnarounds) and Risk Manager to strengthen the effectiveness and refresh the actions.

Committee welcomed and noted the comparison and review of risk registers across Health Boards and the National Risk Register.

Committee discussed and noted the Risk Management overview, noted the quarterly update and approved the Risk Register.

Irene Oldfather left the meeting.

Item 5.4 Risk Management Annual Report

Sarah Stevenson presented the Risk Management Annual Report for Committee approval. The Annual Report provides a summary of key activities relating to the management of risk within

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the Service for the last financial year as well as a summary of the incident reporting statistics. An outline of the Risk Management Workplan for 2024-25 is also included.

Mike McCormick referred to the section of the report in relation to SAER Actions and noted as at end March 2024 143 actions are being managed and asked if there is any indication on how this trajectory is progressing in terms of the speed of investigations and actions. Audit and Risk Committee asked for assurance from Chair of Clinical Governance Committee as to the progression of this work. In his capacity as Chair of Clinical Governance Committee, Stuart Currie assured Committee that a highly accelerated programme of work has commenced, with additional resources put in place to support SAERs and work progresses where possible to accelerate through the backlog. Clear focus and processes are in place and any issues are identified through the Patient Safety and Risk Group and reported through Clinical Governance Committee and learning taken from the events. It was agreed that Committee Secretariat would share any relevant discussions from Clinical Governance Committee in relation to SAERs with Mike McCormick.

Action/s: 3. Committee Secretariat to share any relevant SAERs discussions from Clinical Governance Committee with Mike McCormick.

Madeline Smith referred to the layout of the table in relation to Active Risks by Risk Level on Page 11 and asked if this could be arranged in a logical order as opposed to alphabetical to make this easier for the reader to follow.

Committee noted the discussion and approved the Risk Management Annual Report subject to the minor change in layout on Page 11.

ITEM 6.1 GOVERNANCE COMMITTEE ANNUAL REPORTS AND TERMS OF REFERENCE

Julie Carter presented the Annual Reports and Terms of Reference for Staff Governance and Clinical Governance Committees which are provided for assurance in the completion of the Governance Statement. Audit and Risk Committee are asked to note:

- Staff Governance Committee Annual Report
- Staff Governance Committee Terms of Reference
- Clinical Governance Committee Annual Report
- Clinical Governance Committee Terms of Reference

The annual reports outline that the Clinical Governance Committee and Staff Governance Committee have fulfilled their delegated responsibility and provide assurance to the Audit and Risk Committee and Board that the governance arrangements are safe, effective and person centred. As part of the Scottish Ambulance Service's annual review of the Constitution and Terms of Reference (ToR), the Staff Governance Committee and Clinical Governance Committee have reviewed the Terms of Reference and recommended any changes required. This paper is presented ahead of presentation to the Board on 26 June 2024.

Annual Reports and Terms of Reference have been approved by relevant Committees and will be presented to the Board for approval at the June meeting.

Audit and Risk Committee noted the Annual Reports and TORs presented and recommended to the Board for approval.

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ITEM 6.2 AUDIT AND RISK COMMITTEE SELF-ASSESSMENT CHECKLIST

Julie Carter presented the Audit And Risk Committee Self-Assessment Checklist and Committee members were asked to:

- Approve the attached self-assessment and
- Note the improvement action therein

Julie highlighted that as part of continuous improvement of the Audit and Risk Committee business and performance, the Audit and Assurance Committee handbook describes good practice notes for those organisations like SAS, to which the Scottish Public Finance Manual is applicable.

Audit and Risk Committee members have completed a self-assessment as at June 2024. There are no further actions identified for further development. Specific improvement work was already agreed in relation to internal audit feedback with the agreed actions for 2024/25.

Committee approved the self-assessment presented and noted the improvement action plan noted therein.

ITEM 6.3 SELF-ASSESSMENTS – CLINICAL GOVERNANCE AND STAFF GOVERNANCE COMMITTEES

Julie Carter presented the checklists and associated action plans for Clinical Governance and Staff Governance Committees which have been approved by Committee members. Audit and Risk Committee are asked to note the checklists and action plans presented.

Julie highlighted that as part of continuous improvement of the Governance Committees business and performance, and the development of the Board Assurance Framework a Self-Assessment checklist was put in place for each of the Governance Committees in 2022. The self-assessment allows Committee to define their assurance needs, map the various sources of assurance and develop an integrated approach to assurance.

Madeline Smith referred to the Self-Assessment for Staff Governance Committee where the Action Plan area is empty and provided assurance to Committee that this will be rectified prior to presentation to the Board.

A discussion ensued between members to establish whether members were sufficiently independent of the other key Committees of the Board and it was agreed that this is not a conflict of interest, but about people bringing their experience and skillset to carry out duties as non-executives therefore this isn't an issue.

Committee noted and took assurance from the self-assessment checklists presented for Clinical Governance and Staff Governance Committees and recommended these for approval to the Board.

ITEM 7 RESTRICTED - DRAFT ANNUAL REPORT AND ACCOUNTS 2023/24

Invoking Standing Order 5.22 resolution to take item in private.

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ITEM 8 INTERNAL AUDIT

Item 8.1 Restricted - Internal Audit Annual Report

Invoking Standing Order 5.22 resolution to take item in private.

Item 8.2 Internal Audit Progress Report

James Lucas presented the Internal Audit Progress Report which provided Committee with an update on the Internal Audit Plan 2024-25 and highlighted that 4 internal audits are currently in progress. Progress against internal audit follow-up actions were presented to the April Committee and due to the short interval between April and June Committee meetings it was agreed that further updates will be provided to Committee at the next meeting in October 2024.

Madeline Smith asked how Audit and Risk Committee can understand the scope and range of the audits before they are presented to Committee and after a discussion it was agreed that the draft Terms of Reference for the upcoming Internal Audits would be added to the process and shared with Committee for information/comment.

Carol thanked James for the summary position and Committee noted the Internal Audit Progress Report presented.

ITEM 9 EXTERNAL AUDIT

Item 9.1 Restricted - External Audit Annual Report

Invoking Standing Order 5.22 resolution to take item in private.

Item 9.2 Draft Letter of Representation

Committee discussed and noted the draft letter of representation presented by Gary Devlin, Azets.

ITEM 10 THIRD PARTY AUDITS 2023/24

Julie Carter presented Committee with a paper in relation to Third Party Audits 2023/24 and Committee were asked to note the updated Service Audits for year 2023-24. As part of the year end assurance process, a third party audit report has been undertaken in relation to Payroll Services and Financial Ledger services which underpin the core business process and provide assurance to the Committee that these are being effectively governed. In relation to Payroll there are no issues to highlight. The NSS payroll controls are broadly unchanged from the SAS payroll controls when this was operating within SAS and were in place prior to the transfer to NSS and they remain effective. No exceptions were noted in this area.

In relation to the IT Service audit, this assessed the current controls in processing for Payroll Services, Practitioner Services and Counter Fraud Services business reports. A weakness in controls which related to user access and listings was identified, with NSS providing assurance that there were no exceptions found in respect of the testing undertaken in relation to the

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Service. Robert Kay, Head of ICT Infrastructure & Security, also reviewed the documentation and provided further assurance that the Service was not at risk.

Audit and Risk Committee noted the Service Audits presented for 2023-24.

ITEM 11 INFORMATION GOVERNANCE QUARTERLY REPORT

Item 11.1 Information Governance Quarterly Report

Katy Barclay provided a quarterly update on Information Governance, which outlined progress against audit recommendations, breaches of the Data Protection Act and progress towards the implementation of the actions from the Records Management Plan which Committee were asked to note. In terms of the High ICO Audit Actions, Katy highlighted that a review of the Data Sharing is currently being progressed through the Information Asset Register Project alongside a review of individual sharing agreements. Work continues with the Information Asset Register and whilst phase 1 continues, phase 2 work has started and detailed registers for staff records, NRRD records, patient records and Information Governance records are in progress. There have been 37 information security incidents raised and investigated in the latest reporting period and Katy reported that none of these incidents have met the threshold for reporting to the Information Commissioners Office. Finally, Katy reported that the Freedom of Information process is stable and formal notification of the lifting of the Notification of Intervention against the Service has now been received.

Carol thanked Katy for the overview and in terms of the Information Assets Register noted that there are 2 very high and 2 high areas and asked if they were likely to pose pressure on the March 2025 end date. For clarity, Katy explained that these are the risks which have been identified through the process of the information Asset Register and are progressing. In terms of the assets planned for the next phase, Carol asked if any of these are causing concern at the moment in terms of state of readiness and ability of the teams to engage in those exercises. Katy advised that the team are in the process of picking these up with the Information Asset Owners, with regular meetings taking place with the Asset Owners. Katy did however advise that there is still a lot of work to be undertaken, but good progress is being made.

Carol thanked Katy for the overview and Committee noted the update presented.

Item 11.2 Information Governance Annual Statement of Assurance

Katy Barclay presented the Information Governance Annual Report for 2023/24 which was taken as read and Committee were asked to note that this paper is presented annually for information and assurance to the Audit and Risk Committee.

Audit and Risk Committee welcomed the level of detail contained within the report and noted the Information Governance Annual Report 2023/24 presented.

ITEM 12 FRAUD QUARTERLY REPORT

Mel Barnes presented the quarterly fraud update and Committee were asked to note the content of the report which highlighted:

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- No new allegations since the last Audit & Risk Committee
- Case C/20/0383 was on the court roll for the 6th May, however due to other cases taking longer, the trial was not called and has been deferred to the 7th August 2024. Witnesses attended on the 6th May and will be required to attend again on the 7th August 2024.
- Progress is being made on the actions from the CFS Investigation Report.
- Initial discussions have taken place with CFS to engage them to carry out a fraud risk assessment of the GRS Timecard module which is being implemented across the Service. Initial scoping discussions are taking place, with a full update anticipated for October Audit and Risk Committee.

A discussion ensued in relation to secondary employment and Carol asked if employees are required to advise of secondary employment. Julie Carter confirmed that employees must submit an application for secondary employment for approval by line managers. Given that our staff work to shift patterns this is a high risk area and as part of our fraud heat risk map a deeper dive will be undertaken into this work this year.

Carol thanked Mel for the overview and Committee noted the content of the report presented.

Irene Oldfather re-joined the meeting.

ITEM 13 BEST VALUE PROGRAMME

Karen Brogan provided Committee with a comprehensive update on the Best Value Programme which included updates on:

- Full year savings achieved in 2023/24 v Target and a breakdown of:
 - Best Value Programme Savings
 - Local Savings
 - Grip and Control Savings
- Best Value Programme for 2024/25 and progress against the delivery of the agreed schemes for this year.

Audit and Risk Committee are also asked to note this work is supported by:

- Draft measurement framework and supporting agreed reports for 2024/25, recognising that work on data gathering and development of these is ongoing. (Appendix 2 & 3)
- Refreshed Terms of Reference for the Best Value Steering Group (Appendix 4)
- Updated Governance & Escalation Process for the Best Value Programme (Appendix 5)

Karen highlighted that the Project Board realised full savings in 2023/24, but advised that we are behind track year to date already in 2024/25 and as a result have started to invoke some additional escalation measures. A total of £9.1 million has been identified out of the £12 million savings target for the Service thus far and work is ongoing to identify outstanding schemes. A number of new areas have been highlighted and will be developed further as a priority in the next few weeks.

In terms of overtime, which is one of the high overspend areas, Karen reported that abstraction rates overall continue to run higher than budgeted levels and this remains one of the primary drivers for overtime being used to cover shifts. A number of actions are being carried forward

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into this year to further reduce abstractions and implement the new overtime policy and further improve overtime controls and reduce the overspend. A weekly meeting is being established by the Best Value Programme Director to understand what the data is telling us about unfunded shift cover to assess what actions can be taken to reduce this which is also being supported by a weekly overtime/sickness Oversight Board which is also being established at pace.

Karen referred members to the changed format in the main body of the report following feedback from the last Audit and Risk Committee meeting and invited feedback from Committee members.

Carol thanked Karen for the overview and Committee were asked to note the earlier than anticipated invoking of additional escalation measures, but this should be reflected as a positive step to engage with Scottish Government Finance Delivery Team at an early stage.

A healthy discussion ensued and Committee agreed that the new summary format of the report is easier to read and helps to highlight progress. Members expressed concerns in relation to the red BRAG Status of the Scheduled Care Transformation Programme and Karen advised that this programme of work has been impacted significantly by the Reduction of the Working Week and provided assurance to Committee that a new Programme Proposal has been drafted which will be presented to the Engine Room meeting in June for review and approval, following which Programme milestones will be updated. A review of the British Red Cross Contract and use of taxis is also taking place, therefore savings are also anticipated in this area. In terms of Medicines and Equipment savings Irene Oldfather highlighted that the savings target has more than doubled this year to £900,000 and asked if we are confident that these savings can be realised. Julie Carter advised that this will be a challenging target but not unreasonable, with Paul Watson leading this workstream around the efficiency and effectiveness of medicines.

Committee noted the overview and helpful conversation and took assurance that proactive anticipatory intervention measures have been invoked and achievable actions are in place.

ITEM 14 WHISTLEBLOWING ANNUAL REPORT

Dave Bywater presented the Whistleblowing Annual Report and Committee were asked to discuss and note this annual report. Dave highlighted that a total number of 12 concerns to the Whistleblowing mailbox between 1st April 2023 and 31st March 2024. Five of these were taken forward as Whistleblowing concerns. One of which was a Stage 1, and 4 as Stage 2. Four concerns were closed this year, with one concern still open and under investigation. Good, positive feedback has been received from those who have raised concerns and although there have been challenges, there has been meaningful progress made since the introduction of the Whistleblowing Standards within the Service.

Committee noted and took assurance from the Whistleblowing Annual Report presented.

Gary Devlin and James Lucas left the meeting.

ITEM 15 COMMITTEE WORKPLAN 2024/25

Committee reviewed and noted the workplan for 2024/25 which is presented to each meeting for information and in particular noted the Counter Fraud presentation has been moved to the October meeting.

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Committee approved the Workplan presented.

ITEM 16 RESTRICTED - RESILIENCE

Item 16.1 Restricted – Cyber Resilience and NIS Audit Action Plan Update

Invoking Standing Order 5.22 resolution to take item in private.

Item 16.2 Restricted - Resilience Committee Update

Invoking Standing Order 5.22 resolution to take item in private.

Item 16.3 Restricted – Resilience Committee Annual Report

Invoking Standing Order 5.22 resolution to take item in private.

ITEM 17 ANY OTHER BUSINESS

No items of other business were raised.

Carol Sinclair closed the meeting and thanked everyone for their attendance and the robust discussions during the meeting.

Date of next meeting – 10 October 13:30

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**AUDIT & RISK COMMITTEE MEETING
13:30 – 16:30 ON THURSDAY 10 OCTOBER 2024
VIA MICROSOFT TEAMS**

AGENDA

The matrix below links the agenda items within the Audit and Risk Committee with the Corporate Risks (CR) in place across the Service.

Key:

- CR 4638 – Very High – Hospital Handover Delays
- CR 5062 – Very High – Financial Targets
- CR 5519 – High – Statutory and Mandatory Training
- CR 5602 – High – Cyber
- CR 5603 – High – Business Continuity
- CR 4636 – High – Health and Wellbeing of Staff Affected
- CR 5653- High – Organisational Culture

		IMPACT				
		Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)						
Likely (4)					CR 5062 – 2 Items	
Possible (3)				CR4636 –	CR 5603 – 1 item CR 5602 – 1 Item	
Unlikely (2)						
Rare (1)						

Agenda Item	Brief Type	Lead	Risk
1. Welcome and Apologies	<i>For noting</i>	C Sinclair	–
2. Declarations of Interest relevant to the Meeting	<i>For Noting</i>	C Sinclair	–
3. Minutes of meeting held on 13 June 2024	<i>For Approval</i>	C Sinclair	–
4. Matters Arising	<i>For Approval</i>	C Sinclair	–
5. Counter Fraud Presentation	<i>For Discussion</i>	CFS	-
6. Restricted - Risk Management 6.1 Demonstration of InPhase Solutions 6.2 Quarterly Update 6.3 Corporate Risk Register 6.4 PPSG Risk Paper 6.5 Approved Decision Log from latest PPSG Meeting 6.6 Board Assurance Framework Update	<i>For Discussion & Approval</i>	S Stevenson/J Carter	–
7. Internal Audit 7.1 Internal Audit Reports (a) Public Protection 7.2 Internal Audit Follow Up Report	<i>For Discussion & Approval</i>	J Lucas (KPMG)	-

8. Review of Standing Financial Instructions	<i>For Approval</i>	G Richardson	-
9. External Audit 9.1 External Audit Update (Verbal)	<i>For Discussion</i>	G Devlin (Azets)	-
COMFORT BREAK			
10. Information Governance Quarterly Report	<i>For Noting</i>	K Barclay	-
11. Fraud Quarterly Report	<i>For Noting</i>	M Barnes	CR5062 (and wider internal controls)
12. Best Value Programme	<i>For Noting</i>	J Carter/K Brogan	CR5062
13. Audit and Risk Committee Self-Assessment Action Plan Progress Update	<i>For Noting</i>	J Carter	-
14. Committee Workplan 2024/25	<i>For Noting</i>	J Carter	-
15. Restricted – Resilience 15.1 Cyber Resilience and NIS Audit Report 15.2 Resilience Committee Update	<i>For Noting</i>	J Baker S Massetti	CR5602; CR5603
16. Audit and Risk Committee Proposed Meeting Dates 2025: <ul style="list-style-type: none"> • Thursday 23 January 2025 • Thursday 17 April 2025 • Thursday 12 June 2025 • Thursday 9 October 2025 			
17. Any Other Business			

Date of next meeting: Thursday 23rd January 2025

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