



NOT PROTECTIVELY MARKED

Public Board Meeting

26 November 2025

Item 22

THIS PAPER IS FOR NOTING

AUDIT AND RISK COMMITTEE MINUTES OF 12 JUNE AND AGENDA OF MEETING HELD ON 16 OCTOBER 2025

Lead Director Author	Carol Sinclair, Chair of Audit and Risk Committee Julie Kerr, Governance Officer
Action required	The Board is asked to note the minutes and agenda
Key points	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. The minutes of the Audit and Risk Committee held on 12 June 2025 were approved by the Committee on 16 October 2025. The agenda from the meeting held on 16 October 2025 is also attached for the Boards information.
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Corporate Risk Identification	This paper aligns to all Corporate Risks.
Link to Corporate Ambitions	The Audit and Risk Committee has responsibility on behalf of the Board to provide independent and objective review of the effectiveness of internal control systems. The Committee provides support to the Board in their responsibilities for issues of risk, control and governance 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	—



**Scottish
Ambulance
Service**

Working in Partnership with Universities



**MINUTES OF AUDIT AND RISK COMMITTEE MEETING
10:30 AM ON THURSDAY 12 JUNE 2025
VIRTUAL, MICROSOFT TEAMS**

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

In Attendance: Katy Barclay, Head of Business Intelligence
Karen Brogan, Associate Director of Strategy, Planning and Programmes
Julie Carter, Director of Finance, Logistics and Strategy
Michael Dickson, Chief Executive
Freya Gillies, PA To Director (Observer)
Amy Hughes, Azets – External Auditors
Robert Kay, Head of ICT Infrastructure & Security (*Agenda Items 09.1 and 18.1*)
Niki Kendall-Wilson, PA to Director (Observer)
Julie Kerr, Governance Officer – Minutes
Rebecca Lister, Azets – External Auditors
James Lucas, KPMG – Internal Auditors
Stephen Massetti, Director of National Operations
Maria McFeat, Deputy Director of Finance
Gordon Richardson, Head of Finance
Syed Shah, KPMG - Internal Auditors
Tom Steele, Board Chair
Emma Stirling, Director of Care Quality & Professional Development
Sarah Stevenson, Risk Manager

Apologies: John Baker, General Manager, ICT
Paul Bassett, Chief Operating Officer

ITEM 1 WELCOME AND APOLOGIES

Carol Sinclair welcomed attendees to the meeting and apologies for absence were noted as above.

ITEM 2 DECLARATIONS OF INTEREST

No new declarations of interest.

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Standing declarations of interest were noted:

- Madeline Smith in her position as Board Member with Scottish Fire & Rescue Service
- 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 Chair of the Data Board for Health and Social Care.
- 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 and Vice Chair of the Independent Review of Creative Scotland.
- Mike McCormick, member of an advisory Group on ESN which is a neutral group and a former Board member of NHS 24.
- Dave Bywater, Trustee of the Sandpiper Trust.

Irene Oldfather and Tom Steele declared advisory roles with Audit Scotland relevant to today’s meeting discussions.

ITEM 3 MINUTES OF PREVIOUS MEETING

The minutes of 17 April 2025 were reviewed for accuracy, 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.

2025/04/05.1-05.3 (1)	Quarterly Update and Corporate Risk Register
2025/04/05.1-05.3 (2)	Quarterly Update and Corporate Risk Register
2025/04/07.1	Review of Terms of Reference
2025/04/07.2	Annual Report 2024/25

Mike McCormick raised a query in relation to benefits realisation which will be addressed in later agenda items.

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 which was taken as read. Audit and Risk Committee were asked to:

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- Discuss and note the update provided.
- Note the Corporate Risk Register which was approved by the SAS Board in May 2025.
- Note the attached PPSG papers which show the review of the Service Risk Registers highlighted in section 4.8.
- Updates to workforce risks and future risk chart.

Carol thanked Sarah for the overview and opened to members for comments and discussion. Key discussion points included:

- Updates to workforce risks and future risk chart.
- Rest Break analysis and patient safety incident trends.
- Comments on risk clarity, language consistency and benefits realisation.
- Cyber risk mitigation and version control improvements.

The following actions were agreed:

Action/s: 1. Risk Manager to continue refining risk clarity, language consistency and benefits realisation in the Corporate Risk Register.

Action/s: 2. Risk Manager to implement version control on risk register documents to distinguish between PPSG and Audit and Risk Committee versions.

Action/s: 3. Director of Finance, Logistics and Strategy and Risk Manager to consider a separate paper or deep dive on cyber risk for future meetings.

Action/s: 4. Director, National Operations to confirm next major incident exercise date via email to Committee.

Committee approved the Risk Register presented.

Item 5.4 Risk Management Annual Report

Sarah Stevenson presented the Risk Management Annual Report which Committee were asked to discuss and approve. The report aims to provide assurance that risks across the Service are appropriately identified, assessed and controlled in line with the Services Risk Management Policy and that the Service has effective Risk Management arrangements in place. Sarah highlighted that the Annual Report:

- Summarises the key activities and achievements relating to the management of risk within the Service for the last financial year 2024-25.
- Provides a summary of the adverse event reporting statistics for the last financial year 2024-25.

Carol thanked Sarah for the overview and Committee commended the successful implementation of the new Integrated Incident, Risk Management & Patient Safety System (IIRMPSS) InPhase as part of the National Framework for Scotland and the continuous improvement in risk management and reporting.

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Tom Steele raised the increasing relevance of system-wide risks due to collaboration across boards. Julie Carter confirmed that discussions are ongoing at Director of Finance level to ensure governance and funding arrangements support joint working.

Committee approved the Risk Management Annual Report 2024-25 presented.

Item 5.5 Approved Decision Log from Latest PPSG Meeting

Committee noted the PPSG Approved Decision Log from the meeting held on 10th April 2025 presented for information.

ITEM 6 GOVERNANCE COMMITTEES

Item 6.1 Annual Reports and TORs

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 25 June 2025. 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.

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 actions 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.

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Audit and Risk Committee members have completed a self-assessment as at June 2025. Two improvement actions are proposed namely:

- Chair of Audit and Risk Committee discussing opportunities for improvement with Internal and External Audit.
- Committee to consider if further information/review of other risk registers as noted in the PPSG risk update.

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 noted that some actions within the Staff Governance Committee Action Plan, particularly around induction and triangulating evidence from station visits extend beyond the remit of Staff Governance. She requested assurance that these actions would be picked up more broadly. Julie Carter confirmed that while this should happen naturally, an action list will be compiled when presented to the Board and fed through to Executive leads for progression.

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

ITEM 7 RESTRICTED – Draft Annual Report and Accounts 2024/25

Invoking Standing Order 5.22 resolution to take item in private.

ITEM 8 INTERNAL AUDIT

8.1 Integrated Clinical Hub Internal Audit

Syed Shah introduced the Integrated Clinical Hub (ICH) Internal Audit Report and Committee were asked to discuss and approve the report presented which was taken as read. Syed advised that an internal audit which focussed on assessing the governance and reporting arrangements with the ICH and controls around performance feedback, staff training and mechanisms for collecting patient feedback was undertaken. The approach included review of relevant documentation, walkthroughs of the end-to-end process and interviews with key ICH staff members. An overall rating of 'significant assurance with minor improvement opportunities' was provided which is in line with the level of assurance anticipated by management. The report raised a total of 2 medium and 3 low risk findings for which appropriate management actions have been agreed.

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Committee discussed the report and raised concerns about the lack of robust benefits realisation across projects with the emphasis on the need for measurable outcomes to justify investment and demonstrate value. Julie Carter advised that whilst a framework exists, measuring outcomes remains a challenge especially when patient end points are not visible. Committee also discussed governance and accountability and Mike McCormick questioned the clarity of accountability within the Integrated Clinical Hub suggesting a need for streamlined management structures. Julie Carter clarified that the Integrated Clinical Hub sits under the remit of Stephen Massetti, with historical overlap with the Ambulance Control Centre complicating the initial setup.

Thane Lawrie and others highlighted the importance of trend analysis and baselines to demonstrate service impact and Syed assured that metrics are being reported and qualitative benefits are being considered for inclusion. Committee also discussed Significant Adverse Events Reports (SAERs) and expressed cautious optimism about improvement, but stressed the need for continued close oversight in this area. The audit reaffirmed long-standing concerns and validated ongoing efforts to improve governance. Committee agreed that continued monitoring of SAERs and benefits realisation is required going forward.

Carol Sinclair thanked Committee for the discussion which extended beyond report approval, touching on broader strategic questions in relation to impact evaluation and future direction and Committee discussed, noted and approved the ICH Internal Audit Report presented.

Item 8.2 Restricted - Internal Audit Progress Report

Invoking Standing Order 5.22 resolution to take item in private.

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 Rebecca Lister, Azets.

ITEM 10 THIRD PARTY AUDITS

Maria McFeat presented Committee with a paper in relation to Third Party Audits 2024/25 and as part of the year end assurance process, Committee were asked to note the updated Service Audits for year 2024-25 namely:

- Payroll Services
- IT Services
- NSI Financial Ledger

Maria highlighted that the Payroll Service and IT audits both received qualified opinions which initially raised concerns, but on review qualifications were minor. Payroll audit issues related to

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insufficient evidence of double-checking changes and IT audit issues related to user access controls i.e. not removing access promptly. No incidents were reported as a result of these findings. Internal IT expert Robert Kay confirmed these were minor issues and noted additional controls in place across operating organisations, reducing risk.

Carol emphasised the importance of understanding the assurance mechanisms of other boards and welcomed the clarification on internal controls. Committee expressed appreciation for the detailed explanations and took assurance from Robert Kay's assessment and the transparency of the audit documentation.

Audit and Risk Committee noted the Service Audits presented for 2024-25.

ITEM 11 AUDIT SCOTLAND REPORT – SPOTLIGHT ON GOVERNANCE

Julie Carter presented the Audit Scotland Spotlight on Governance Report and Committee were asked to note the attached pre-emptive internal actions which the Service could implement whilst the Scottish Government recommendations are being progressed. It is proposed that the report will be presented to the next Integrated Governance Committee for broader discussion and alignment. Committee noted that the Service contributions were positively referenced within the report particularly around governance and strategic clarity and the report also highlighted the need for collaborative governance structures to support system-wide working.

The Committee discussed and noted the report which will move into an action phase with further discussion taking place within the Integrated Governance Committee.

ITEM 12 INFORMATION GOVERNANCE QUARTERLY REPORT

Item 12.1 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. The report was taken as read and Katy highlighted that progress is being made against the 3 outstanding Information Commissioners Office (ICO) actions which have been constrained by long-term staff absence. Katy also provided updates in relation to Information Governance Risks, Information Security breaches none of which reached the threshold for reporting, Freedom of Information requests where compliance has consistently been 100% since October 2024 and training compliance which is showing a slight decline which is attributed to the two-year training cycle and transition between training systems LearnPro and TURAS. Committee stressed the importance of improving training compliance and look forward to seeing the results of the deeper dive into training data which is underway to better understand and address the drop in numbers.

Committee discussed the report and noted the anticipated surge in FOI requests ahead of the Scottish elections and contingency plans in place including the redeployment of experienced staff should it be required.

Audit and Risk Committee noted the overview and update provided.

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Item 12.2 Annual Statement of Assurance

Katy Barclay presented the Information Governance Annual Report for 2024/25 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 2024/25 presented.

ITEM 13 FRAUD QUARTERLY REPORT

Maria McFeat presented the quarterly fraud update which was taken as read and Maria highlighted the following points:

- There have been 3 new allegations since the last Audit and Risk Committee meeting and of the new allegations reported 2 have been closed and one is being reviewed.
- Case C/20/0383 The accused paid off the estimated defrauded value in full before the trial date, which meant that the case was not heard. CFS have advised the accused was neither found guilty or innocent. CFS have now closed this file on the basis the loss to the Service has been reimbursed. The staff member has since left the Service.
- Op Ariston – sentencing has now occurred – 29 years across 4 individuals which were based on the value of the contract not the goods received. This outcome will be used as a deterrent message in future counter-fraud communications.
- Due to the delay in the roll-out of the GRS Timecard system, the Fraud Risk Assessment was deferred. Discussions are ongoing regarding a revised timescale for the assessment.

Committee noted that a comprehensive fraud discussion will take place at the October meeting which will include presentation of the Annual Fraud Report, The Fraud Annual Action Plan and our Annual Self-Assessment. Gordon Young, Counter Fraud Services will be invited along to join the meeting.

Carol thanked Maria for the overview and Committee noted Fraud Quarterly Report presented.

ITEM 14 BEST VALUE PROGRAMME

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

- Delivery of the efficiency savings target for 2024-25
- Supporting vector of measures for 2024/25 and month 2 of 2025/26 (Appendix 2)
- The agreed Best Value programme for 2025/26
- Recognising this is early in the new financial year, a progress update on the 2025/26 Best Value programme.

Karen highlighted that the existing governance structure from last year is being maintained alongside weekly Executive leadership meetings focussed on high spend and efficiency savings areas. Karen provided Committee with updates in relation to overtime reduction and sickness

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absence and key areas of focus for this year which include Air Ambulance and Medical Gases. Currently 71% of savings schemes have been identified with work ongoing to assess and value the remaining 29%.

Carol thanked Karen for the overview and opened to Committee for comments and questions. Madeline Smith raised concerns in relation to the risks around cross-border transfers and cost recovery and incomplete risk documentation in highlight reports. Karen advised that the Project Management Office will support risk documentation for projects lacking dedicated managers. Mike McCormick questioned confidence in identifying the remaining savings for this financial year and Karen advised that she remains confident with schemes listed but not yet valued.

Committee agreed that a longer time slot will be allocated for Best Value discussions at the October meeting of Committee.

Committee noted the update, acknowledging the ongoing work and plans for a deeper review in October.

Michael Dickson left the meeting.

ITEM 15 BOARD ASSURANCE FRAMEWORK UPDATE

Julie Carter presented a further update on the ongoing development of the Board Assurance Framework. The Framework is a live document that will be regularly reviewed and updated, mapping our assurance processes, highlighting our delivery actions and corporate risks. This underpins our 2030 Strategy. This BAF now reflects the update as at June 2025 for the year 2025-26.

The update includes feedback from Board members on:

- The need for consistent language in relation to aims, objectives/plans etc.
- Development of the 2025-26 plan on a page.
- Recognition of the need to balance strategic initiatives (defined thereafter as our corporate objectives) with business as usual activities and the assurance supporting both of these. This also supports the 2 distinct reports presented to every Board.
- Inclusion of the now updated and approved performance framework. This also includes a note of the work in developing further the Service Balanced Scorecard.

Carol thanked Julie for the overview and Committee welcomed the Plan on a Page but suggested improving readability by presenting this as a full-page appendix or in landscape. Mike McCormick noted inconsistencies in terminology e.g. significant assurance vs reasonable assurance and suggested standardising the language. The undernoted actions were agreed:

- Action/s: 5. Director of Finance Logistics and Strategy to look at the presentation of the Plan on a Page and present either as an Appendix or landscape.**
- Action/s: 6. Director of Finance Logistics and Strategy to address the inconsistencies in terminology i.e. 'significant assurance' vs 'reasonable assurance' and standardise the language used.**

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Julie also outlined plans to model different versions of the balanced scorecard, potentially aligning this with the 2030 Strategy quadrants with the aim to support performance and improvement tracking without overloading the framework.

Carol thanked Julie for the overview and Committee noted the Board Assurance Framework update presented.

ITEM 16 WHISTLEBLOWING ANNUAL REPORT

Emma Stirling presented the Whistleblowing Annual Report which Committee were asked to discuss and note. A total of 14 concerns were received between 1st April 2024 and 31st March 2025, one of which was taken forward as a stage 1 Whistleblowing concern. Of the remaining 13 concerns, 7 were taken forward as business as usual and 5 did not require further input at the time of raising the concern. One concern was forwarded to the Counter Fraud Services. Two concerns were closed this year and there are no open concerns. Emma expressed her particular thanks to Andrew Carruthers for his contributions in pulling this report together and provided Committee with assurance that development work has been initiated following last year’s annual report with focus areas including enhancing guidance around anonymity and establishing clear investigation protocols to support individuals involved in whistleblowing processes.

No additional questions were raised and Carol thanked Emma for the overview and Committee noted the Whistleblowing Annual Report presented.

ITEM 17 COMMITTEE WORKPLAN 2025/26

Committee reviewed and noted the workplan for 2025/26 which is presented to each meeting for information and in particular noted any changes highlighted in red.

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 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 – 16 October 2025.

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**AUDIT & RISK COMMITTEE MEETING
10:00 – 13:00 ON THURSDAY 16 OCTOBER 2025
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 – Very High – Statutory and Mandatory Training
- CR 5602 – High - Service’s Defence Against a Cyber Attack
- CR 5603 – High - Maintaining required service levels (Business Continuity)
- CR 4636 – High - Health and Wellbeing of staff affected
- CR 5653 – High - Organisational Culture
- CR 5887 – High - Service Transformation (Change Management)
- CR 5888 – High - Workforce Planning
- CR 5889 – High - Workforce Sustainability
- CR 5890 – High - Environmental Sustainability
- CR 5891 – High - Collaborative Working

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)					
	Likely (4)				CR5062 – 2 Items	
	Possible (3)			CR4636 –	CR5602 – 1 Item CR5603 – 1 Item CR5653 –	
	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 12 June 2025	<i>For Approval</i>	C Sinclair	–
4. Matters Arising	<i>For Approval</i>	C Sinclair	–
5. Best Value Programme	<i>For Noting</i>	J Carter/K Brogan	CR5062
6. Restricted - Risk Management 6.1 Quarterly Update 6.2 Corporate Risk Register 6.3 PPSG Risk Paper 6.4 Approved Decision Log from latest PPSG Meeting 6.5 Risk Management Policy	<i>For Discussion & Approval</i> <i>For Approval</i>	S Stevenson/J Carter S Stevenson	–
7. Internal Audit 7.1 Internal Audit Reports (a) Statutory and Mandatory Training (b) Core Financial Controls BV	<i>For Discussion & Approval</i>	J Lucas (KPMG) S Shah (KPMG)	-

Programme Medical Gases (c) CT System Investment Approach (Legacy IT) Audit Report 7.2 Internal Audit Follow Up Report			
8. External Audit 8.1 External Audit Update – Verbal	<i>For Discussion</i>	R Lister (Azets)	-
COMFORT BREAK			
9. Review of Standing Financial Instructions and Scheme of Delegation	<i>For Approval</i>	G Richardson	
10. Information Governance 10.1 Quarterly Report	<i>For Noting</i>	K Barclay	-
11. Fraud Quarterly Report 11.1 Fraud Standards Assessment 11.2 Counter Fraud Services Annual Report 11.3 SAS Fraud Annual Action Plan 25/26	<i>For Noting</i>	M McFeat	CR5062 (and wider internal controls)
12. Audit Committee Self-Assessment Action Plan Progress Update	<i>For Noting</i>	J Carter	
13. Committee Workplan 2025/26	<i>For Noting</i>	J Carter	-
14. Restricted – Resilience 14.1 Cyber Resilience and NIS Audit Report 14.2 Resilience Committee Update	<i>For Noting</i>	J Baker P Bassett	CR5602; CR5603
15. Audit and Risk Committee Proposed Dates for 2026: <ul style="list-style-type: none"> • Thursday 22 January 2026 • Thursday 23 April 2026 • Thursday 11 June 2026 • Thursday 22 October 2026 	<i>For Noting</i>	C Sinclair	
16. Any Other Business		ALL	

Date of Next Meeting: Proposed date Thursday 22 January 2026 at 10:00 am.