



Northern Ireland Social Care Council
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Audit and Risk Assurance Committee
Confirmed Minutes
11:00a.m Wednesday 7th May 2025
Via MS Teams

Present

Gerry Guckian, Audit and Risk Assurance Committee Chair, Northern Ireland Social Care Council

Jacqui McGarvey, Northern Ireland Social Care Council, Board Member (from item 8.3)

Lesley Mitchell, Audit and Risk Assurance Committee Member

In Attendance

Zyrus Bati, Deloitte

Grace Cartin Deloitte

Pauline Coulter, Office of Social Services

Kathy Doey, NIAO

Catherine McKeown, BSO Internal Audit

Kate McStravick, BSO Finance

Catherine Maguire, Interim Co-Director of Regulations and Standards

Sandra Stranaghan, Interim Director of Registration & Corporate Services

Maureen Martin, Secretariat

Apologies

Helen McVicker, Interim Co-Director of Regulation & Standards

Declan McAllister, Interim Chief Executive

Item	Agenda
Formalities	
1.	Welcome and Apologies
1.1	The Chair welcomed members to the meeting.
2.	Conflicts of Interest
2.1	No conflicts of interest were declared.

3.	Chairs Business
3.1	<i>Executive and Non-Executive Recruitment updates</i>
3.1.1	<p><i>Non- Executive recruitment</i></p> <p>The Chair informed members that following the Non-Executive recruitment exercise, the appointment of three Non- Executive appointments is currently with the Minister for approval. In order to maintain probity, a new Chair will be appointed to the Audit & Risk Assurance Committee once the new Board members are in post.</p> <p>It was noted that whilst a briefing had been submitted to the Minister outlining preferred skills and experience, there was no guarantee that the replacement Chair of the Audit & Risk Assurance Committee would have a financial background. Members gave assurance that guidance and mentorship would be offered to the new Chair during the induction period and thereafter.</p>
3.1.2	<p><i>Executive Recruitment</i></p> <p>The Chair confirmed that a recruitment exercise for the Chief Executive post is underway with interviews scheduled for 12th and 16th June 2025.</p> <p>Once the Chief Executive appointment is in post it is expected that recruitment exercises for current interim Director positions will be commenced.</p>
4.	Minutes of the previous meeting of 12th February 2025 and Extraordinary ARAC meeting of 3rd April 2025 – Papers A and B for approval
4.1	Members approved the minutes of the previous meeting of 12 th February 2025 and the Extraordinary ARAC meeting of 3 rd April 2025 as true and accurate records.
5.	Matters Arising
5.1	<i>Update on the Board Chair</i>
5.1.1	The Chair confirmed that the Board Chair has formally submitted his resignation due to ill health and a new Board Chair will be appointed in due course.
5.2	<i>Annual Accounts 2023/24</i>
5.2.1	The Chair confirmed that a signed copy of the Annual Report and Accounts 2023/24 has been filed following approval at the Board meeting of 30 th April 2025.
Business Matters	

6.	Annual Report and Accounts
6.1	<i>Annual Accounts 2024/25 Timetable - Paper C for note</i>
6.1.1	Members noted the Annual Accounts 2024/25 timetable.
6.2	<i>Draft Annual Report and Accounts 2024/25 - Paper D for approval</i>
6.2.1	<p>Kate McStravick, BSO Management Accountant, gave a summary of the key amendments to the draft Annual Accounts 2024/25 as follows:</p> <p><u>Accounts Review</u></p> <ol style="list-style-type: none"> 1. The Statement of Comprehensive Net Expenditure provides a breakdown of the income and expenditure at year end of 31st March 2025 showing a surplus of £10,158 which is within breakeven targets. 2. Cash flow reconciles to the in-year closing cash balance. 3. Amendments issued from the Department of Health have been updated in the notes to the Accounts and any further changes received leading up to final accounts sign off will be included. It was confirmed that the table formatted in red in the document will be removed. 4. Revenue Resource Limit (RRL) 2024 – 25 has increased by £160k to £4,452,548 excluding non-cash. 5. Staff Costs (have increased by £166k since 2023-24 mainly due to the following: <ul style="list-style-type: none"> ➤ 2024-25 Pay award ➤ Senior Executive Pay Award accrual for financial years 2023 -24 and 2024 -25 ➤ Agency costs of £119k which is an increase of £10k from the previous year. 6. Revenue grants to Voluntary Organisations have increased by £172k from last year due to more student placements and certification funding being allocated and additional disbursement funding. 7. Supplies and Services spend for 2024 – 25 was £49k which was a decrease of £27k from the previous financial year. This was mainly attributable to the cost incurred for an independent Fitness to Practise audit fee in 2023 – 24. 8. Establishment costs increased in 2024 -25 which was mainly due to an increase in General Fees.

	<p>9. There was a decrease in Premises costs from the previous financial year.</p> <p>10. Miscellaneous expenditure increased by £215k which was mainly due to non-recurrent RRL allocation from the Department of Health in relation to Social Care Workforce projects.</p> <p>11. BSO Services: increased due to SLA uplift for 2024-25.</p> <p>12. Increase in non RRL income related to the additional registration fee income due to the augmented register and salary recharges from the Department of Health.</p> <p>13. Prepayments have decreased £4k which is mainly due to computer/software licence payments over fixed terms.</p> <p>14. Accruals decreased by £174k.</p> <p>15. Prompt payment performance; 30-day target of 99% and 10-day target of 94% have been achieved.</p> <p>16. Deferred income increased in 2024-25 however this figure will vary year on year due to the fluctuation in the number of registrants.</p> <p>17. No lease liability exists for James House as no rent is payable under the terms of the licence,</p> <p>The Chair thanked all teams for the work involved in achieving a year-end break-even position for 2024 – 25 accounts.</p> <p>Sandra Stranaghan, Interim Director of Registration and Corporate Services confirmed that a draft copy of the Annual Report and Accounts 2024/25 had been shared with the Northern Ireland Audit Office (NIAO) and the Department of Health and were reviewed at the Board meeting on 30th April. A final draft of the accounts will be presented for approval at the ARAC meeting in June.</p> <p>The Audit and Risk Assurance Committee approved the draft Annual Report and Accounts 2024/25.</p>
6.3	Draft Governance Statement 2024-25 - Paper E for approval
6.3.1	<p>Sandra Stranaghan, Interim Director of Registration & Corporate Services, presented the draft Governance Statement, on behalf of the Chief Executive, for approval.</p> <p>The following key highlights were noted:</p>

➤ Board self-assessment

In the annual Board self-assessment, 17 indicators were rated as green and 2 areas as follows were rated as amber/green, i.e. there was a red flag however robust arrangements are in place to manage this:

- ✓ Chief Executive recruitment - the recruitment exercise underway;
- ✓ A member of Audit & Risk Assurance Committee with Finance experience – the rating will remain in place until the Non-Executive Director appointment process has been concluded.

➤ Board and Committee/Partnership attendance

The draft Governance Statement indicates the absence of the Chair due to long term sickness and co-opting Lesley Mitchell to the Audit & Risk Assurance Committee. **ACTION: a footnote to be added to reflect that the Acting Chair has now stepped in as Acting Chair of the Remuneration Committee.**

- A new annual Business Plan for 2025 – 26 has been approved by the Board and shared with Sponsor Branch.
- Robust risk management procedures are in place.
- There were no fraud incidences reported during 2024 – 25 period and Fraud Awareness training is mandatory for all staff.
- A list of information governance policies are in place.
- There are a number of partnerships and forums established to enable public stakeholder involvement including the Participation Partnership, the Leaders in Social Care Partnership and the Research and Evidence Partnership. The Registrants' Forum was reviewed and stood down last year and a new Social Work Registrants group has been established which is supported by a number of sub groups and workstreams.
- As part of the organisation's Governance arrangements, Standing Orders are in place and quarterly Business Performance reports are reviewed by the Board.
- Sources of independent assurance are Internal Audit, External Audit and Fieldfisher (independent auditor for Fitness to Practise)
- Internal Audit reviewed the following areas in 2024/25 and satisfactory assurance was provided in each area:

	<ul style="list-style-type: none"> ○ Board effectiveness ○ Financial Review ○ Management of Fitness to Practise ○ Registration <p>➤ EU Exit – the Social Care Council continues to engage and work with colleagues in the Republic of Ireland.</p> <p>It was noted that an updated budget position has indicated a flat cash allocation for 2025/26. The Department of Health have been made aware of the challenges that the allocation would present and has confirmed that they will assist the organisation to manage the budget throughout the current financial year.</p> <p>The interim Director of Registration & Corporate Services noted that interim arrangements at Board and Senior Executive level will be addressed once the substantive Chief Executive position has been filled.</p> <p>In response to feedback from members, it was agreed that advice should be taken from the Department of Health on whether section 9, 'EU Exit' is still required to be included in the Governance Statement. Subject to response, it was proposed that the title should be revised as the term is considered as outdated. Members proposed replacing 'EU Exit' with 'Interjurisdictional Work' ACTION Interim DoRCS to seek advice from the Department of Health on whether Section 9 is still required and update the title of the paragraph subject to response.</p>
Governance	
Matters	
7.	Draft Annual Complaints and Feedback Report 2024/25- Paper F
7.1	<p>The Interim Director of Registration & Corporate Services presented the Draft Annual Complaints and Feedback Report 2024/25 for approval with the following key highlights:</p> <ul style="list-style-type: none"> ➤ The first Annual Complaints and Feedback report was presented to the Audit & Risk Assurance Committee in February 2025 and a timetable was agreed for going forward. This is the first draft of the report for 2024- 25 and presents a more composite picture which captures year on year trends. ➤ Fifteen complaints were received during 2024 /25 period which is an increase from ten complaints received during 2023/24. However, it was noted that no complaints had been received in the period October 2024 to March 2025 and that this may be largely attributable to the call handling pilot.

	<ul style="list-style-type: none"> ➤ All 15 complaints were responded to within the required 20 working day response time and 14 were acknowledged within 5 working days. ➤ There were no complaints escalated to the second complaints level or to the Northern Ireland Public Services Ombudsman (NIPSO). ➤ NIPSO is launching a new Model Complaints Handling Procedure in July 2025 to provide guidance on how complaints should be investigated. There will be a 6-month implementation period and a key change to the process requires straightforward complaints to be dealt with within 5 working days instead of 20 working days, with more complicated complaints passed to a second investigation stage. The faster resolution of low-level complaints should release resources to address more complex complaints. Another key change means that accessibility has been broadened to allow verbal as well as written complaints to be submitted. A NIPSO representative will attend an upcoming Social Care Managers Forum to update on the changes to the complaints process. <p>Members noted the challenges raised by the new 5-day complaint resolution target particularly in relation to how it may be impacted by staff absence or annual leave periods resulting in issue of a superficial holding response</p> <p>The Chair commented that an increase in complaints may reflect the success of the changes to the complaints process and improved accessibility. It was agreed that capturing the complaints data allows an opportunity for learning and improvement within the organisation.</p> <p>The Audit & Risk Assurance Committee approved the draft Annual Complaints and Feedback Report 2024 - 25</p>
Internal Audit	
8.1	HIA Internal Audit Report – Paper G for note
8.1.1	<p>Catherine McKeown, Internal Auditor presented the HIA Internal Audit Report for note. The following key highlights were noted:</p> <ul style="list-style-type: none"> • All four assignments included in the Internal Audit Plan 2024/25 have been completed and satisfactory assurance provided for each audit: <ul style="list-style-type: none"> ✓ Registration ✓ Management of Social Care Fitness to Practise ✓ Board Effectiveness

	<p>✓ Financial Review</p> <ul style="list-style-type: none"> • An overall satisfactory assurance has been provided on the adequacy and effectiveness of the organisation's framework of governance, risk management and control. • 84% of internal audit recommendations were fully implemented and 16% partially implemented at year end. <p>The Chair commended the achievement of the overall satisfactory assurance and thanked officials and management for the continued positive relationship between Internal Audit and the Social Care Council.</p> <p>The Audit & Risk Assurance Committee noted the HIA Internal Audit Report.</p>
8.2	Internal Audit Progress Report - Paper H for note
8.2.1	<p>Catherine McKeown, Internal Auditor presented the Internal Audit Progress Report for note. The following key highlights were noted:</p> <p><u><i>Management of Social Care Fitness to Practise</i></u></p> <p>An overall satisfactory assurance was provided with the following recommendations made and accepted by management:</p> <ol style="list-style-type: none"> 1. Internal audit recommendation to develop an action plan in response to the independent Fieldfisher audit report 2. Internal audit recommendation to monitor and review system function of the new Case management Fitness to Practise system as this was not yet rolled out at the time of the audit <p>The interim Director of Registration & Corporate Services confirmed that an action plan in response to the independent Fieldfisher audit is currently being drafted and updates will be brought to ARAC.</p> <p>An action plan for key issues around the Fitness to Practise Case Management system will be kept under review by the internal Strategic Improvement Board and progress reports will be brought to SLT and ARAC.</p> <p>The Audit & Risk Assurance Committee noted the Internal Audit Progress Report.</p>
8.3	NISCC Registration Response Plan - Paper I for approval
8.3.1	<p>The interim Director of Registration & Corporate Services presented the Social Care Council Registration Response plan for review.</p> <p>It was noted that Internal Audit had provided an overall satisfactory assurance for the Registration audit and the Response Plan had been drafted to address key audit recommendations:</p>

	<p>1. Auto removal of uncompleted renewal forms The Database team is working with Silverbear to rectify an auto removal issue that was caused by an action carried out during testing of the SOCRATES system. A manual cleanse of the register by the Registration Team and Database Team is in progress. Expected completion date is by August 2025</p> <p>2. Registration risks on the Risk Register updated and RAG ratings reviewed to ensure appropriate and effective This work has been factored into the development work programme and is due to be completed this month. A new automated flow engagement through Communication Team will be agreed and procedures will be developed for the Registration team alongside routine reporting as part of overall quality assurance.</p> <p>3. Resolution of variances between registration fee payments and income received and implementation of a process for reconciliation of registration fee income Work is in progress internally and with BSO Finance. A process is now in place for reconciliation of receipted income against accounts.</p> <p>4. Development of quality assurance processes for Registrations and findings shared with staff for learning and development Quality assurance checks against all registration activity have been in place since March 2025. Management are now reviewing the initial outcome of this work to inform learning and improve standards.</p> <p>5. Review and update of the Registration Rules A workshop with relevant staff has been organised for May to review the Registration Rules.</p> <p>6. Review of the Voluntary Removals procedures A full review of the Voluntary Removals procedures is due completion by the end of June 2025 and will be monitored going forward to reflect any changes of process or staff.</p> <p>The Chair welcomed the prompt response to the recommendations and consideration of the wider impact on other areas.</p> <p>The Audit & Risk Assurance Committee approved the NISCC Registration Response Plan</p>
8.4	Year End Follow Up 24-25 Final Report - Paper J for note
8.4.1	<p>Catherine McKeown, Internal Auditor, presented the Year End Follow Up 24-25 Final Report for note. The following key findings were highlighted:</p> <ul style="list-style-type: none"> 84% of internal audit recommendations have been fully implemented and 16% have been partially implemented.

- A recommendation for development of a Service User and Carer Engagement Strategy remains outstanding from 2019 -20

The interim Director of Registration & Corporate Services gave an update in response to concerns raised by a member around the delay in completion of two outstanding recommendations; development of a Service User and Carer Engagement Strategy from 2019-20 and engagement with BSO around the Information Governance Service Level Agreement from 2022- 23:

Service User and Carer Engagement Strategy

The delay has been due to changes in personnel within the small Comms team and additional pressures and priorities which has diverted resources. There has been significant feedback over the last twelve months and engagement to inform the Strategy including events with staff, service users, carers and employers. Principles of engagement and strategy have also been developed. The Chair noted that views from the new Chief Executive will also contribute to the development of the engagement strategy.

Information Governance Service Level Agreement

The interim Director of Registration & Corporate Services advised that the previous Data Protection Officer has been moved post and recruitment to put more sustainable resources into BSO IG is underway. The Interim Director of Registration & Corporate Services noted that while the gap in service delivery has been made up through internal resources at the Social Care Council, this is not sustainable in the longer term. It was confirmed that the risk has been recorded on the Risk Register as BSO are not delivering the full scope of the Service Level Agreement and a review to identify gaps in delivery will be completed by August 2025. An update will be brought to the ARAC meeting in October.

The interim Director of Registration & Corporate Services brought attention to three recommendations related to the Northern Ireland Degree in Social Work Partnership (NIDSWP). Two of the recommendations are on target however the recommendation for a revised, updated governance agreement which is due by June 2025 will be delayed. A review of the NIDSWP agreement and governance framework has been completed which has highlighted other issues. A meeting is in place to consider next steps and agree a new timeline. An update on this item will be picked up under matters arising at the next ARAC meeting.

	The Audit & Risk Assurance Committee noted the Year End Follow Up 24-25 Final Report.
8.5	Shared Service Audits - Paper K
8.5.1	<p>Catherine McKeown, Internal Auditor presented the Shared Service Audits report.</p> <p>The Internal Auditor reported Satisfactory assurance with no significant findings for the Shared Services audit. The change from Limited Assurance last year to Satisfactory assurance for BSO Payroll services this year was noted and full detail of the developments which led to the increase in assurance has been included in the report</p> <p>The Audit & Risk Assurance Committee noted the Shared Services Audit.</p>
External Audit	
9.	Draft Audit Strategy 2025/26 - Paper L for note
9.1	<p>External Auditor, Grace Cartin, presented the Audit Strategy with the following key points:</p> <ul style="list-style-type: none"> • Audit planning has been completed in collaboration with the interim Director of Registration and Corporate Services and BSO Finance. • Based on these discussions it has been agreed there is no significant change in how the Social Care Council is operation and therefore no real changes to the audit strategy. • Overall account materiality is £129k. • Two significant audit risks were identified and responses provided; management override of controls and IFRS 16 in respect of the treatment of the James House Licence Agreement as a Peppercorn Lease. <p>A member raised concerns that the External Audit Strategy is still reflecting the James House lease as a significant risk in view of the extensive consideration and agreement with the Department of Health, the Northern Ireland Audit Office and Deloitte last year around the accounting treatment. Grace Cartin confirmed that this would be considered as an area of focus and not a significant risk going forward.</p> <p>Kathy Doey, Northern Ireland Audit Officer, confirmed that if there is consistency in the application of accounts management of the James House lease this year then the judgement agreed last year would be taken as the final view.</p> <p>The Audit & Risk Assurance Committee noted the draft External Audit Strategy.</p>

Governance	
10.	Risk Management
10.1	<i>Risk Progress Report at April 2025 - Paper M for approval</i>
10.1.1	<p>The interim Director of Registration & Corporate Services presented Risk Progress Report at April 2025 for approval. The following key highlights were noted:</p> <ul style="list-style-type: none"> • The previous progress report was presented at the February ARAC meeting; • The Risk Management Committee met on 14th April and minutes are provided for information; • 10 strategic risks which remain at the same level as reported in February 2025. There are no extreme risks, 2 high, 7 medium and one low risk identified. <p>High level risks are:</p> <ul style="list-style-type: none"> ✓ <i>Resourcing of the Fitness to Practise (FtP) function</i> This function has seen a 10% increase in business. Recruitment to FtP posts remains challenging and although an FtP Officer was recently appointed through an agency a substantive FtP Officer post became available and a recruitment exercise to fill this position is underway. The Fitness to Practise Case management system went live last year and provides more effective case management procedures. Concerns around this risk and the pressures on the Fitness to Practise function have been raised with the Department of Health. ➤ <i>Sustainable Resourcing to support Adult Social Care</i> Sustainable recurrent resources are required to continue to carry out these duties around development of the capability of the workforce. <p><u>Medium level risks</u></p> <ul style="list-style-type: none"> ➤ <i>Changes at Board and senior level</i> It was noted that the Chair had updated ARAC members under Chair's Business on the arrangements to manage the changes at Board and Senior level. Feedback from the recent annual Investors in People assessment had reflected that the changes had provided development opportunities as opposed to destabilising the organisation. ➤ <i>Management of Financial Resources</i>

	<p>An allocation letter has been received presenting a flat cash revenue allocation which presents longer term planning challenges for the organisation. The Department of Health have indicated that they will assist the organisation in managing the pressure.</p> <p><u>Low level risks</u></p> <p>➤ <i>Climate change</i> The planned development of a Climate Change Strategy and Action Plan has been delayed due to conflicting priorities and resources. It is expected that these will be in place by the end of May.</p> <p>In relation to the risk around Maintaining Registration, members were advised that following last year's meeting with Clear Course to address ongoing SOCRATES system issues, an action plan has been developed and fortnightly meetings put in place to track actions and keep the action plan on target.</p> <p>The Audit & Risk Assurance Committee approved the Risk Progress Report at April 2025.</p>
11.	ARAC
11.1	<i>ARAC Self-Assessment Review - Paper N for approval</i>
11.1.1	<p>The Chair advised that the new Non-Executive Directors are expected to start in May 2025. It was noted that the new members might not have a financial background.</p> <p>The Chair recommended an ARAC workshop over the summer as part of the induction process and it was agreed that the workshop date would be finalised at the ARAC meeting in June when the new Chair is in place.</p> <p>The Audit & Risk Assurance Committee approved the ARAC Self-Assessment Review.</p>
11.2	<i>Effective Audit and Risk Assurance Committees – A Good Practice Guide- Paper O for information</i>
11.2.1	<p>The Interim Director of Registration and Corporate Services presented the paper and suggested use of the NIAO template going forward given its ease of use. Members agreed.</p> <p>Audit & Risk Assurance Committee noted the Effective Audit and Risk Assurance Committees – A Good Practice Guide</p>
11.3	<i>Introduction of new Global Internal Audit Standards in the UK – Paper P for information</i>

11.3.1	<p>Catherine McKeown, Internal Auditor advised that the new Global Internal Audit Standards had been introduced in the UK in April 2025 and replaced the previous public sector internal audit standards.</p> <p>The guide is primarily for action by the Internal Audit unit however it is expected that the unit is already in compliance. The interim Director of Registration & Corporate Services is working with Internal Audit to ascertain any impact for the organisation.</p> <p>The Audit & Risk Assurance Committee noted the paper on the Introduction of new Global Internal Audit Standards in the UK.</p>
11.4	<i>Post Office Inquiry – Insights on Governance and Culture from the Public Inquiry - Paper Q for information</i>
11.4.1	<p>The interim Director of Registration & Corporate Services advised that the Institute of Directors have carried out a review of one of the phases of the investigation.</p> <p>A summary paper has been provided around the key findings and recommendations arising from the report which include a lack of board effectiveness reviews, challenge function at ARAC and Board level and transparency between Board and Executive team.</p> <p>It was noted that the paper is timely in view of the imminent appointment of new Non – Executive Directors as it highlights the need for composite knowledge around Cyber security and IT risks as these relate to areas of governance, risk and assurance.</p> <p>The Audit & Risk Assurance Committee noted the Post Office Inquiry – Insights on Governance and Culture from the Public Inquiry paper.</p>
12.	Fraud Assurance
12.1	<i>Revised Fraud Response Plan - Paper R for approval</i>
12.1.1	<p>The interim Director of Registration & Corporate Services presented the revised Fraud Response Plan for approval.</p> <p>The Response Plan has been revised in response to an internal audit recommendation and shared with the Counter fraud & Probity unit with no additional comments received.</p> <p>Members were advised that no fraud incidents have occurred to date and that the organisation will participate in the annual Counter fraud & Probity unit awareness week in October. All staff are mandated to complete Fraud Awareness eLearning.</p> <p>Subject to ARAC approval the revised Fraud Response Plan presented at the next Board meeting for approval.</p>

	The Audit & Risk Assurance Committee approved the revised Fraud Response Plan.
12.2	<i>Revised Fraud Policy - Paper S for approval</i>
12.2.1	<p>The interim Director of Registration & Corporate Services presented the revised Fraud Policy for approval. It was noted that there were no primary changes made to the draft and subject to ARAC approval, the policy will be presented at the June Board meeting for approval.</p> <p>The Audit & Risk Assurance Committee approved the revised Fraud Policy.</p>
12.3	<i>Fraud Risk Assessment 2025 - Paper T for approval</i>
12.3.1	<p>The interim Director of Registration & Corporate Services presented the Fraud Risk Assessment for approval. The Self-Assessment check list provides guidance around key good practice standards and internal fraud risk indicators for consideration in the development of a Fraud Risk Action Plan for regular review and update. Subject to ARAC approval, the policy will be presented at the June Board meeting for approval.</p> <p>The Audit & Risk Assurance Committee approved the Fraud Risk Assessment 2025.</p>
Closing Formalities	
13.	Any Other Business
13.1	The Chair agreed to keep members updated on the progress of the Chief Executive recruitment exercise
14.	Date of Next Meeting
14.1	<p>Members noted the dates of the next meetings:</p> <ul style="list-style-type: none"> ➤ Remuneration Committee - 10:30a.m Wednesday 4 June 2025. ➤ Audit & Risk Assurance Committee - 10:30a.m Wednesday 18 June 2025 ➤ Board meeting – 10:00a.m Wednesday 25 June 2025
14.2	The Chair noted that subject to the timing and outcome of the Non-Executive Director appointments, there may be a new Chair in place for the next scheduled ARAC meeting however he may still attend the meeting for handover and introduction purposes.

Approved by: Gerry Guckian, Chair, Audit and Risk Assurance Committee

Signature: 

Date: 25 June 2025