



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## AUDIT, RISK AND ASSURANCE COMMITTEE

### **CONFIRMED** MINUTES OF THE MEETING HELD ON 13 MAY 2025 AT 10:00 VIA MICROSOFT TEAMS

<b>MEMBERS</b>		
Steve Elliot	SE	Independent Member (Finance) (Chair)
Ronnie Alexander	RA	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
<b>IN ATTENDANCE</b>		
Pete Hoggood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair (observing)
Mathew Evans	ME	Counter Fraud
Louisa Steele	LS	Lead Local Counter Fraud Specialist
Bethan Hopkins	BH	Audit Wales
Mike Jones	MJ	Audit Wales
Sarah Pritchard	SP	Head of Financial Services
Stella Gwynne	SG	Deputy Board Secretary
Hayley Thomas	HT	Chief Executive Officer
Amanda Smart	AM	Head of Information Governance
Ian Virgil	IV	Head of Internal Audit
Bethan Powell	BP	Corporate Governance Officer
<b>APOLOGIES FOR ABSENCE:</b>		
Amanda Legge	AL	Post Payment Verification team (NWSSP)
Sue Tilman	ST	Post Payment Verification team (NWSSP)
Kirsten Jones	KJ	Llais

#### **1. PRELIMINARY MATTERS**

##### **1.1 WELCOME AND APOLOGIES FOR ABSENCE (ARA/25/001)**

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

##### **1.2 DECLARATIONS OF INTEREST (ARA/25/002)**

The Chair NOTED the attached Register of Interests and provided an opportunity for the declaration of any further interests pertaining to the meeting agenda.

HB highlighted a declaration on behalf of all Board Members in relation to the information provided in the Remuneration Report section of the Health Board's Annual Report 2024/25 (Item 5.1). The Committee NOTED the declaration.

## **2. CONSENT AGENDA BUSINESS (ARA/25/003)**

No items were requested for inclusion in the main agenda.

## **3. ITEMS FOR APPROVAL/DECISION/RATIFICATION**

### **3.1 MINUTES OF THE PREVIOUS MEETING HELD ON 14 JANUARY 2025 (ARA/25/004)**

The minutes of the meeting held on 11 March 2025 were **CONFIRMED** as an accurate record.

### **3.2 COMMITTEE ACTION LOG (ARA/25/005)**

The Committee **RECEIVED** and **CONFIRMED** the four actions that were recommended for closure.

### **3.3 COMMITTEE WORK PROGRAMME (ARA/25/006)**

HB presented the work programme for 2025/26 for approval which was based on the Committee Terms of Reference. It was noted that the work programme would be subject to change throughout the year to ensure the necessary flexibility to adapt based on organisational need. It was confirmed that the work programme would continue to be provided at each Committee meeting under the consent agenda and implementation would be monitored throughout the year by the Corporate Governance Team.

The Committee **APPROVED** the work programme for 2025/26.

## **4 ESCALATED ITEMS**

There were no items for inclusion within this section.

## **5 ITEMS FOR ASSURANCE**

### **5.1 PTHB DRAFT ACCOUNTABILITY REPORT AND FINANCIAL ACCOUNTS (ARA/25/007)**

PH presented an overview of the financial accounts and highlighted the following matters for the Committee's attention:

- The revenue position for 2024/25 was a deficit of £15,753k resulting in a 3-year cumulative deficit of £34,738.
- Capital resource limit had delivered a modest surplus of £50k.
- Public Sector Pay Policy (PSPP) position had improved since 2023/24 but remained short of the 95% target at 93.80%.
- Three key areas of expenditure were hospitals and community services, healthcare commissioned from other providers and primary healthcare.
- Without prior notification, an invoice for £5M from Wye Valley NHS Trust (WVT) has been received (dated 13th March 2025). It had the description "Recognition of discussions regarding parity of funding with English commissioners including remoteness uplift, PFI and inflation". The Health Board strongly refutes the basis for the charge and the amount and immediately corresponded with WVT seeking a credit note. This was noted as a serious matter for both organisations in terms of agreeing the end of year position and the preparation of annual accounts. The £5m invoice had not been included within the Health Board's 2024/25-month 12 financial position reported to Welsh Government. It was confirmed that senior officials have been alerted to the situation, as had Audit Wales. The Health Board is seeking to resolve the issue through the disputes mechanism contained within the Long Terms Agreement (LTA). If this is unsuccessful, then resolution between Welsh Government and NHS England will be sought. The invoice was included

as a Contingent Liability, so it is transparently reflected in the Annual Accounts as potential liability.

- The presentation also provided an overview of:
  - Miscellaneous income
  - Property, Plant and Equipment
  - Right of Use Assets
  - Provisions
  - Cash Flow
  - Statement of Comprehensive Net Expenditure (SOCNE), which demonstrated a significant increase in operating costs.

Committee Members sought assurance by asking the following questions:

*Had there been any material changes to the Accounting Policy?*

SP confirmed there had been no material changes and that a comprehensive manual for accounts was issued annual by Welsh Government. It was noted that IFRS19 was due to be introduced from April 2026 in relation to insurance, though the Health Board did not anticipate any of its contracts would be reportable.

The Chair observed the significance of the in-year and cumulative deficit and noted the collective actions to improve this position within the 2025-26 financial year. The achievement of the planned deficit in 2024-25 was recognised as positive, as was the capital outturn. The Committee formally NOTED the contingent liability in regard to the WVT invoice which was subject to escalation if unable to be resolved directly and expressed a hope for resolution via national arbitration.

HT raised the following matters for the Committees information:

- A Chief Executive to Chief Executive meeting had been held on 9 May in regard to the WVT invoice, in which it was recognised the matter was material to both organisations' accounts.
- The provision in regard to Clinical Negligence has doubled in-year and work was underway to understand the drivers behind the increase
- The strategic cash support of £9M provided by Welsh Government in Q4 of 2024-25 was recognised.
- The importance of the actions to remedy the cumulative deficit was noted as a key focus for the coming year.

MJ noted that Audit Wales had not yet formed a view in relation to the WVT invoice and noted the additional complexity of the cross-border relationship in regard to arbitration. It was noted that there was a risk that the issue may not be resolved by the 27 June, and that Audit Wales were mindful the position would be subject to change up to the signing date.

The Committee **RECEIVED** and **NOTED** the financial accounts and the Chair and Chief Executive both expressed their thanks to the work undertaken by the Finance Team.

HB noted the Annual Report comprised of the three sections: the Financial Statements, the Performance Report and the Accountability Report. The Financial Statements and Accountability Report would be considered at this Committee, whilst the Performance Report would be considered by the Delivery and Performance Committee.

HB presented the accountability report which was made of the Corporate Governance Report, the Remuneration Report and Parliamentary Accountability Report. It was noted that the content of the report was based on the Manual for Accounts as published by Welsh Government and the draft had been submitted to Welsh Government, Audit Wales and Internal Audit on 9 May and would not be subject to review. It was noted that HT would also review the report from her perspective as Accountable Office (AO).

Committee Members sought assurance by asking the following questions:

*Had consideration been given to the production of an easy-read version of the document?*

HB noted that previously an easy-read version hadn't been produced but the team would reflect on resources and capacity and consider options for simplifying and clarifying language where possible and the potential production of summary slides similar to those provided for the financial statements.

*What was the rationale for those risks included in Figure 8?*

HB confirmed those risks that were included where scored above a certain level, this would be clarified in the document.

The Committee **RECEIVED** and **NOTED** the financial accounts and the Chair and Chief Executive both expressed thanks to the work undertaken by the Corporate Governance and team others across the organisation in the production of the report

## **5.2 INTERNAL AUDIT PROGRESS REPORT (ARA/25/008)**

IV introduced the progress report and highlighted that the executive summaries of the 7 finalised reports since the last Audit Risk and Assurance Committee in March 2025 were included in section 7 of the report. Full copies of the final reports are included at item 5.3 on the agenda.

Current position with progress of the 2024/25 plan:

- Nineteen audits finalised to date (seven since the last meeting – three substantial, three reasonable, one advisory)
- Four audits were work in progress with planned delivery to include in the Head of Internal Audit Opinion 2024-25
- One audit in Mental Health has been delayed due to staff availability and would be moved into 2025-26, this still allowed sufficient coverage for the provision of the Head of Internal Audit Opinion

The Committee noted that it had previously been agreed that Internal Audits would be shared with members on finalisation, as well as part of the Committee papers to better balance the volume of reading required in the days prior to the Committee meeting. It was noted that the mechanism for this had been enacted but there had been issues with communicating to members when reports had been made available. It was noted that this would be rectified in the period leading up to the next Committee.

Committee Members sought assurance by asking the following questions:

*Had there been any difficulties in communicating with managers in the context of the Mental Health audit delay?*

IV confirmed that communications were generally very good and that the circumstances in relation to the Mental Health audit were isolated and had been raised internally and with HB.

*What steps were being taken to ensure that audits were not concentrated in Q4 for coming years?*

IV confirmed a plan had been developed for delivery in Q1 and 2 and that conversations were already underway with management to ensure timely delivery within the early quarters.

*Were there any reflections on the red compliance in relation to timescale for management sign off?*

IV noted that there were only 4 audits outwith of the timescale and that comparatively Powys's compliance was positive. It was recognised that meetings are held when issuing a report to agree actions in a timely way from both sides.

*What is the difference between a standard audit and an advisory report?*

IV noted that when a process of service is under development an advisory report is produced to support development rather than provide assurance, though the report is produced utilising the same principles.

The Committee **RECEIVED** and **NOTED** the report.

### **5.3 INTERNAL AUDIT REPORTS (ARA/25/009)**

IV gave an overall view of the Assurance obtained from the following Audits:

- a) Primary Care GMS Unified Contract
- b) Pharmacy Stores
- c) Business Continuity Planning
- d) Risk Management
- e) Information Governance
- f) Llandrindod Phase 2
- g) Partnership Governance

- a) Primary Care GMS Unified Contract

The Committee **RECEIVED** and **NOTED** the report which provided Substantial Assurance.

- b) Pharmacy Stores

IV provided an overview of the report and confirmed a rating of Reasonable Assurance. Three high priority findings had been found in relation to lack of supporting documentation, inadequate recording of information and inadequate stock reconciliation procedures, all three of which had been completed at the time of the management response.

Committee Members sought assurance by asking the following questions:

*How was the assessment of vaccine wastage made?*

IV noted that it was not possible to assess vaccine wastage entirely as this is not recorded under the current system, the assessment was therefore based on increased or decreased risk of wastage.

*What was the underlying cause of the issues resulting in the key findings?*

IV recognised the small team size and noted that the recommendations related to a lack of evidence confirming compliance rather than a fundamental issues with the processes in place.

The Committee **RECEIVED** and **NOTED** the report.

c) Business Continuity Planning

The Committee **RECEIVED** and **NOTED** the report which provided Substantial Assurance.

d) Risk Management

IV provided an overview of the report and confirmed a rating of Reasonable Assurance. It recognised the substantial changes made in the revision of the Risk Management Framework and the ongoing work to integrate and develop the Datix Cloud Risk Management System and the Board Assurance Framework. It was noted that one recommendation had been made in relation to the way Directorate and Services record their risks.

Committee Members sought assurance by asking the following questions:

*What was the management action not due to be implemented until November?*

HB noted that the resolution of the recommendation was linked to the roll out of the Datix system which was likely to take several months to fully integrate.

The Committee **RECEIVED** and **NOTED** the report.

e) Information Governance

The Committee **RECEIVED** and **NOTED** the report which provided Substantial Assurance.

f) Llandrindod Phase 2

IV provided an overview of the report and confirmed a rating of Reasonable Assurance with three Medium Priority findings identified in relation to the Risk Register, Key Performance Indicators and the Performance Bond.

The Committee **RECEIVED** and **NOTED** the report.

g) Partnership Governance

The Committee **RECEIVED** and **NOTED** the advisory report.

#### **5.4 DRAFT HEAD OF INTERNAL AUDIT OPINION (ARA/25/010)**

IV presented the draft Head of Internal Audit Opinion and confirmed that the opinion provided the Health Board with Reasonable Assurance for 2024/25. It was noted that a number of audits remained in draft at the time of writing the draft report, though it was not anticipated that the outcome of these reports raises any significant issues or impact on the overall assurance rating provided. The following summary of 2024-25 audits was provided:

Substantial Assurance	<ul style="list-style-type: none"> <li>• Integrated Performance Framework</li> <li>• Core Financial Systems</li> <li>• Board &amp; Committee Structure / Effectiveness</li> <li>• Records Management</li> <li>• GMS Unified Contract Assurance Framework</li> <li>• Business Continuity Planning</li> <li>• Information Governance Follow-up</li> </ul>
Reasonable Assurance	<ul style="list-style-type: none"> <li>• Integrated Plan Development Process</li> <li>• Cleaning Standards</li> <li>• Staff Retention</li> <li>• Capital Systems</li> <li>• Energy Management</li> <li>• Patient Flow / Discharge Management</li> <li>• Additional Learning Needs Legislation</li> <li>• Community Cardiology</li> <li>• Medicines management (Pharmacy Stores)</li> <li>• Risk Management &amp; Assurance</li> <li>• Llandrindod Wells Phase 2</li> </ul>
Limited Assurance	<ul style="list-style-type: none"> <li>• Deprivation of Liberties Safeguards (DoLS)</li> </ul>
Unsatisfactory	<ul style="list-style-type: none"> <li>•</li> </ul>
Advisory/Non-Opinion	<ul style="list-style-type: none"> <li>• Partnership Governance Framework</li> </ul>

With the following reports remaining work in progress with assurance yet to be determined:

- Quality & Safety Governance (Duty of Quality)
- Contract Management
- Cancer Services
- Medical Devices Mattresses
- Mental Health Care & Treatment Planning

IV expressed his thanks to colleagues in the Health Board for their support through 2024-25 and note that the final audits from 2024-25 would be brought forward to the June Committee.

Committee Members and HB echoed that the thanks provided and welcomed the supportive but appropriate challenge provided and the collegiate relationship was recognised.

The Committee **CONSIDERED** and **NOTED** the Draft Head of Internal Audit Opinion and Annual Report for 2024/25.

## 5.5 EXTERNAL AUDIT PROGRESS REPORT AND ANNUAL REPORT (ARA/25/011)

BH presented the Audit Progress Report which provided an update on the current and planned accounts and performance audit work presented to the Committee in March 2025. It was noted that the Structured Assessment 2024-25 was included within the next agenda item for consideration. The following projects were noted as in the pipeline, some of which were local and others thematic reviews:

- Management of Estate
- Agency use in Mental Health and Learning Disabilities
- Quality Governance

It was noted that the 'No time to lose: Lessons from our work under the Well-being of Future Generations Act' report had been published in April 2025 and Members were encouraged to register for the GPX conference on the shift to prevention in July 2025 should they wish to attend.

The Committee **RECEIVED** the report.

#### **5.6 EXTERNAL AUDIT REPORTS: STRUCTURED ASSESSMENT (ARA/25/012)**

HB presented the report and recorded her thanks to Audit Wales for the helpful conversation in the development of the report. It was confirmed that the Health Board was fully accepting of the report and the actions contained within it, however it was noted that work was still underway to finalise the management response. The Committee recognised the importance of allowing Executive Leads the opportunity to review timelines to ensure achievability in the current context.

Committee Members sought assurance by asking the following questions:

*What were the actions required to strengthen the tracking of Audit Recommendations for reporting to the Committee?*

BH confirmed this was in relation to the recording of clear evidence when closing recommendations to improve transparency. HB confirmed that the recommendation was to ensure Executive Directors were able to demonstrate a source for closure if required. It was confirmed that both Internal and External Audit undertake a check on a sample of audits each year requesting evidence in relation to completion/closures.

*Was there a reason Well-being Objectives weren't reviewed annually?*

HB confirmed that Well-being Objectives are reviewed annually however it was recognised that there was a need to strengthen the mechanism and communication of this review. HT confirmed that consideration was being given to how this is captured and recognised that the Health Board's 10-year strategy would be due for review in the coming year.

*What skills were being referred to in the recommendation relating to Board Member skills and capacity to support transformation?*

BH noted that the recommendation was in regard to the assurance available to confirm that the skills and capacity of Board Members to review papers, ask pertinent questions etc.

The Committee **RECEIVED** the Structured Assessment and **NOTED** that the management response would return to the Committee on 17 June.

#### **5.7 COUNTER FRAUD UPDATE: INCLUDING ANNUAL REPORT AND INVESTIGATIONS (ARA/25/013)**

ME presented the item which updated the committee on key activity and developments in relation to the Counter Fraud Work Plan 2025/26 and provided the Counter Fraud Annual Report 2024/25 which summarised the performance and counter fraud activity delivered in the Health Board throughout 2024/25 and incorporated the Health Board's self-assessment return regarding compliance with Counter Fraud Standards which required approval by the Committee Chair.

Committee Members sought assurance by asking the following questions:

*Is the dynamic of cases closed throughout the year vs cases that remain open and whether that balance is rising?*

ME confirmed that he had no concerns with the number of cases closed in year and reported that this was in alignment with other Welsh Health Boards.

*Was it felt there were sufficient resources to respond as needed?*

ME suggested that resourcing felt about right, with some ebb and flow throughout the year. It was noted that contingency was built into the work programme for each year to allow flexibility to respond to emerging risks and issues.

*Was there confidence in the mechanism used to report the values associated with cases of fraud?*

ME reported that there was a robust formula in place for identifying the value of investigations, and for monies recovered via the proceeds of crime act. It was noted that the extrapolation was slightly more complex and was calculated based on potential values based on fraud continuing saved which may provide a false positive, it was however noted that this is not routinely used in NHS Wales.

*In terms of turnover of cases, were there any long-term cases relating to previous financial years?*

ME reported that most cases were completed in-year with only complex cases going beyond the 12-month threshold, likely linked to presentation of charges and charges brought to trial. For example, the last large-scale investigation took around 18 months to investigate and prepare with another 18 months to bring charges.

The Committee **RECEIVED** the update report, took **ASSURANCE** that appropriate counter fraud systems were in place and **APPROVED** the Counter Fraud Annual Report 2024/25 following which the Committee Chair will be asked to approve the annual self-assessment return.

## **5.8 SINGLE TENDER WAIVERS (INCLUDING EXTENSIONS TO CONTRACTS) (ARA/25/014)**

SP presented the item and noted that during the Period 1st March to 31st March 2025 there has been no instances of Single Tender Waivers. An analysis of approved Single Tender documents covering the period 1st April 2020 to 31st March 2025 had been undertaken and the findings of the analysis confirmed that during 2020-21 the amounts per year of STW were at a relatively low level until an increase in 2021/22. The increase in 2021/22 was mainly due to Health Care Provision related STWs for longer periods and larger values. Since this peak, the annual value and number of STWs had decreased over the following two years.

The Committee **NOTED** there has been no Single Tender Waiver requests made between 1 March 2025 and 31 March 2025 and took **ASSURANCE** that the organisation has appropriate monitoring in place for single tender waivers.

## **5.9 LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT (ARA/25/015)**

SP presented the item and noted which provided a summary for the period 1st April 2024 to 31st March 2025. The payments had been categorised as follows:

- Clinical negligence and personal injury
- Redress (Putting Things Right)
- General Medical Practice Indemnity (GMPI)
- Other Special Payments

Committee Members sought assurance by asking the following questions:

*It was queried whether any trends had been identified in regard to GMPI?*

SP confirmed there had been 10-12 cases since inception, with more cases claimed for this year but also withdrawn with some dual with clinical negligence. It was noted that it was difficult to track trends due to the small numbers though it was recognised that there had been slightly increase in numbers of GMPI.

The Committee **RATIFIED** the Annual Report on Losses and Special payments covering the period 1st April 2024 to 31st March 2025.

## **5.10 INFORMATION GOVERNANCE RECORDS MANAGEMENT AND ANNUAL REPORT (ARA/25/016)**

Amanda Smart, Head of Information Governance joined the meeting.

HB introduced the item and welcomed AS to the meeting to present the report. It was noted that this was the first combined report on information governance and records management. The report provided an overview of the following matters and metrics:

- Freedom of Information (FOI) performance
- Requests for Personal Information
- IG Mandatory E-Learning Training compliance
- Delivery of training
- Datix Incidents (Breach Reporting)
- National Intelligent Integrated Audit Solution (NIIAS) notifications
- Records Management re-audited by Internal Audit
- NHS Wales Information Governance Toolkit
- Policy and procedure development
- Data Protection Impact Assessments (DPIAs)
- contracts and information sharing agreements
- Research proposals and service evaluation requests
- Information Asset Register platform

HB welcomed the report and highlighted the work undertaken by AS and the team resulting in a previous Limited Assurance Internal Audit Rating being updated to Substantial Assurance in April 2025.

Committee Members sought assurance by asking the following questions:

*What are Environmental Regulation Information Requests?*

AS confirmed that this category was used to collect information relating to environmental subjects such as water, energy, carbon footprint etc. It was noted that these requests were managed via the same mechanism as FOIs however were captured under difference legislation.

*Had any themes been identified in relation to requests for personal information?*

AS reported that there were no obvious trends in relation to Subject Access Requests (SARs) but suggested that an increase in general awareness of the ability to request personal data was likely the cause in a steady increase in SARs across Wales.

*Were there any concerns in relation to IT access for staff impacting on training compliance?*

AS noted that work was currently underway with colleagues in workforce to understand potential training access issues relating to bank workers, it was suggested that this issue was common across Wales.

The Committee welcomed the combination of the previously separate reports and recognise the significant progress made to date.

The Committee **RECEIVED** the annual report for 2024/25 and took **ASSURANCE** appropriate mechanisms are in place to monitor and record progress. The Committee **NOTED** the actions for continued development into 2025/26.

Amanda Smart, Head of Information Governance left the meeting.

#### **5.11 ANNUAL REVIEW OF COMMITTEE EFFECTIVENESS (ARA/25/017)**

HB provided a summary of the findings arising from the recent Committee Effectiveness Survey, it was noted that for 2024/25 the circulation of the survey had been extended beyond Committee Members and Executive Directors to include other regular attendees such as Deputy and Assistant Directors, Committee Secretariat, Auditors etc.

HB noted that the findings of the survey were broadly very positive however noted the following areas for further consideration:

- Committee Membership and Quoracy
- Focus of Committee time, e.g. on lower assurance audits, long overdue audit recommendations and WHCs, financial controls
- Induction/training specific to ARAC
- Benchmarking for Committee effectiveness and 'what good looks like' in and audit Committee context

Committee Members sought assurance by asking the following questions:

*Had consideration been given to standardising arrangements for Committee Vice-Chairs?*

HB confirmed that under current arrangements some Committees have Vice-Chairs whilst others do not. It was confirmed Vice-Chair arrangements would be considered as part of the forthcoming review of Committee Membership.

The Committee **DISCUSSED** the summary of the Committee Effectiveness survey and any areas for action/improvement.

#### **5.12 REVIEW OF COMMITTEE TERMS OF REFERENCE (ARA/25/018)**

HB presented the following summary of proposed changes to the Committee Terms of Reference following review:

<b>Section of Terms of Reference</b>	<b>Updates</b>
3 – Delegated Powers and Authority	Assurance in regard to the performance management of digital and information management and technology (IM&T) systems is removed, to be transferred to the Committee (previously Delivery and Performance Committee).

	Increased clarity on the role of the Committee in relation to the oversight of the system of risk and assurance.
4 - Membership	Reworded to clarify membership comprises of a minimum of 3 members including the Chair and Vice Chair
5 - Committee meetings	The modern practice of holding meetings virtually has been reflected, including clarification in regard to arrangements for in-person meetings
6 - Relationship and accountabilities with the Board and it's Committees/Groups	Inclusion of a statement on embedding the Health Board's Values and Behaviours in alignment with the other Committees of the Board
Tidying up	The document has undergone general tidying up to ensure correct job titles etc. are reflected

The Committee **ENDORSED** the proposed amendments to the Terms of Reference and **NOTED** that an update to work programme would need to be undertaken to reflect the inclusion of Digital.

## **6 ITEMS FOR DISCUSSION**

There were no items for inclusion in this section

## **7. CONSENT AGENDA (ARA/25/019)**

The following items were **RECEIVED** as part of the consent agenda:

- Post Payment Verification Year End (for Assurance)
- Welsh Health Circular Tracker (for Assurance)
- Committee Annual Report (for Approval)
- PTHB Glossary (for Information)

## **8. OTHER MATTERS**

### **8.1 ANY OTHER URGENT BUSINESS (ARA/25/023)**

No other urgent business was raised.

### **8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES (ARA/25/024)**

There were no matters for the attention of Board or other Committees.

### **8.3 COMMITTEE REFLECTIONS (ARA/25/025)**

The following feedback was noted:

- Meeting was well chaired and purposeful
- A large pack of papers consisting of 566 pages, excluding the 120 pages of internal report
- Papers received were of good quality
- The additional of an hour to the meeting had been helpful and had provided flexibility to discuss matters in more detail where appropriate

### **5.5 DATE OF NEXT MEETING**

The date of the next meeting is scheduled on 17 June 2025 at 10:30 via Microsoft Teams.

*Meeting closed at 13:00*