



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING - AUDIT AND RISK ASSURANCE COMMITTEE

TUESDAY 27 JUNE 2023 @ 1000 HRS

**BRAIDWOOD SUITE, SCOTTISH FIRE AND RESCUE SERVICE HEADQUARTERS,
WESTBURN DRIVE, CAMBUSLANG, G72 7NA / CONFERENCE FACILITIES**

PRESENT:

Brian Baverstock, Chair (BB) Lesley Bloomer, Deputy Chair (LBI)
Tim Wright (TW) Mhairi Wylie (MW)

IN ATTENDANCE:

Ross Haggart (RH)	Chief Officer
Stuart Stevens (SS)	Deputy Chief Officer
Liz Barnes (LBa)	Interim Deputy Chief Officer (Corporate Services)
John Thomson (JT)	Acting Director of Finance and Procurement
Mark McAteer (MMcA)	Director of Strategic Planning, Performance and Communications
Iain Morris (IM)	Acting Director of Asset Management
Andrew Watt (AW)	Director of Training, Safety and Assurance (Item 9.1 only)
Lynne McGeough (LMcG)	Acting Head of Finance and Procurement
David Johnston (DJ)	Risk and Audit Manager
Gary Devlin (GD)	Internal Audit (Azets)
Michael Oliphant (MO)	External Audit (Audit Scotland)
Anne MacDonald (AMac)	External Audit (Audit Scotland)
Robert Scott (RS)	HMFSI
Ijaz Bashir (IB)	Asset Management and Performance Manager (Item 8.2 only)
Lyndsey Gaja (LG)	Head of People (Item 9.1 only)
Richard Whetton (RW)	Head of Governance, Strategy and Performance
Kevin Murphy (KM)	Group Commander, Board Support Manager
Heather Greig (HG)	Board Support Executive Officer
Kimberley Gogarty (KG)	Corporate Business Support/Minutes

OBSERVERS:

Greg Wilson, Station Commander, SLT Support
Hazel Buttery, Fraud Compliance and Risk Officer
Louise Fulton, Corporate Business Support Manager
Sarah Gordon, Corporate Business Support Assistant Manager

1 CHAIR'S WELCOME

1.1 The Chair opened the meeting and welcomed those present and those participating via conference facilities, in particular Station Commander Greg Wilson in his new SLT Support role.

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- 1.2 Those participating via MS Teams were reminded to raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question. The meeting would be recorded for minute taking purposes only.

2 APOLOGIES

- 2.1 Malcolm Payton, Board Member
Gillian Callaghan, Internal Audit (Azets)

3 CONSIDERATION OF AND DECISION ON ANY ITEMS TO BE TAKEN IN PRIVATE

- 3.1 The Committee discussed and agreed that Item 14 (*Organisational Security Update*) would be heard in private session along with Item 21 (*Discussion on Gifts, Hospitality and Interests*) due to matters considered of a confidential nature in line with Standing Orders Item 9G.

- 3.2 No further items were identified.

4 DECLARATION OF INTERESTS

- 4.1 None.

5 MINUTES OF PREVIOUS PUBLIC MEETING:

5.1 Tuesday 6 April 2023

- 5.1.1 The minutes were agreed as an accurate record of the meeting.

5.2 Matters Arising

- 5.2.1 With regards to point 7.1.11 of the minutes of the previous public meeting, in relation to the Internal Audit Final Report - Training, LBI acknowledged that some assurance had been provided that personnel were competent however requested a further update.

- 5.2.2 BB confirmed a meeting had taken place with Assistant Chief Officer (ACO) Andrew Watt where verbal assurance had been provided. A further meeting would be arranged with the Chairs of People Committee, Service Delivery Committee and Audit and Risk Assurance Committee to discuss the evidence required to provide assurance, and how it would be reported and monitored in future.

- 5.3 **The minutes of the meeting held on 6 April 2023 were approved as a true record of the meeting.**

6 ACTION LOG

- 6.1 The Committee considered the action log, noted the updates and agreed the closure of actions.

Action 13.1.2 (Quarterly Update on Gifts, Hospitality and Interests Register):

BB confirmed a meeting had taken place and the action could be marked as completed.

- 6.2 **The Committee noted the updated Action Log and approved the removal of completed actions.**

7 COMMITTEE ANNUAL REPORT 2022/23 TO THE BOARD AND ACCOUNTABLE OFFICER FOR SCOTTISH FIRE AND RESCUE SERVICE

- 7.1 BB presented an overall positive report however highlighted the concerns raised within the last bullet point under item 7.1 of Appendix A which referred to the complexity of the current recording and reporting arrangements that limit the scope for appropriate scrutiny and challenge. Further work was required to simplify the recording and reporting of strategic risks which would help the Service to refocus on the real risks and challenges.

- 7.2 JT queried if the work being undertaken would adequately allow for the required scrutiny. BB confirmed it would and the annual report should reflect this.

- 7.3 The following amendments were discussed and agreed:
- In regard to point 3.1 of Appendix A it was suggested “to consider the safety of our staff and stakeholders” should be changed to “reflect the safety protocols in place for our staff and stakeholders”.
 - In regard to point 6.6 of Appendix A, wording should be changed to “where appropriate” instead of “where not necessary”.
 - The Committee discussed amending the assurance classification within point 7.2 of Appendix A and agreed to amend from ‘Limited’ to ‘Reasonable’.

ACTION: BST

- 7.4 **The Committee approved the Committee Audit Annual Report 2022/23 subject to amendments being made to the wording as discussed.**

8 INTERNAL CONTROLS UPDATE

8.1 Risk Update Report

- 8.1.1 BB highlighted the change in format of the risk update report which was a transitional arrangement. DJ noted the reason for the amendment and advised that the focus of future reports would be on risks rated 15 and above. The Power BI tool would be utilised and a workshop was being developed to showcase the dashboard. This, along with a covering paper, would provide appropriate information to enable the Committee to undertake its scrutiny function. DJ presented the revised Risk Register, along with the aligned Directorate Risks to the Committee and outlined the information contained within the appendices. The following key points were highlighted:
- The table within 3.1.3 provided visual information on the status of current risks across the Service.
 - The chart within 3.1.4 showed the alignment to the Strategy Plan for risks rated 15 or above.
 - The report highlighted progress made against outstanding control actions. Going forward a RAG status would be used and actions significantly passed their due dates would be highlighted to allow for discussion.
 - The report showed significant changes that had been made over the last quarter and included a simplified Appendix.
- 8.1.2 The Committee noted that the workshop would be useful to familiarise with the new Power BI Dashboard.
- 8.1.3 The Committee queried if the due dates were default, as in some instances they seemed prolonged. It was confirmed for some due dates these were default but this would be updated to reflect an accurate date for the next report. It was also proposed that milestone dates should be added within future reporting.
- 8.1.4 In regard to risk TSA017 (Risk Critical Training Delivery), clarity was sought on whether the overall training backlog was included within this risk or if there was a separate risk which captured it. AW confirmed that this was covered in the overall risk for training delivery around capacity and functionality to deliver training, which sits within the functional risk register. It was noted that a number of improvements were being implemented to address the backlog and capacity and whether these were issues or risks. BB reiterated that the risk was not the backlog but the consequences of not providing the training.
- 8.1.5 Additionally, it was queried if TSA017 adequately addressed the closed risk of TSA016. RH confirmed that the work underpinning risk TSA016 was underway and the wording of risk TSA017 would be amended to appropriately reflect the risk and provide assurance that it was being addressed.
- 8.1.6 The Committee discussed closed risk POD013 and why the focus was limited to within one Directorate and not Service wide. It was highlighted this was a specific Directorate Risk

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which had specific actions relating to the People Function. The Committee noted the risk was worth considering for the overall organisation.

8.1.7 The Committee highlighted that this interim amendment to the report, along with the Dashboard and simplification of the process, would allow clarity of the risks and actions that were in place to mitigate risk. DJ confirmed to the Committee the timescale for the Dashboard being in place was approximately mid-August.

8.1.8 **The Committee scrutinised and supported the continued development of the report.**

8.2 Risk Spotlight: FCS014 (Fleet & Equipment)

8.2.1 IM introduced IB and confirmed the review of the three key areas of Asset Management that was undertaken with the risks collated centrally and the interdependencies identified. IB presented the Risk Spotlight highlighting the following key points:

- 13-week checks are in place to maintain fleet and equipment assets. This is above what is required to meet legislation and is monitored by condition scoring annually.
- Condition scoring, along with data held on all fleet, is used to assist with prioritising investment.
- Supplier delays contribute to the realignment of the workplan.
- The continued review of the marketplace for alternative supply chains / solutions.
- The Strategic Review of Light Fleet shows there are 859 vehicles, which will be reduced, and consideration is being given on how to improve and redistribute the fleet which will provide savings.
- External factors are notably the war in Ukraine and Inflation, which continue to impact the current risk assessment.

8.2.2 IM added that all fleet and equipment adhere to current legislation, however with frequent legislation changes, this has an impact on finance and workloads. The Resource Spending Review would make a significant reduction in the costs to maintain vehicles due to the appliance withdrawal and reduction in light fleet. Further challenges were highlighted which impact forward planning and the 2025/2026 replacement programme was currently being reviewed.

8.2.3 The Committee discussed the factors that were beyond the control of the Service and the risk of the inability to deploy and meet statutory responsibilities. IM confirmed that having spare fleet mitigates the risk around inability to deploy but this mitigation had some negative aspects which were also being addressed. IM advised that the focus was on legislation, operational requirements and also benchmarking to ensure value for money was provided. However, an area for improvement was Asset downtime as this would measure performance when there was a standardised fleet.

8.2.4 The Committee discussed the current approach of reaching 95% availability of our assets and if this level was being reviewed. RH confirmed the Strategic Service Review Programme would aid any review of this due to the links between Service Delivery and Asset Management.

8.2.5 **The Committee noted the risk spotlight and thanked IB for the update.**

(IB left the meeting at 1100 hrs)

8.3 Anti-fraud/Whistleblowing Update

8.3.1 JT informed the Committee that there were no issues to report.

8.3.2 **The Committee noted the verbal update.**

9 INTERNAL AUDIT

9.1 SFRS Internal Audit Progress Report 2023/24

- 9.1.1 GD presented a report to the Committee which summarised the early stages of implementing the Audit Plan and detailed the scope and objectives for the three planned reviews for Q2.
- 9.1.2 The Committee noted the content of the report with further discussion taking place around the scope for the planned reviews.
- 9.1.3 In regard to the Budgetary Control Audit, the Committee were content and no changes were required to the scope.
- 9.1.4 In regard to the Workforce Planning (On Call Firefighter) Audit, the Committee were content and no changes were required to the scope.
- 9.1.5 In regard to the Equality, Diversity and Inclusion Audit, the Committee were content and no changes were required to the scope.
- 9.1.6 RS advised that based on previous discussion around HMFSI and Internal/External Audit consideration of aligning programmes of inspections, a meeting had taken place with Azets to discuss alignment where appropriate, with further meetings being scheduled.

(AW joined the meeting at 1115 hrs)

9.1.7 Final Report – Sickness Absence Management

9.1.8 GD advised the Committee of the outcome of the audit, noting the following key points:

- The Service had good policies and procedures in place for Sickness Absence but this was not consistently applied throughout the Service.
- Record keeping to monitor and report compliance was also not consistent.
- A number of recommendations have been identified with management already responding to these.

9.1.9 The Committee sought assurance that the issues identified would be addressed in the short and medium term and asked how these would be reviewed and evidenced. LBa noted that management awareness and understanding the importance of adhering to the policies would persist until system issues could be addressed.

9.1.10 The Committee noted concerns that employees may not be receiving the required support due to lack of compliance and queried the risks should appropriate evidence not be provided if employment has to be terminated. LBa confirmed periodic sample checks would be carried out to review compliance and advised that Long Term Absence reporting and monitoring would have a higher level of compliance due to the steps involved.

9.1.11 The Committee requested details of the measures that had been put in place for the control weaknesses identified for each recommendation and for the ongoing compliance testing. The Committee sought assurance and evidence that recording of sickness absence was not being under reported. LBa advised of a link between Workforce Planning and Central Staffing but an update would be provided to a future ARAC meeting.

ACTION: LBa

(The meeting broke at 1142 hrs and reconvened at 1149 hrs)

9.1.12 Final Report – Arrangement for the Internal Assessment and Verification of Scottish Vocational Qualifications (SVQ)

9.1.13 GD provided an overview of the report and advised the Committee of the outcome of the audit, noting the following:

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- The previous SQA inspection took place in 2019, with the 2020 inspection being cancelled by SQA as a result of COVID.
- An inspection took place in August 2022 with the SQA highlighting a number of concerns including a lack of qualified Internal Assessors and Verifiers and a change in practice which affected the recording of experiential evidence.
- Following the visit, a hold was put in place on the ability of SFRS to award SVQs.
- SQA has carried out another review and commended SFRS on the speed changes have been implemented.
- There was key learning on how to prevent this in future and that compliance was being monitored.

9.1.14 LBa welcomed the report and accepted the recommendations within. Plans were now in place to address the retirement issues, a major contributor to lack of qualified staff, and a detailed plan would be presented to the Committee to identify actions to increase the number of qualified assessors and verifiers, with timescales included. Plans were also in progress to confirm when the portfolios of those affected can be reassessed and to understand when the planned income from the levy could be recouped. LBa provided an overview of the levy, the impacts and benefits to the SFRS.

9.1.15 The Committee sought detail on how the situation arose to allow for organisational learning and for clarity on how the affected portfolios were addressed retrospectively. LG advised engagement was undertaken which highlighted there were operational incidents that affected employees had attended, which allowed supporting evidence to be gathered, over and above evidence gathered via training scenarios

9.1.16 The Committee queried if this issue compounded the risk identified within the Training report. AW confirmed both were separate.

9.1.17 The Committee queried if money had been lost as a result of the situation. JT and LBa confirmed money had not been received and work was underway to review how this could be recovered. An update was to be provided at the next meeting.

ACTION: LBa/JT

9.1.18 RH confirmed a further report was being presented to the Strategic Leadership Team which would review the key elements of finance, appropriate plans for Assessors and Verifiers and ensuring Best Value to allow continued scrutiny.

9.1.19 **The Committee scrutinised the progress report and the final reports.**

(Lyndsey Gaja left the meeting at 1205 hrs)

9.2 Internal Audit Annual Report 2022/23

9.2.1 GD presented a report to the Committee which provided an overview of the work undertaken in respect of the 2022/23 internal audit programme and to provide Azets overall annual opinion. The following key areas were highlighted:

- The opinion provided reasonable assurance over the adequacy of systems of governance, performance and management control which was the highest level of assurance that could be provided.
- One high risk recommendation was raised within the Training review.
- Delivered all the work within the Audit Plan, however noted the number of Audit days were exceeded due to the SVQ Review.
- Complied with Public Sector Internal Audit Standards and met high standards of quality from the External Quality Assurance Review.
- Key Performance Indicators showed two rated amber, which highlighted additional days of audit and also compliance with obtaining reports.

9.2.2 The Committee welcomed the report, however raised concerns with the number of outstanding actions that were overdue.

9.2.3 **The Committee scrutinised the report.**

9.3 SFRS Internal Audit Feedback Report 2022/23

9.3.1 GD presented a report to the Committee which provided a summary of the feedback received from SFRS in relation to the audit assignments undertaken as part of the 2022/23 Internal Audit Plan. The following key areas were highlighted:

- Feedback was being received which confirmed where the Internal Audit service was working well and having an impact.
- It detailed the key drivers that were impacting how the work was being conducted.
- Informed areas of improvement, working with finance and risk colleagues to gather the feedback and act in order to improve the Service.

9.3.2 GD confirmed the feedback process was showing to be successful and progress would continue to be reported on.

9.3.3 It was noted that the Internal Audit Feedback Report should be embedded within the quarterly progress report to the Committee.

9.3.4 The Committee discussed the processes in place to inform audits, appropriate reporting of the feedback received and ensuring value added was captured.

9.3.5 **The Committee scrutinised the report.**

9.4 SFRS Progress Update/Management Response

9.4.1 GD presented a report to the Committee outlining the status of the recommendations raised by Internal Audit. The following key areas were highlighted:

- More impetus required to complete outstanding actions.
- Consideration being made to streamline the process to align with Board and Committee timeframes.

9.4.2 The Committee highlighted the lack of updates and in particular, the update for the Disaster Recovery Plan. JT provided confirmation that this action would be closed by the due date but accepted the concerns around the lack of an update.

9.4.3 The Committee sought to understand the risk on Water Planning. JT confirmed the original risk was in relation to concerns of inadequate water supply, however there was also a significant financial risk due to a Service Level Agreement not being in place. Further discussions with Scottish Water were required to be held, which may include Scottish Government, with the possibility of a change to legislation. BB requested the risk should highlight the operational risk had been resolved, however the financial risk remained.

9.4.4 The Committee requested that where there were any significant outstanding recommendations, the responsible Director should be invited to attend the ARAC meeting to provide a management response update.

ACTION: JT/BST

9.4.5 **The Committee welcomed the update and the progress that was being made.**

10 AUDIT ACTION PLANS AND CLOSING REPORTS UPDATE

10.1 MMCA presented a report to the Committee providing an overview update of the current audit and inspection action plans.

10.2 It was noted that the Audit and Inspection Overview dashboard recorded 14 action plans as complete and of the remaining 4 live action plans, 2 actions were progressing towards

closure, one action was reporting green and one action was reporting amber but would be concluded by the end of the year.

10.3 RS noted it was encouraging to see the actions against recommendations, in particular those from HMFSI. It was testimony to the SFRS that HMFSI were able to attend Committee meetings, see the actions in progress and the scrutiny that was being applied. This was unique and reflected on the progress being made and relationships that are being built.

10.4 **The Committee noted the report and welcomed the updates.**

11 **EXTERNAL AUDIT - AUDIT DIMENSIONS AND BEST VALUE REPORT AND ANNUAL REPORTS 2021/22**

11.1 JT presented the report to the Committee outlining the progress on the External Audit Dimensions and Best Value Report for year ending 31 March 2022 and the Annual Report and Accounts Audit for 2021/22. The following key points were highlighted:

- A transfer of responsibility had taken place from Deloitte to Audit Scotland.
- Discussions have taken place with regard to areas causing difficulties, in particular the alignment of budgets to Outcomes and what action could be taken to improve reporting and aid scrutiny for the Board.
- Consideration being given to focus on a specific topic to explore an outcome base, for example climate change, to allow learning and opportunities to develop in regard to budget to outcome.
- Evidence has been provided to Audit Scotland to allow a review which would support the closure of actions.

11.2 AMac endorsed JT comments and would apply processes in key priority areas, collect evidence and establish what would be useful detail for the Committee. Background information had been obtained on the recommendations from outstanding actions report and Audit Scotland would report back on the recommendations at the next meeting of the Committee.

11.3 The Committee welcome the views of Audit Scotland and noted that attributing budgets to outcomes was about transparency and providing a greater understanding on where the Service spends its money, the return on these investments and ultimately progress towards desired outcomes. It is hoped that with the support from Audit Scotland, efforts can be

11.4 more focussed on achieving the above.

The Committee scrutinised the report and noted the progress being made.

12 **NATIONAL FRAUD INITIATIVE**

12.1 JT presented a report to the Committee outlining details on activity undertaken as part of the National Fraud Initiative (NFI) and additional actions recommended by External Audit. The following key points were highlighted:

- A Self-Appraisal process was required and Deloitte identified the Service should provide information in regard to this process to the Committee.
- The report included an Appendix which provided details of the self-assessment checklist and information on how the Service responds.

12.2 JT sought to confirm the Committee were content with how the Service responds and if there was anything else they would like to undertake in relation to the checklist.

12.3 The Committee discussed Appendix B within the report and confirmation was provided on its purpose to show the considerations were undertaken as business as usual.

12.4 The Committee sought clarification on when the last NFI return was completed. DJ confirmed the last return was in June 2022 and the current process started in January

2023. DJ advised this was a 2-year process, and at the end of the process, a report would be presented to the Committee.

12.5 The Committee scrutinised the report.

13 QUARTERLY UPDATE OF GIFTS, HOSPITALITY AND INTERESTS

13.1 DJ presented the report to the Committee providing an update on the Gifts, Hospitality and Interests Register for Quarter 1 2023/24, advising a further short paper would be provided in the Private Session. The following key points were highlighted:

- The Gifts, Hospitality and Interests (GHI) register for 2023/24, up to 12 June 2023, identified 2 entries, with further information identified within Appendix A to this report. Separately, a further 8 declarations, under the £50 threshold, were received but not published.
- Following the previous report to ARAC on 6 April 2023 a further 2 hospitality entries were added to the 2022/23 GHI register. These entries related to hospitality and an invite to an overseas event. Both invites were declined. The GHI register published on the website had been update to include this information.
- Engagement in relation to gifts, hospitality and interests had continued with meetings held with Directorate's Management Teams, Local Senior Officer (LSO) meetings and Functional meetings to communicate the requirements of the policy and examples of declarations that needed to be made. Engagement sessions would continue during 2023/24.

13.2 **The Committee scrutinised the report, noting there would be further discussion on the topic in the later private session.**

14 ORGANISATIONAL SECURITY UPDATE

14.1 The Committee agreed that this would be discussed during the private session.

15 ANNUAL GOVERNANCE STATEMENT FOR ACCOUNTING PERIOD 2022/23

15.1 MMcA presented the report to the Committee advising of the Annual Governance Statement (AGS) for inclusion in the Annual Report and Accounts for the year ended 31 March 2023.

15.2 There were no significant issues or risks that required to be highlighted, however, appropriate actions would be taken to progress areas for improvement that had been identified.

15.3 Following the earlier discussion on risk and assurance, the wording within the AGS would be reviewed to ensure alignment.

ACTION: MMcA

15.4 **The Committee scrutinised the report and were content with the AGS subject to review of the wording around risk and assurance.**

16 REPORT FOR INFORMATION ONLY:

16.1 Quarterly Update Report on HMFSI Business

16.1.1 RS presented the quarterly report to the Committee to provide an update on HMFSI's inspection and reporting activity during 2023/24 and the following key areas were noted:

- Service Delivery Area (SDA) Inspection was a new style of inspection that saw performance being measured against a range of themes across each of the LSO areas within one of the three SDA's. This years SDA inspection was held within the East Service Delivery Area. Inspection visits and interviews concluded in early March and publication was anticipated in the near future following a formal consultation process with the Service. Publishing had been delayed due to the passing of Firefighter Barry Martin and HMFSI seeking advice from Police Scotland and procurator fiscal in relation to the publication.

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- The report had been updated to provide more benefit to the Service.
- Scoping work in preparation for the inspection within the West SDA had commenced.
- Two additional focused inspections had taken place in relation to Contingency Planning Arrangements in the event of Industrial Action (IA) and the decision to terminate the contract relating to a new Command and Control Mobilising System. RS noted it was commendable that the Service and HMFSI had been able to carry out these inspections, alongside those already planned. Both reports had been published on the new independent HMFSI platform.
- Thematic Inspections on Climate Change and Mental Health and Wellbeing had resumed. Planned publication of the Climate Change Inspection was anticipated around July 2023 with the Mental Health and Wellbeing Inspection being later in the year.
- The appointment of two new Assistant Inspectors into the team at HMFSI - John Joyce and David Young with Ian Cameron and Gillian Buchanan having also joined on secondments which will allow experience to be gained. RS thanked the Board and RH for their continued support to secondments.

16.1.2 The Committee queried if benchmarking was taking place during the SDA inspections between other SDA's or fire and rescue services. RS advised this was the first time utilising ratings and it was an opportunity for the Service to use the rating and carry out benchmarking. The Committee would be able to apply scrutiny across the reports when published and seek areas of improvement. RS noted HMFSI did not have the resources to conduct benchmarking across the UK. RS also provided an overview of how the reports were constructed to aid readers scrutinising the report.

16.1.3 The Committee highlighted the added value of HMFSI in supporting continuous improvement across the Service.

16.1.4 **The Committee noted the report.**

17 REVIEW OF ACTIONS

17.1 KM confirmed that 5 formal actions were recorded during the meeting.

18 FORWARD PLANNING

18.1 a) Committee Forward Plan Review

The Committee considered and noted the Forward Plan with no new items being identified.

18.2 b) Items for Consideration at Future IGF, Board and Strategy Days Meetings

No items were identified.

19 DATE OF NEXT MEETING

19.1 The next meeting is scheduled to take place on 5 October 2023 at 1000 hrs.

19.2 BB noted this meeting as being the final Audit and Risk Assurance Committee for LBI and wished to record the Committee's thanks for the contribution and experience that she had provided to the Committee.

19.3 There being no further matters to discuss the public meeting closed at 1312hrs.

PRIVATE SESSION

20 MINUTES OF PREVIOUS PRIVATE MEETING:

20.1 Thursday 6 April 2023

The minutes of the private meeting held on 6 April 2023 were approved as a true record of the meeting.

21 DISCUSSION ON GIFTS, HOSPITALITY AND INTERESTS

21.1 DJ presented the report and provided an overview of the detail included.

21.2 The Committee discussed the Gifts, Hospitality and Interests Policy and its use throughout the Service.

21.3 **The Committee noted the report and verbal update.**

14 ORGANISATIONAL SECURITY UPDATE

14.1 RW presented the report to the Committee to provide an update on the Service's work towards co-ordination of Organisational Security and progress against the recommendations made in the McClumpha Associates report.

14.2 **The Committee scrutinised the report.**

