

Minutes of the Audit and Governance Committee meeting on 24 February 2026 held virtually

Members present	Catharine Seddon, Chair Alex Kafetz, Deputy Chair Tom Fowler Anne Marie Millar
External Advisers	Nick Doran, National Audit Office (NAO) – External Auditor Dean Gibbs (KPMG) – External Audit lead Esther Hearn (KPMG) – Engagement Manager Andrew Angeli, Head of Internal Audit GIAA
Observers	Rachel McBryde, Department of Health and Social Care (DHSC) Kirean Lawrance, Department of Health and Social Care (DHSC) Dina Halai, Head of Policy Kezia Quarrie-Jone, Communications Manager
Apologies	Shabbir Qureshi, Risk and Business Planning Manager
Staff in attendance	Peter Thompson, Chief Executive Tom Skrinar, Director of Finance, Planning and Technology Clare Ettinghausen, Director of Strategy and Corporate Affairs Rachel Cutting, Director of Compliance and Information Morounke Akingbola, Head of Finance Sophie Tuhey, Head of Planning and Governance Alison Margrave, Board Governance Manager Martin Cranefield, Head of IT (items 9, 10 and 11) Kevin Hudson, PRISM Programme Manager (item 9) Luke Reader, Phoenix Programme Manager (item 9)

1. Welcome, apologies, declaration of interest and Chair’s activities

- 1.1. The Chair welcomed everyone to the meeting and extended a warm welcome to those observing the meeting.
- 1.2. Apologies for absence were received from Shabbir Qureshi.
- 1.3. The Chair asked for any declarations of interest, there were none declared.
- 1.4. The Chair informed the committee that together with the Chief Executive and Director of Finance, Planning and Technology she had met with Dave Willis from GIAA in December 2025. She had attended an Institute of Regulation roundtable on AI and reminded the committee that arising from the committee effectiveness review, membership of the Institute of Regulation had been purchased for herself and the Head of Planning and Governance to provide greater oversight of developments within regulation and regulated sectors.

2. Minutes of the previous meeting

- 2.1. The Chair introduced the minutes from the previous meeting held 3 December 2025 which had been circulated to the committee members.

- 2.2.** The committee agreed the minutes of the meeting held on 3 December 2025 as a true record and could be signed by the Chair.
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3. Action Log

- 3.1.** The Head of Finance presented the paper and provided the committee with updates on the actions which were completed, as detailed in the paper, and therefore these actions can be closed and removed from the action log.
- 3.2.** The Chair noted that the External Audit Lead had circulated that morning the notes from the de-brief meeting so action 6.13 from December 2025 meeting could be closed and removed from the action log.
- 3.3.** The Chair proposed that action 12.13 from October 2025 meeting could be closed and removed from the action log as the counter-fraud action plan was being presented later to the committee.
- 3.4.** The Chair informed the committee that nearly all the actions arising from the committee effectiveness review had been completed and therefore could be closed and removed from the action log. In terms of the outstanding action, the committee were informed that the Audit and Risk Chair of the Health Services Safety Investigation Body (HSSIB) would be observing the October virtual meeting and HFEA would be undertaking a reciprocal visit to HSSIB in December.
- 3.5.** The Chief Executive updated the committee regarding action 12.6 from December 2025 and gave a rationale for having the CaFC/PRISM deep dive in October 2026 and patient's complaints in early 2027.

Decision

- 3.6.** The committee noted the action log.
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4. Internal audit update report

- 4.1.** The Head of Internal Audit (GIAA) presented this item and informed the committee that GIAA had now delivered on 80% of the 2025-26 internal audit plan with a further 20% at fieldwork stage. He thanked the HFEA for their collaboration.
- 4.2.** The shared service standard which relates to Customer Service Questionnaires (CSQs) is currently off track and he encouraged the HFEA to complete the CSQs as these allow GIAA to continuously improve the service it provides.
- 4.3.** Reference was made to the final audit reports for Risk Management and Cash Management and Non-current Assets and the key emerging risks and themes arising from these.
- 4.4.** In response to a question the Head of Finance clarified that the assets awaiting disposal identified in the Cash Management and Non-current Assets do not sit on the balance sheet and it will be an action for the IT team to arrange disposal. The Director of Finance, Planning and IT stated that this is also a requirement within the DSPT improvement plan.
- 4.5.** A member commented that the working relationship between the HFEA and GIAA seems to have improved and recognition was given to the HFEA team.
- 4.6.** The Chair asked whether the indicative moderate annual opinion rating given in December 2025 still held good and asked whether progress been made on the rating from the previous year. The

Head of Internal Audit responded that there had been considerable improvement in the implementation of recommendations.

- 4.7.** The Head of Internal Audit presented the proposed internal audit plan for 2026/27. These proposals had been discussed with the HFEA's Senior Management Team and had taken into consideration the strategic risks and audit coverage of previous years. The proposal is that the audits will be completed within the first three quarters of the year.
- 4.8.** He commented that GIAA's approach in 26-27 will continue to be agile and a review with Management will be undertaken during the year to ensure that audit activity remains focussed on the right areas for the latter half of the year.
- 4.9.** The Chair stated that the inclusion of the longer-term view was a very helpful addition and asked that inspections, EDI and Performance Reporting be added to this longer-term view.

Decision

- 4.10.** The committee noted the progress made in delivering the 2025-26 internal audit plan and formally ratified the 2026/27 audit plan.

5. Progress with current audit recommendations

- 5.1.** The Chair introduced this agenda item and informed the committee that as at the previous meeting the committee would first consider non-Data Security and Protection Toolkit (DSPT) audit recommendations and then the DSPT audit recommendations.

Non-DSPT audit recommendations

- 5.2.** The Head of Finance introduced the main paper and informed the committee that all the actions arising from the Public Bodies review and Cash Management audits have been completed.
- 5.3.** There were five recommendations arising from the Risk Management Strategy, some of which will be addressed by the revised Risk Management Policy which is brought to this meeting for review and approval. None are overdue.

DSPT audit recommendations

- 5.4.** The Director of Finance, Planning and Technology introduced the paper on DSPT recommendations and informed the committee that three actions had been completed and were signed off by GIAA in February 2026.
- 5.5.** In response to a question, the Director of Finance, Planning and Technology referred to the planned improvement programme and the areas that this focuses on with the ambition to complete several outstanding recommendations by the Summer.

Decision

- 5.6.** The committee noted the progress made in implementing audit recommendations.

6. External audit

- 6.1.** The External Audit lead (KPMG) introduced the paper which set out the audit plan for 2025-26.
- 6.2.** The committee were advised of the initial assessment of the significant risk of material misstatement and audit focus areas. Three areas of significant risk were identified as:

- the presumed risk of management override;
 - accuracy of revenue recognised; and
 - a small number of clinics that have not onboarded into PRISM
- 6.3.** The committee were advised that the risk regarding the valuation of PRISM intangible assets had been reduced and was now classified as an area of focus.
- 6.4.** The External Audit Lead stated that materiality has been determined as 2.5% of expenditure.
- 6.5.** In response to a question regarding the proposed timeline for preparation of the accounts the External Audit Lead clarified that there would not be an interim audit visit, as previously agreed with management and this should be removed from the timeline. If there were any matters which needed to be brought to the committee's attention, they would be brought up through the appropriate channels outside committee meetings.
- 6.6.** In response to a question, the External Audit Lead stated that it was anticipated that a draft Annual Report would be provided to Audit colleagues at the beginning of the final audit visit. The aim is to be able to lay the HFEA's accounts in Parliament before summer recess.
- 6.7.** In response to a question regarding revenue recognition, the Director of Finance, Planning and Technology explained the role of PRISM and for those clinics who are not yet fully using the PRISM system the separate engagement of the Finance Team in liaising with those clinics.
- 6.8.** The Chief Executive commented that the uncertainty with PRISM was reducing and there were only a very small number of clinics who were not fully utilising the system.
- 6.9.** The External Audit Lead referred to the proposed audit fee and apologised that this had not been communicated in an optimal way to the HFEA. The HFEA's audit was considered complex and risky due to PRISM, a bespoke system with unique coding, which requires the use of IT specialists for the audit to provide a required level of assurance.
- 6.10.** The External Audit Lead spoke of the full scope of work covered by the audit and the need to recover costs. This had been discussed with NAO over the past few years and the fee contained in the paper reflects all the work that is required by KPMG.
- 6.11.** The committee expressed strong concern and disappointment over the large increase in audit fees and the way that this had been communicated to the HFEA. The committee stated that this cost increase will be difficult for the HFEA to absorb so late in the year.
- 6.12.** A DHSC finance representative echoed the concern about the timing of the proposed fee increase with just one month left in this financial year. He asked for increased transparency around future fee setting and asked for the impact on end users to be considered.
- 6.13.** The External Auditor agreed to provide further information to the Chief Executive and Director of Finance, Planning and Technology on how the proposed fee had been set and why it is so much higher than that of previous years.

Decision

- 6.14.** The committee noted the proposed plan and timetable for the preparation of the 2025-26 financial statements audit.

Action

- 6.15.** External Auditor agreed to provide further information on how the fee had been set and to explain why it is so much higher than that of previous years

7. Accounting policies

- 7.1.** The Head of Finance introduced the paper and stated that the purpose is to advise members of the accounting policies adopted for the preparation of the accounts for the financial year 2025/26. The Annual Report and Accounts will be prepared in accordance with the Financial Reporting Manual, International Financial Reporting Standards as adapted for the public sector and Managing Public Money.
- 7.2.** The Head of Finance explained the rationale for the proposal to leave the useful economic life (UEL) for depreciation of PRISM at 10 years for 2025/26 but with annual reviews. The External Audit Lead confirmed that they were comfortable with this proposal.
- 7.3.** In response to a question, the Chief Executive and Director of Finance, Planning and Technology reminded members that PRISM was a database that held information and like any IT system would need maintenance and updating but there were no plans for a replacement database.
- 7.4.** The External Audit Lead informed the meeting that IFRS 17 should also be considered to see whether this has any impact on the HFEA. The Head of Finance confirmed that IFRS 17 does not affect the HFEA and apologised for the omission of this from the paper.

Decision

- 7.5.** The Committee noted the accounting policies applicable to financial years 2025/26 and agreed the recommendation to leave UEL of PRISM at 10 years for 2025/26 but with annual reviews.

8. Strategic risk

Risk Management Policy

- 8.1.** The Director of Finance, Planning and Technology introduced the paper and explained that changes have been made to the Risk Management Policy to simplify and condense the language, and to respond to recommendations from the recent internal audit of the HFEA's approach to risk management.
- 8.2.** The policy will be reviewed formally every two years or following significant changes to the HFEA's operating environment, in line with a new organisational strategy, or updates to the Orange Book or other government risk management policies.
- 8.3.** The Chair referred to paragraph 3.4 of the Risk Management Policy and questioned whether the statement regarding the risk-adverse attitude should also include the impact of failure to innovate.
- 8.4.** The committee were supportive of the revised Risk Management Policy.

Risk appetite statement

- 8.5.** The Director of Finance, Planning and Technology drew the committee's attention to the risk appetite statement contained in Appendix 1 of the Risk Management Policy.

- 8.6.** The risk appetite statement has been updated to show the risk appetite for each section in bold for clarity (for example, “Appetite: Low”), which members agreed is helpful.
- 8.7.** Members suggested revising the risk appetite for “information, reputational and security” risks from “low” to “low to moderate,” noting that the HFEA publishes information in various formats and referencing the Authority’s public discussion in November 2025 regarding the CaFC publication. The Chief Executive responded that the HFEA’s risk appetite varies by type of information and could be clarified within the risk appetite statement.
- 8.8.** The Chair queried whether a “Stakeholders” heading could be added to the risk appetite statement. While this category is not included in the Orange Book, the Chair noted that the HFEA manages its stakeholder relationships effectively, with a clear purpose for engagement, and suggested this could be reflected in the statement.
- 8.9.** The Director of Finance, Planning and Technology thanked the Committee for endorsing the Risk Management Policy and confirmed that the suggestions regarding the risk appetite statement would be considered.

Strategic Risk Register (SRR)

- 8.10.** The Director of Finance, Planning and Technology introduced the Strategic Risk Register (SRR), noting that this was the closing SRR for 2025–26 and would be included in the Annual Report and Accounts.
- 8.11.** It was noted that the Senior Management Team had reviewed the SRR and the amendments made were outlined, including reframing of the financial and information risks.
- 8.12.** The Committee discussed the information risks and queried whether the likelihood rating of the risk as framed should be increased in light of the rise and easy availability of DNA testing. The Chief Executive responded that the likelihood rating remained low, with just over 20 incidences recorded from the thousands of applications processed by the HFEA. The Director of Strategy and Corporate Affairs added that, over time, the introduction of witnessing and strengthened digital records management, should further reduce the likelihood.

Decision

- 8.13.** The Committee approved the revised Risk Management Policy and agreed to recommend the Risk Appetite Statement to the Authority, advising that the risk appetite for information, reputational and security risks be amended to “low to moderate” and that consideration be given to introducing a new “Stakeholders” risk category. Additionally, an undertaking was given to review the wording of the (first) information risk.
- 8.14.** The committed noted the Strategic Risk Register.

Horizon Scanning

- 8.15.** The Chair invited members to raise any items under Horizon Scanning.
- 8.16.** A member asked whether the pace of restructuring at DHSC, and the associated risks, should be included in the Committee’s horizon scanning.
- 8.17.** The Chief Executive advised that the restructuring within DHSC is progressing and confirmed that the HFEA has received confirmation that we will remain within its current directorate. The principal risk identified was ensuring that the HFEA’s voice continues to be heard within the Department.

- 8.18.** A DHSC representative highlighted the positive engagement with the HFEA and strong links within the Department, noting that the restructure should be viewed as an opportunity as much as a risk, with potential for increased ministerial exposure.
- 8.19.** A member questioned whether AI, and the opportunities and risks it presents, should be captured as part of horizon scanning.
- 8.20.** The Chief Executive stated that the HFEA had a good sense of how AI is being used across the sector and referred to the paper which had gone to the [Authority meeting on 19 November 2025](#). Examples of good practice within the regulatory field, such as Ofsted reports, were noted and will continue to be monitored. It was also noted that ensuring the HFEA's IT systems are on a modern platform will support the future use of AI opportunities.
- 8.21.** The Chief Executive reminded the committee that he had previously undertaken to consider how best to capture AI risk/opportunity in the next iteration of the SRR and work is progressing on this.
- 8.22.** A member raised the issue of unregulated services and a fragmented patient pathway and questioned whether this can be modelled. The Chief Executive responded that the HFEA does not have oversight of unlicensed entities and reminded the committee of the HFEA's proposals for [law reform](#).

9. Digital projects

PRISM update

- 9.1.** The PRISM Programme Manager provided a verbal update to the committee noting that a written report was presented to the Authority at its meeting held on [21 January 2026](#).
- 9.2.** The PRISM Programme Manager reported that 84 clinics had signed off their data in December 2025, with only five clinics outstanding. Of these, they noted that the three clinic group that is headed by the Assisted Reproduction and Gynaecology Centre (ARGC) is focusing on updating data for one clinic (the ARGC itself), and whilst activity had increased since mid-December, it has tapered off over the past three weeks.
- 9.3.** The PRISM Programme Manager noted that, historically, only 6% of users accessing CaFC view the detailed statistics. An exception is ARGC itself, where approximately 50% of users accessing ARGC pages use the detailed statistics.
- 9.4.** The PRISM Programme Manager stated that the team had identified some interpretational anomalies in the detailed statistics. As a result, these were temporarily suspended but are expected to be republished by the end of February.
- 9.5.** The PRISM Programme Manager informed the Committee that the Authority, at its January meeting, approved the timetable for the publication of CaFC data in 2026. Work will commence in early March, with a planned publication in Summer 2026. PRs of clinics will shortly be advised that there are no changes to the headline figures, and the timetable will be shared with them.
- 9.6.** A member noted that, although the detailed data is accessed less frequently, it remains important to provide this level of detail.
- 9.7.** The committee congratulated the team on the successful publication of CaFC.

Phoenix Programme

- 9.8.** The Phoenix Programme Manager introduced the paper.
- 9.9.** A member asked whether the risk identified in the paper regarding the completion of the Dynamics build could impact the proposed July launch date. The Phoenix Programme Manager responded that the launch date is currently unaffected, although there is a cost implication.
- 9.10.** The Director of Finance, Planning and Technology informed the Committee that a meeting with Ceox is scheduled later this week, and any necessary updates will be provided to members outside the Committee meeting.

Decision

- 9.11.** The committee noted the reports on PRISM and the Phoenix Programme.
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10. Resilience, cyber security and business continuity

- 10.1.** The Head of IT provided a verbal report to the committee.
- 10.2.** The Head of IT referred to the four workstreams outlined in paragraph 7.2 of the Business Continuity deep dive paper. Workstream #1 commenced in January and has been completed. Workstream #2 is scheduled to start in early February, workstream #3 is expected to finish in the Summer with the implementation of SharePoint, and workstream #4 will begin in February, with the majority of activity taking place in March.
- 10.3.** The Head of IT updated the committee on a back-up failure that occurred with Epicentre (a legacy system in the process of being replaced) last week, whilst all data is secure a working group consisting of Licensing, Compliance and IT staff had been established to consider what steps could be taken to mitigate future potential failures. The committee were appreciative of the update noting that the limitations of Epicentre had been dealt with well.

Decision

- 10.4.** The committee noted the verbal report.
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11. Deep Dive discussion – business continuity

- 11.1.** The Head of Planning and Governance introduced the paper which provided a review of the HFEA's business continuity arrangements including the Business Continuity Policy (BCP), Critical Incident Response Plan (CIRP) and related processes.
- 11.2.** The Head of Planning and Governance provided further information on the exercise conducted in Summer 2025, which tested both the BCP and CIRP. The exercise confirmed that the existing text alert system for reaching staff in an emergency was effective, all staff participated, and there was a good understanding of the HFEA's emergency management and business continuity plans. Several recommendations were made to further strengthen the plans and associated documentation, outlined in the paper.
- 11.3.** It was noted that DHSC expects all organisations managing patient information, including its ALBs, to comply with the new Cyber Assessment Framework-aligned Data Security and Protection Toolkit. The Head of IT spoke to the HFEA's current cyber improvement plan.

- 11.4.** The Head of Planning and Governance referred to the business continuity risk register and outlined the nine risks identified in this register. The committee were informed that this information will be held in the operational risk register.
- 11.5.** A member asked whether “business as usual” activities, such as Licensing Committee and Statutory Approvals Committee meetings, had been assessed to identify those that must continue during a critical incident, due to potential impacts on patients.
- 11.6.** The Head of Planning and Governance confirmed that this is captured in the Business Continuity Risk Register (HR2) and highlighted proposed mitigations, including the re-deployment of staff to maintain critical activities and supporting functions. The Director of Strategy and Corporate Affairs noted the distinction between critical operations and other activities, and agreed to work with the Head of Planning and Governance to formalise the prioritisation of licensing activity.
- 11.7.** A member commented that the documents provided were very comprehensive and that the July 2025 exercise had been beneficial. They asked about engagement with DHSC and what support the Department could provide.
- 11.8.** The Head of Planning and Governance responded that the SOP (Critical Incident Response Plan) outlines the steps for incident classification and when engagement with DHSC is required. The SOP will be reviewed quarterly to ensure contact information remains accurate.
- 11.9.** A member highlighted that if traditional communication systems fail and information is exchanged via WhatsApp, it is important to preserve this information, citing the Covid Inquiry as a learning point. The Committee discussed that the same access rights would apply to information communicated through WhatsApp.
- 11.10.** A member cautioned that many organisations do not follow up on actions arising from lessons learned exercises and urged the HFEA have processes to avoid this.
- 11.11.** A member suggested that a role was missing regarding ownership of record-keeping and transparency. It was agreed that this would be addressed offline with the Head of Planning and Governance.
- 11.12.** The Chair commented that, following the closure of the next critical incident, a deep dive including a lessons learned exercise should be presented to the Committee.

Decision

- 11.13.** The committee thanked the team for an excellent deep dive paper. They endorsed the Business Continuity Policy, the SOP and the new critical incident risk register.

Action

- 11.14.** Deep dive/lessons learned from the closure of the next critical incident to be added to the deep dive long-list.

12. Draft Annual Governance Statement

- 12.1.** The Head of Finance introduced the paper which set out the scope of the 2025-26 Annual Governance Statement and proposed timetable for production.
- 12.2.** The Head of Finance informed the committee that the first draft of the Annual Governance Statement would be circulated to members, outside committee, on 6 April and members were

asked to respond within one week of receipt. Prompt response from members will allow for the full Annual Governance Statement to be provided to KPMG alongside first draft of the accounts.

- 12.3.** The Chair asked members to diarise time for the review of the draft Annual Governance Statement.

Decision

- 12.4.** The committee noted the proposed scope of the 2025-26 Annual Governance Statement and the planned timetable for production.

Action

- 12.5.** Committee members to respond to the draft Annual Governance Statement email within seven days of receipt.

13. Counter Fraud and anti-theft Policy and Counter Fraud Action Plan update

- 13.1.** The Head of Finance introduced the Counter Fraud and Anti-Theft Policy and reminded the committee that they reviewed this policy in March 2025.
- 13.2.** The Head of Finance spoke to the proposed changes to the policy and explained that this policy will be brought to committee every two years but will be reviewed annually. If there are any major changes in law these will be picked up during the review process and the policy will be updated and presented to the committee at its earliest meeting.
- 13.3.** The Head of Finance spoke to the Fraud Action Plan that had been derived from the Fraud Risk Assessments that were shared with the committee at its October 2025 meeting.
- 13.4.** The Head of Finance informed the committee that the plan is updated each quarter and is submitted for peer reviews. Feedback received from DHSC Anti-Fraud Unit (AFU) was highlighted in the paper.
- 13.5.** The Head of Finance informed the committee that a review and tests of controls, identified in the Fraud Risk Assessment, is underway and the results will be shared with the committee in due course.

Decision

- 13.6.** The committee agreed the revised Counter Fraud and anti-theft Policy and that it should be reviewed by the committee every two years.
- 13.7.** The committee noted that Fraud Action Plan and the feedback received from DHSC AFU and the Fraud Risk Assessment.

Action

- 13.8.** Head of Finance to update the Counter Fraud and Anti-Theft Policy.

14. Public Interest Disclosure (Whistleblowing) Policy

- 14.1.** The Head of Finance introduced the Public Interest Disclosure (Whistleblowing) Policy and reminded the committee that they reviewed this policy in March 2025. Since then, two reviews

have been undertaken to ensure the policy is still fit for purpose. The proposed changes to the policy were highlighted.

- 14.2.** In response to a question, the Head of Finance stated that the policy is available on the staff intranet and is part of the required mandatory reading for all new starters as part of their induction process.
- 14.3.** In response to a question, the Chief Executive stated that there is no Freedom to Speak Up Guardian on the Authority. The Chair commented that the policy is clear that people can approach her as Chair of the Audit and Governance Committee, and she believed that this was sufficient.
- 14.4.** A member noted that paragraph 8.11 should read “Audit and Governance Committee Member” rather than “Audit Committee Member”.

Decision

- 14.5.** The committee agreed the revised Public Interest Disclosure (“Whistleblowing”) Policy and that it should be reviewed by the committee every two years.

Action

- 14.6.** Head of Finance to update the Public Interest Disclosure (“Whistleblowing”) Policy.

15. AGC Forward Plan

- 15.1.** The Head of Finance introduced the forward plan.
- 15.2.** The Board Governance Manager informed the committee that the private meeting for committee members and the Senior Management Team had been scheduled for October 2026 and questioned whether this should be moved to an in-person meeting rather than a virtual meeting.

Decision

- 15.3.** The committee agreed that the meeting with members of the Senior Management Team should be moved to immediately before the in-person meeting in June 2026.
- 15.4.** The committee agreed that the deep dive on CaFC/PRISM should come to the October 2026 meeting and the deep dive on patients’ complaints about licensed clinics should come to the February 2027 meeting.

Action

- 15.5.** The Board Governance Manager to update the forward plan.

16. Items for noting

- 16.1.** Whistleblowing
- Members were advised that there were no whistle-blowing incidents.
- 16.2.** Fraud
- Members were advised that there were no fraud incidents.
- 16.3.** Gifts and Hospitality
- The Head of Finance introduced the paper which was noted the committee.

16.4. Contracts and Procurement

- Members were advised that there was nothing to report.

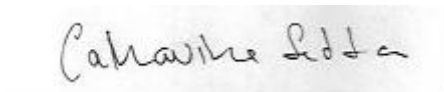
17. Any other business

- 17.1.** Committee members and observers reviewed the meeting noting the large number of items that had been considered, time management skills and efficient chairing.
- 17.2.** The Chair reminded the committee of the schedule of meetings for the year being 16 June in person, 13 October virtual and 2 December in person and including training. The private session will start at 09.45am on 16 June and the main meeting will commence at 10am.
- 17.3.** There being no further business the Chair closed the meeting and thanked all for their contributions.

Chair's signature

I confirm this is a true and accurate record of the meeting.

Signature

A handwritten signature in black ink on a light-colored background, reading "Catharine Seddon".

Chair: Catharine Seddon

Date: 16 June 2026