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WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON FRIDAY 7 JUNE 2024 IN CARDIFF AMBULANCE STATION AND VIA TEAMS

Meeting Commenced at 09:00

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director
Ceri Jackson	Non-Executive Director and Interim Vice Chair of the Trust Board

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Jill Gill	Head of Financial Accounting
Fflur Jones	Audit Wales
Olaide Kazeem	Project Accountant Financial Services
Jason Killens	Chief Executive Officer (Joined during Minute 25/24)
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit, NWSSP
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Payne	Corporate Governance Manager
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Duncan Robertson	Assistant Director for Clinical Development (Joined during Minute 25/24)
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Local Counter Fraud Manager

APOLOGIES:

Joga Singh	Non-Executive Director
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24/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting noting the apologies of Joga Singh.

Minutes:

The Minutes of the Audit Committee meeting held on 30 April 2024 were approved subject to the removal of wording regarding the 24 week training plan under minute 16/24.

Committee Highlight Report

The report was received for information and the Chair noted that not all completed Internal Audit reports had been received by the Committee, as some were still in draft.

Action Log

There were no open actions.

RESOLVED: The Committee.

(1) Noted the apologies of Joga Singh.

(2) Approved the Minutes of 1 March 2024 subject to a minor amendment to the wording in Minute 16/24.

(3) Received the Committee highlight report.

25/24 INTERNAL AUDIT REPORTS

Draft Head of Internal Audit Annual Report and Opinion

Osian Lloyd provided a reasonable assurance opinion for the Trust based on the internal audit work performed during the year. Out of 18 audit reviews reported, 15 had reasonable assurance, two had limited assurance, and one was an advisory review. He expressed gratitude for the Trust's continued engagement, support, and cooperation.

He further indicated that the two service level indicators that were slightly under target, (turnaround and management), were due to delays in receiving management responses. He noted that he was collaborating with Trish Mills to improve this area. Additionally, Osian Lloyd highlighted that the Trust was in a strong position compared to other health bodies in Wales regarding internal audit performance.

Comments:

Following a query in terms of comparability with last year, Osian Lloyd explained that last year had a similar number of reasonable assurance ratings, and the overall trends for the last two years was comparable. There is one less limited assurance rating this year compared to last year, which shows some improvement. Regarding the overall rating and how good a reasonable assurance rating is, the picture across NHS Wales, especially among the health boards, is quite challenging. When comparing the ratings to those of the Health Boards, we can see that we are in a more comfortable position. There are more discussions with health boards about an overall limited assurance opinion, and there might be a few health boards receiving that rating this year.

The Committee inquired whether there was a priority list or specific process for the internal audit reports. They also questioned why the risk management and volunteering audits, despite their importance, were not completed earlier. Osian Lloyd responded that the order of the audit reports was determined in agreement with the Trust. He explained that the risk management and volunteering audits were delayed due to some setbacks in the fieldwork and reporting process. However, he assured that the draft reports for these audits were now available and will be discussed in the next meeting.

Trish Mills explained that there is a structured plan for audit priorities that are presented through the Executive Leadership Team (ELT), considering both risk and capacity, along with emerging issues in the area. This plan must be approved and agreed upon with internal Audit. If Internal Audit felt that an audit scheduled for Q4 should be conducted earlier, discussions were held, and the plan would be adjusted accordingly.

Trish Mills advised that the volunteers' governance audit was planned for Q4, and the risk management audit is always planned for Q4, to align with the end-of-year filings in the Annual Report and the Annual Governance Statement. However, there were some adjustments in dates and quarters last year, and the aim is to adhere to the schedule as much as possible this year.

Trish Mills mentioned that she and Osian Lloyd have had several conversations about improving the process to ensure better compliance with metrics. A one-pager has been developed to present to the ELT, adding more detail to the Audit Charter to clarify when the 15-day audit period starts. This includes scheduling meetings with Directors early in the process to avoid delays in the draft reports being reviewed.

The Chair commented that the service level metrics were mostly good but noted that the turnaround and management response times were slightly under target. The Chair asked for efforts to be made to improve those figures.

Internal Audit Reports

Follow up Audit. Felicity Quance explained that the purpose of this follow-up review was to provide assurance on the status of implemented recommendations on the audit Tracker and to review the Trust's general systems and arrangements in place for monitoring progress in the implementation of actions. The review has been given a reasonable assurance rating.

In terms of the work, they looked at a sample of closed recommendations from limited assurance reports, considering both high and medium priority recommendations. Closed recommendations were sampled across a total of seven reports and concluded the following:

- **Correctly Closed Recommendations:** Nine recommendations were correctly recorded as closed on the Tracker.
- **Premature Closure:** One recommendation had been prematurely closed on the Tracker. This related to the Standards of Business Conduct Audit for the complete register of interests to include all high-risk staff and decision makers. While acknowledging the substantial work the Trust has done towards this, it was felt that the full mandate action had not been entirely implemented before closure.

It was recognised the Trust has established effective arrangements within the Corporate Governance Team regarding the tracking of audit findings and the scrutiny applied prior to the actual closure of those actions on the Tracker. The Tracker includes appropriate narratives to ensure all Members are aware of progress, including overdue recommendations and where new completion dates are required.

One recommendation was raised in this report: The current Tracker will be extended to include recommendations arising from counter fraud investigations. The details of this extension will be considered at the closed Audit, Risk and Assurance Committee (ARAC) meeting. The acceptance of this recommendation with a reasonable timeframe for implementation has been acknowledged.

Trish Mills acknowledged that one audit action related to the standards of business conduct was closed prematurely. This action aimed to produce a complete register of interests for all high-risk staff and decision makers. She explained that while the action was closed on the Tracker, it should have remained open to ensure full completion.

Clinical Audit. Felicity Quance explained that the primary objective of this review was to evaluate the clinical audit process within the Trust, including how it is utilised by various committees to support assurance. The review resulted in a reasonable assurance report with three medium-priority and two low-priority recommendations, indicating a generally effective clinical audit process with room for improvement.

The three medium priority recommendations included enhancing the integration of clinical audit outcomes with quality assurance processes, improve protocols for reporting and follow-up on audit findings and develop a system to track the implementation of audit recommendations and ensure accountability. By addressing the highlighted points and recommendations, the Trust can strengthen its Clinical Strategy, ensure high standards for clinical audits, and maintain effective risk management and quality improvement practices.

Comments:

Duncan Robertson welcomed the report and acknowledged the areas which required focus adding there were clear actions in place to address the recommendations within the Internal Audit report.

The Committee questioned the audit's findings being noted on the lack of pain scoring between first and second doses of Pentrox and were concerned about the minimal documentation of Pentrox administration. This was despite the significant training and effort invested in introducing Pentrox for out-of-hospital care.

Duncan Robertson explained that two issues had been identified. The user interface for the Electronic Patient Care Record (ePCR) which was being upgraded, and the pain management framework which was in the process of being developed by the Clinical Intelligence and Assurance Group (CIAG). He added that efforts were underway to improve pain scoring documentation.

The Committee highlighted that the audit had raised a concern about irregular attendance by some CIAG members, and suggested reviewing membership as part of the terms of reference update.

Liam Williams stated that from an Executive viewpoint, they have been making sure that the right individuals are present for crucial decisions at CIAG. He expressed confidence in the clinical expertise backing the group's recommendations. Additionally, he mentioned that they are open about attendance and membership issues and are actively reviewing the terms of reference for the CIAG.

Trish Mills added that the attendance and membership of CIAG are part of the Integrated Governance Programme, and the terms of reference will be reviewed to ensure they meet the current needs and representation of the group. She noted that some groups will undergo simple effectiveness reviews to ensure their alignment with the Internal Audit Charter.

RESOLVED: The Committee noted the update, received the Draft Head of Internal Audit Annual Report and Opinion, and received the following Internal Audit reports: Follow up Audit and Clinical Audit.

26/24 **AUDIT WALES REPORTS**

Audit Wales (AW) Progress Report

Fflur Jones provided an update on the audit activities, covering both financial and performance audits.

Progress on the audit of the Trust's 2023/24 financial statements and annual report was noted, with no issues requiring escalation.

Planned work for the Trust in 2024 included a national deep dive into financial efficiencies and a follow-up on the Review of Quality Governance Arrangements, both of which were currently underway and will be reported to the Committee in September.

The core Structured Assessment brief for 2024 was currently under review by the Trust.

Additionally, a deep dive review into investment in digital systems to support service resilience and transformation was being scoped for the Autumn.

The review of unscheduled care, part two report (accessing urgent and emergency care) was also in progress and will be presented to the Committee in September.

Comments:

Chris Turley confirmed that the audit of the 2023/24 accounts was progressing without significant issues or concerns at this point. He noted that the teams are in regular communication with Audit Wales and were focused on meeting the deadline of July 15.

Peter Curran expressed gratitude to Fflur for her update and conveyed reassurance upon hearing that the audit of the financial statements was proceeding smoothly without any issues or timeline concerns. He also mentioned that he had personally communicated with the audit team and confirmed they maintain regular contact with the Trust.

An update was sought on the deep dive into the financial efficiencies, which was ongoing. Fflur Jones explained that AW were considering that the feedback to the Trust should be at a high level rather than an extremely detailed report, as there are no urgent or significant issues that need to be raised. She would advise Chris Turley directly outside the Committee to discuss specific timelines for when feedback would be provided.

Members sought an update on the urgent emergency care part two report. Fflur Jones explained that AW have begun the fieldwork across each of the Health Boards. AW have nearly completed the fieldwork, with some minor delays in one or two health boards in setting up certain aspects of the fieldwork. However, most of the fieldwork has been completed. The scope of this review focuses on how effectively the systems manage the

demand for urgent emergency care at the front door of healthcare services. Everyone involved has been forthcoming and transparent. As of now, there are no significant concerns or issues that need to be highlighted to the Committee. Once the draft report is finalised, it will be shared with the Committee for review as part of the clearance process.

RESOLVED: The Committee received and noted the update from Audit Wales.

27/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch provided an update on the risk management activities and the ongoing Risk Management Transformation Programme. Here are the key points she highlighted:

- The paper detailed the principal risks and outlined actions taken to mitigate them, along with changes in risk scores since the last report.
- The highest scoring risks, 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*), which pertain to avoidable harm and patient experience, are undergoing review with external support to enhance how they were articulated and managed.
- Risk 424 *Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)* has reduced in score to 12 (3x4), linked closely with financial duties outlined in Risk 139
- Risk 458 (*A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning to deliver the IMTP and/or any additional services*) has achieved its target score of 8 (2x4) and will be removed from registers.
- Two risks have achieved their target score and have been de-escalated to the Directorate Risk Registers (DRR) for monitoring. These are Risk 543 *Major disruptive incident resulting in a loss of critical IT systems* from 15 (3x5) to 10 (2x5) and Risk 283 *Failure to implement the EMS Operational Transformation Programmes* from 12 (3x4) to 8 (2x4).
- Two new risks have been added to the register: Risk 542 *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan*) and Risk 623 (*Failure to comply with Data Protection Legislation*), with scores of 16 and 15 respectively.
- BDO has been engaged to support the risk management transformation programme. Their focus includes refining the Strategic Board Assurance Framework,

updating risk appetite statements, and addressing Risks 223 and 224. The final report on these efforts will be presented at the September Committee meeting.

Comments:

The Committee appreciated the Trust's ambition in this area, understand it is challenging, and will be evolving going forward. However, they believed the high level of ambition regarding this transformation was beneficial.

Julie Boalch added that the intention was to introduce a new template for the Board Assurance Framework. It was planned to present this template when the Committee reconvenes in September, with a handling plan detailing the intentions for each element. This will include a timeline and a programme outlining how the Trust aims to deliver on the advice from BDO.

Members emphasised the importance of socialising the new thinking around Risks 223 and 224, which were the highest scoring risks for the Trust. They suggested that reframing these Risks differently could help highlight their importance and bring them to the forefront in people's minds.

Trish Mills praised the work of Julie Boalch, Marinella Stoicheci, and the risk owners for updating the principal risks and the actions taken to mitigate them. She added that the Trust was on a journey to develop the BAF that aligns more closely with the Trust's strategic objectives as outlined in its long-term strategy, "Delivering Excellence: Vision 2030."

Furthermore, Trish Mills added that regarding Risks 223 and 224, the current thinking was to split the BAF into what can be managed and what can be monitored. Although this is already done to some extent within the BAF, the aim is to make the distinction clearer. Consideration was given whether to implement this change now or if the ongoing work with the BAF and the new clinical model will naturally evolve these risks over time.

The Committee were keen to learn about the cybersecurity risks faced by the Trust and inquired if there were any lessons to be learned from the recent cyber-attack on London hospitals. Jonny Sammut explained it was important to acknowledge the ever-evolving nature of cybersecurity. When an incident like the recent cyber-attack on London hospitals occurred, the Trust will initially receive sparse details. Organisations typically go into a form of lockdown while conducting their investigations. After the investigation, the Trust will usually receive information about the people involved, including the origin of the attack and the methods used to compromise the system.

Jonny Sammut indicated that lessons learned were analysed on an individual basis. For instance, the Trust recently examined the NHS Galloway Hospital attack from a few months ago and integrated the lessons learned. The key takeaway is that cyber threats are continually evolving. Cyber-attacks are becoming more sophisticated, and as the Trust

expands and modifies its systems, the attack surface increases, providing more opportunities for these threats. It is a continuous learning journey, and the Trust must remain vigilant and adaptable, knowing that cybersecurity threats will always be present and constantly changing.

Peter Curran inquired Risk 424, which pertains to *the risk of insufficient resources to deliver the Integrated Medium Term Plan (IMTP) and the Trust's confidence in its ability to secure the necessary funding for fleet and IT investments required to support the IMTP*. Additionally, he asked if there were any contingency plans in place in case the funding was not available.

Chris Turley mentioned that he and his team were currently focused on reprioritising capital funding for the current year, particularly in terms of fleet replacement, due to the level of funding being made available by Welsh Government. Additionally, he stated that they are in the process of developing a new vehicle procurement strategy spanning from 2025 to 2030. This strategy will incorporate insights gained from managing reduced funding, adapting to changes in service development, and integrating emerging technologies. Alongside this a specific risk in relation to future vehicle requirements and funding would be considered, as had been previously discussed at Trust Board.

RESOLVED: Members considered and discussed the contents of the report and:

(1) Noted the reduction in two risk scores:

**Risk 163 from 20 (5x4) to 16 (4x4) and
Risk 424 from 16 (4x4) to 12 (3x4)**

(2) Noted the de-escalation of two risks to the Directorate Risk Registers:

**Risk 543 achieving target of 10 (2x5) and
Risk 283 achieving target of 8 (2x4)**

(3) Noted the inclusion of two new risks:

**Risk 542 at a score of 16 (4x4) and
Risk 623 at a score of 15 (3x5)**

(4) Noted the closure of Risk 458 from all registers.

(5) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.

(6) Noted the ratings and mitigating actions for each principal risk.

(7) Noted the update on the Risk Management Transformation Programme.

28/24 **AUDIT TRACKER 2.0 – MARCH 2024 (Q4)**

Trish Mills provided an update on the Audit Tracker, noting there were 162 entries, with 40% of them closed in the quarter and 50% of the due ones closed. She highlighted good engagement across Directorates and workshops with points of contact. Additionally, efforts were underway to improve the clarity and relevance of management actions with support from internal audit.

Trish Mills added that currently, an Excel spreadsheet is used to track audits. To simplify this, the Trust has collaborated with Digital Health and Care Wales to develop a new Tracker on SharePoint. It promises to provide a more straightforward way to input updates. However, the real advantage lies in its capability to generate Power BI reports and automate reminders. This transition is aimed at improving efficiency and reliability.

The intention is not to present this current extensive Tracker to the Committee, instead, the plan is to elevate it to a level of reporting where key metrics can be reviewed, such as the status of recommendations over time. For instance, the Committee will be able to see how many high-priority recommendations were overdue by more than three months. This approach will focus on providing meaningful insights rather than delving into the detailed minutiae of the Tracker itself.

In terms of decision-makers, the Trust aimed to reach over 200 decision-makers in April through an MS Form to disclose their conflicts of interest. As of this morning, 114 returns have been received, which was more than anticipated for the first round. The next step is to escalate those declarations that haven't been received to the relevant Directors. This will allow the process to be completed and ensure that all declarations are obtained.

Comments:

Ceri Jackson expressed concern about the 43% of actions that were due in the quarter but remained incomplete. She highlighted the challenge in prioritising which actions were the most critical or urgent. She also mentioned her appreciation for the approach to escalate actions with accompanying narrative, which helped provide context and clarity. Additionally, she acknowledged that the Tracker was part of a broader effort in governance transformation.

Trish Mills added that 57% of the actions were closed in the quarter, although it might not have been the originally planned quarter, which was important to consider. The intention behind transitioning to a SharePoint list and enhancing intelligence and reporting was to provide clearer insights on what needs attention. In the interim, it was suggested to focus on the limited assurance reports and high-priority recommendations available in the report, as these areas provided critical information for oversight and decision-making.

Chris Turley raised several important points regarding the management of audit actions and deadlines. He emphasised the need for smarter management responses to audit recommendations. It is crucial to be explicit about how risks are managed and mitigated in the interim, even if the full recommendation has not been fully implemented. In terms of managing deadlines, he highlighted the challenges with setting deadlines that are too soon or too late. Setting unrealistic deadlines can create unnecessary pressure and work, while too lenient deadlines may not adequately address the urgency of the recommendations. He mentioned the importance of balancing these deadlines to ensure they are both realistic and effective. Furthermore, he questioned whether there was sufficient education and training for staff on how to respond to audit reports, particularly regarding the importance of setting realistic deadlines. He also stressed the need to ensure that even if recommendations were delayed, there should be clear documentation and evidence that the risks are being managed effectively in the meantime.

Trish Mills advised that last year, the Trust collaborated with Audit Wales and the Internal Audit Team to develop an Audit Handbook. This handbook aimed to educate and guide staff on the purpose of audits and emphasises the importance of welcoming audits as opportunities for improvement. It underscores that audits should not bring surprises, and everything audited should be well-understood and managed. Trish Mills agreed to arrange for a communication regarding the use of the Audit Handbook to be disseminated.

The Handbook provides a framework for responding to audits, including the importance of setting realistic deadlines that are Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). It encourages staff to push back on audit recommendations that may not align with the broader context or may not feel appropriate, fostering open conversations and ensuring recommendations are meaningful and impactful. It is important to note that this approach is supported by Audit Wales and others, confirming that there is flexibility in addressing audit recommendations.

Kevin Davies expressed satisfaction with the current direction and maturity of the audit Tracker process, noting improvements over past practices. He acknowledged the significance of refining processes and appreciated the ambition to enhance the Tracker with additional insights. Kevin emphasised that this journey of improvement is ongoing and highlighted his appreciation for the efforts led by Trish Mills and her team in advancing these initiatives.

RESOLVED: The Committee:

- (1) Received assurance that the management actions for the audits within the purview of this Committee (at Annex 1), and overall (at Annex 2), are being effectively and appropriately managed and closed off in quarter;**
- (2) Received and review any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were the following internal audits:**

Follow Up Audit.

29/24 POLICY REPORT

Julie Boalch presented the report which highlighted significant progress in bringing Trust policies through the governance process and within their review dates. Previously, only 14% of policies were within review date, a figure which has now increased to 34%, with an expected rise to approximately 42% by quarter two.

It was noted that the 14% figure was influenced by the Pandemic, during which policy review work was paused to support the response efforts. A prioritisation exercise was conducted, and work plans have been successfully implemented, demonstrating flexibility, and resulting in no exceptions reported to the Committee.

Comments:

The Committee commended the various teams and policy owners in the significant shift in the work programme, with 34% of Trust owned policies now within their review date compared to 14% overall reported to Committee in July 2023, rising to an expected 42% in Q2.

RESOLVED: The Committee noted the update.

30/24 GOVERNANCE PRACTICE NOTES – ANNUAL REVIEW

Trish Mills explained that the Governance Practice Notes renewals for Private Board and Committee Business (No. 002) and for Chairs Action (No. 003) were being presented for the Committee's approval. These notes draw out with more specificity the application of those parts of the Standing Orders that deal with these two issues. It was noted there were no significant changes proposed to either of the Practice Notes.

RESOLVED: The Audit, Risk and Assurance Committee approved the Governance Practice Note changes for the Private Board and Committee Business (002), and Chair's Action (003).

31/24 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2024 – 30 APRIL 2024

Chris Turley presented the report which detailed the Losses and Special Payments made during the month from 1st April 2024 to 30th April 2024. The Total net Losses and Special Payments made during the period 1st April 2024 to 30th April 2024 amounted to £44.63k of net payments.

Following a query in terms of payments involving Trust vehicles, Chris Turley explained that the payments involve Trust vehicles that were damaged while responding to incidents. In

several cases, these incidents involve third parties, resulting in payments initially going out and reimbursements coming back, which reflects in the net balance. Additionally, there are about eight instances where the Trust is responsible for repairing third-party vehicles damaged during responses. Whilst these would not be described as road traffic accidents, they involve scenarios where Trust vehicles may have had minor collisions or scratches while responding swiftly. It is the Trust's responsibility to cover the repair costs in these cases. The number and value of such incidents are typical for the Trust's operations.

RESOLVED: The Losses and Special Payments for the period 1 April 2024 – 30 April 2024 was noted.

32/24 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

Trish Mills presented the report which updated the Committee on progress against the priorities it set for 2023/24 and progress against the agreed Cycle of Business for the Committee. There were no matters to escalate with respect to the Priorities.

In respect of the Quality and Performance Management Framework (QPMF), an update on this business will be presented at the next meeting in September.

RESOLVED: The Committee noted the update.

33/24 COMMITTEE TERMS OF REFERENCE

The report was presented for information noting it and the Committee annual return had been approved by the Trust Board on 30 May 2024.

RESOLVED: The report was received for information.

34/24 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

Members reflected on the meeting raising several points and noted that any key messages to the Board will be annotated in the AAA report.

Peter Curran acknowledged the substantial workload ahead regarding assurance and expressed his gratitude for the efforts of Trish, Julie, and their team. He raised concerns about potential resource constraints or strain on teams and sought reassurance on the manageability of their workload. Additionally, he thanked all participants for their contributions and expressed anticipation for seeing the progress by the next meeting in September.

Trish Mills acknowledged the strain on resources affecting both assurance and transformation work, emphasising their efforts to manage with small teams while

prioritising the COVID inquiry. She expressed frustration over the prolonged duration of some tasks but assured the Committee that progress is ongoing.

Chris Turley acknowledged the perennial challenge of managing resources, describing it as a delicate balance. Chris highlighted regular discussions within the team about resource allocation, emphasising their commitment to prioritising and delivering necessary tasks. As an example, he cited the fleet programme, illustrating how they adapt and mitigate risks during the process.

RESOLVED: The above was noted.

Meeting concluded at: 10:58

Date of Next Meeting: 12 September 2024