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Welsh Ambulance Services
University NHS Trust

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON TUESDAY 24 JUNE 2025 IN CARDIFF MRD AND VIA TEAMS

Meeting Commenced at 09:45

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Rhiannon Beaumont-Wood	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Jason Killens	Chief Executive Officer (Item 13)
Hugh Bennett	Assistant Director, Commissioning & Performance (Item 5.2.3)
Julie Boalch	Assistant Director of Corporate Governance and Risk
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Fflur Jones	Audit Wales
Sarah Harland	Corporate Governance Officer
Wendy Herbert	Assistant Director of Quality and Nursing
Osian Lloyd	Head of Internal Audit, NWSSP
Amy Lord	Audit Wales (Item 13)
Trish Mills	Director of Corporate Governance/Trust Board Secretary
Jason Killens	Chief Executive Officer (Item 13)
Carl Kneeshaw	Director of People
Alex Payne	Corporate Governance Manager
Jessica Price	Head of Financial Accounting
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Ed Roberts	Interim Deputy Director of Finance
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Yvonne Thomas	Audit Wales (Item 13)
Carl Window	Local Counter Fraud Manager

APOLOGIES:

Christian Fox	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

1. WELCOME, APOLOGIES AND QUORUM

- 1.1 The Chair warmly welcomed everyone to the meeting of the Audit Risk and Assurance Committee (ARAC). The Chair thanked everyone who contributed to the reports, acknowledging the excellent standard of work.
- 1.2 Apologies were received from Christian Fox and Liam Williams, and it was acknowledged Wendy Herbert would be deputising in Liam absence.
- 1.3 Sarah Harland was welcomed in her capacity of the new Corporate Governance Officer providing secretariat support to the Audit Risk and Assurance Committee moving forward.
- 1.4 It was confirmed the meeting was Quorate.

The Committee RESOLVED to:

- (1) Noted the apologies from Christian Fox and Liam Williams, and it was acknowledged Wendy Herbert would be deputising in Liam absence.**
- (2) Noted Sarah Harland's role as the new Corporate Governance Officer providing secretariat support to the Audit Risk and Assurance Committee moving forward.**

2. DECLARATIONS OF INTEREST

- 2.1 For transparency and to avoid any potential conflicts of interest, the Chair advised of a change in status at Kaplan International College, he is now a substantive member of the governing body. Trust Board, rather than an interim member, and was congratulated by the Committee for this.
- 2.2 There were no further declarations of interests recorded other than those listed on the Register of Interests.

The Committee RESOLVED to: Noted the Chair's change in status at Kaplan International College, and that there were no further Declarations of Interests recorded other than those listed on the Register of Interests.

3. MINUTES OF THE LAST MEETING 01 MAY 2025

- 2.3 The Minutes of the ARAC held on 01 May 2025 were approved.

The Committee RESOLVED to: Approved the Minutes of 01 May 2025.

4.1 ACTION LOG AND MATTERS ARISING

- 4.1.1 ***Action 20/25*** 01 May 2025 Annual Trust Board and Committee Effectiveness Review 2024/2025 (All Committees) Ceri Jackson requested further details on the governance process in terms of EqlA's. It was agreed that Trish Mills would provide further guidance on the completion of EqlAs as a substantive item at the next meeting. Trish Mills provided an update on the Equality Impact Assessment (EQIA) process. The goal is to integrate impact assessments early in strategy or policy development to highlight their value. New

document front covers now include a section asking if an impact assessment is required, with hyperlinks to relevant documents. There was a discussion about incorporating the Well-being of Future Generations Act into the impact assessments, aiming to embed long-term considerations. The importance of conducting these assessments properly was emphasised, with a suggestion to review their effectiveness next year.

The Committee RESOLVED to: Noted the update on the actions as described.

4.2 COMMITTEE AAA REPORT

4.2.1 The Committee AAA report dated 01 May 2025 was received.

The Committee RESOLVED to: Noted the AAA Report of 01 May 2025.

5. INTERNAL AUDIT REPORTS

5.1 ANNUAL HEAD OF INTERNAL AUDIT OPINION 2024/25

5.1.1 Osian Lloyd presented the 2024/25 Annual Internal Audit Opinion, which concluded with a reasonable assurance rating. The report confirmed that 20 reviews were completed, two with substantial assurance, 13 reasonable, four limited and one advisory. The Internal Audit Plan was delivered as agreed, and all service performance indicators presented as green by year end; which reflects strong collaboration between Internal Audit and management within the Trust. The Committee was assured that sufficient work had been undertaken to support the opinion, which contributes to the Board's understanding of Governance, Risk Management and Internal Control.

5.1.2 The Chair acknowledged the improvement in Performance Indicators and confirmed that the one outstanding report had already been factored into the Annual Opinion. Trish Mills noted that she has recently introduced a new template to support Equality Impact Assessments (EqIAs), which encourages early engagement and highlights links to Data Protection and Environmental Impact Assessments. Trish also highlighted efforts to align with the Wellbeing of Future Generations Act.

5.1.3 Rhiannon Beaumont-Wood raised the need for a more strategic approach to patient experience and community involvement. Wendy Herbert confirmed a Strategic Plan is in place, supported by a new Service User Framework and Action Plan, with internal delivery under review to better reflect patient voice.

The Committee RESOLVED to:

- (1) Noted The 2024/25 Head of Internal Audit Opinion.**
- (2) Members were reasonably assured that sufficient audit work was undertaken during the year to be able to give an overall Opinion in line with the requirements of the Public Sector Internal Audit Standards.**

5.2 INTERNAL AUDIT REPORTS

5.2.1 The following Internal Audits were completed during the quarter and presented to the Committee. Members reviewed the management actions that accompanied the Audits and were assured they were appropriate and timely. There is one review that was slightly delayed (111 Wales Website) which is in draft format and will be presented to the next meeting.

5.2.1 Follow Up Audit on 2024/2025 (reasonable assurance)

5.2.1.1 Felicity Quance presented the Follow-Up Audit Report, confirming that all 18 tested recommendations were correctly marked as complete, despite some requiring additional evidence. The Trust's Q3 2024/25 closure rate of 67.9% exceeds the All-Wales average of 65.1%. A new approach will see follow up audits conducted quarterly rather than annually.

5.2.1.2 The Trust is trialling a new Tracker system with Digital Health and Care Wales, and a Counter Fraud Tracker, launched in April, and will be reviewed at the next ARAC Committee meeting. Trish Mills praised the work of Alex Payne and Lisa Trounce in progressing closures and stressed the importance of timely and well evidenced action completion. Carl Window suggested biannual updates for the Counter Fraud Tracker but agreed to present it quarterly if preferred.

5.2.2 Contract Management Advisory Report (no assurance rating applied)

5.2.2.1 Felicity Quance presented the all-Wales advisory review on Contract Management, which identified six common improvement areas across NHS organisations. The Trust was the only body with a Contract Register in place, although still developing. Due to resource constraints, a centralised register will not be pursued, and directorate level registers will be maintained instead. Strong practices were acknowledged in high-risk areas such as Digital and Finance & Corporate Resources Directorates.

5.2.2.2 Chris Turley welcomed the report, acknowledging the timing challenges and the need to strengthen Contract Management culture. Chris referenced the joint Siren Notice and governance note to be issued to reinforce responsibilities. Trish Mills acknowledged the importance of the report and emphasised the need for improvements within contract management processes, highlighting the significance of addressing the recommendations provided in the report to enhance the overall efficiency and effectiveness of contract management within the organisation.

5.2.2.3 Carl Window raised concerns about relying solely on managers to uphold contract responsibilities and the missed opportunity of a centralised register, particularly for managing procurement fraud risk. Carl questioned how awareness and compliance would be measured. Felicity Quance confirmed the topic will remain on the agenda and stated that many staff already have Contract Management duties embedded in their roles. ARAC agreed to revisit progress in nine months.

5.2.3 Seasonal Modelling and Forecasting (reasonable assurance)

- 5.2.3.1 Felicity Quance presented the audit focused on winter resilience planning. There were seven medium priority findings. Key issues included weak documentation, unclear ownership and the absence of a formal post implementation review or evaluation against IMTP priorities. The Forecasting and Modelling Group, established during COVID-19, is now permanent but requires clearer Terms of Reference and stronger meeting administration.
- 5.2.3.2 Hugh Bennett acknowledged the findings, noting strong culture but limited process capacity, and welcomed the audit's insights. He and Trish Mills agreed that the actions outlined will help build a more robust framework. Rhiannon Beaumont-Wood and Ceri Jackson stressed the need for appropriate tools and clarity on capacity. The Chair raised concerns about assurance and feasibility based on the comments from Hugh Bennett; which prompted request for Hugh to revisit capacity discussions with Rachel Marsh, the Executive owner of this audit and the related management actions
- 5.2.2.3 Chris Turley cautioned against discussing resourcing in this forum and emphasised managing within existing budgets. Hugh Bennett agreed and proposed further discussion outside the meeting. The Committee noted that the need for formal evaluation is a recurring audit theme and asked the Finance and Performance Committee, who will receive the report in July, to consider its role in overseeing such evaluations. Further clarity on capacity will be revisited in September.

5.2.4 Start of Shift Procedure (limited assurance)

- 5.2.4.1 The Committee reviewed the Start of Shift Procedure Report, which assessed compliance with the SOP covering vehicle preparation and equipment availability. While vehicle checks are being completed, the audit found limited evidence of consistent recording and reporting, largely due to operational pressures and time constraints. Four of six objectives were rated as reasonable or substantial, with three rated limited, and five management actions were raised.
- 5.2.4.2 To address the findings, the existing Vehicle Accident Management Task and Finish Group will expand its scope to develop a more efficient system for recording checks and update the SOP accordingly. Judith Bryce and Rhiannon Beaumont-Wood supported the changes, highlighting the need for improved evidence and accessibility. Damon Turner linked the challenges to wider system pressures, including hospital delays. The Committee welcomed the assurance that progress will be monitored through the Senior Operations Team and reported to the Senior Leadership Team.

5.2.5 Emergency Communications Nurse System Implementation (reasonable assurance)

- 5.2.5.1 The Committee reviewed the Emergency Communications Nurse System Implementation Audit (ECNS), which received a reasonable assurance rating. Three objectives were rated reasonable and two limited, with key issues including a backlog of over 400 audits, limited clinician monitoring and no post-implementation review. The absence of formal

evaluation and escalation processes could impact accreditation. These findings reflect a broader theme seen in previous audits, highlighting the need to pause and assess project outcomes.

- 5.2.5.2 Management acknowledged the issues and confirmed that the onboarding of six new auditors in Q2, along with improved processes, will help address them. Judith Bryce and Wendy Herbert highlighted progress since 2021 and confirmed that most expected benefits were realised, though a full evaluation is still needed. Felicity Quance and Osian Lloyd emphasised the importance of structured benefits realisation across projects. Oversight of the audit actions sits with the Finance and Performance Committee, which will receive the report in July. ARAC has asked the Committee to further consider its role in monitoring post implementation evaluations across the Trust.

5.2.6 Capital Systems (reasonable assurance)

- 5.2.6.1 Felicity Quance presented the Capital Systems Internal Audit Report, which received a reasonable assurance rating. While most controls were effective, the audit identified one high and four medium priority findings. These included undocumented procedures, issues with contract management, and non-compliance with Declarations of Interest, particularly involving NWSSP Procurement Officers. Chris Turley welcomed the assurance level but expressed concern over potential delays in contract signing due to one of the recommendations and called for a pragmatic application of this, if required. Chris confirmed the Trust had already fulfilled its responsibilities within the required management action, including sharing the findings with NWSSP to support compliance improvements.

The Committee RESOLVED to:

- (1) Noted the following Internal Audit reports: Follow Up Audit 2024/25; Contract Management Advisory Report; Seasonal Modelling and Forecasting; Start of Shift Procedure. Emergency Nurse Communications System Implementation; and Capital Systems.**
- (2) It was agreed that the Committee schedule a follow up to the Contract Management Advisory Report in 6-9 months' time, to ensure that the suggested actions in the report, particularly those involving shared services are being addressed.**
- (3) Seasonal Modelling and Forecasting - Hugh Bennett to discuss with Rachel Marsh and clarify position and resource requirements.**

6. AUDIT WALES REPORTS

6.1 Audit Wales Update Report

- 6.1.1 Fflur Jones provided an update on the Performance Audit, stating that the completed Urgent and Emergency Care Review was included in the update. Fflur added that fieldwork for the Structured Assessment and Deep Dive would begin shortly, with fieldwork for Estates and the local review scheduled to start later in the year.

6.1.2 Trish Mills stated that the Audit Wales Cost Saving Arrangements Checklist – a Checklist for NHS Board Members has been added to the Trust Board Induction Pack and would be circulated to the Non-Executive Directors. Trish also added that Estelle Hitchon is reconvening the Task and Finish Group in September to work on operationalising the Wellbeing objectives, using the framework from the Wellbeing of Future Generations Report.

The Committee RESOLVED to:

- (1) Received the Audit Wales update report.**
- (2) Noted The 2025/26 Structured Assessment brief has been agreed and work is underway, with the deep dive for 2025/26 being a review of the arrangements to manage estates (due to be reported in March 2026).**
- (3) Noted The 2024/25 deep dive review of investment in digital systems to support service resilience and transformation is due to be reported to ARAC in November, using it as a framework to re-convene the Task and Finish group in September.**
- (4) The Committee agreed that an action would be taken by Trish Mills to circulate the Cost Saving Arrangements Checklist – A Checklist for NHS Board Members, to the Non-Executive Directors. The Committee noted that the Audit Wales Checklist is included within the Trust Board Induction Pack.**

6.2 Urgent and Emergency Care Report

- 6.2.1 Fflur Jones presented the Urgent and Emergency Care Report, highlighting the Trust's efforts to manage demand through community based care and reduced hospital transportation. Despite progress, issues such as handover delays, inconsistent access to services and fragmented data persist. Fflur advised that she provide a realistic date for the completion of the National View Report on Collaboration Handover between organisations.
- 6.2.2 The 111 Wales Website needs urgent updates, and collaboration with Health Boards must improve. Ceri Jackson emphasised better communication, data integration and public engagement. The Committee requested follow up on the National View Report on Collaboration Handover and clarification on the "no send" approach.
- 6.2.3 The report examined Urgent and Emergency Care in three parts: flow out of hospital (not applicable to the Trust), accessing urgent and emergency care, and national arrangements and leadership structures.
- 6.2.4 The Committee acknowledged the Trust's positive changes but stressed the need for collaboration with Health Boards to address systemic challenges and improve patient outcomes. The Committee expressed concern about patients harmed by handover delays and the need for urgent action and acknowledged the need for a formal engagement plan and integrated data to improve patient pathways. The Committee also

acknowledged Health Boards legal responsibility to trigger the Duty of Candour for patients harmed by handover delays and suggested using available data for future audits.

The Committee RESOLVED to:

- (1) Took assurance from the Urgent and Emergency Care Review**
- (2) Fflur Jones to provide a realistic date for the completion of the National View Report on Collaboration Handover between organisations.**
- (3) Fflur Jones to double check the report's reference to the "no send" approach and confirm whether it accurately reflects the current status.**

7. RISK MANAGEMENT REPORT

- 7.1 The Committee received the 2025/26 Risk Report, confirming no material changes to principal risks. Discussion focused on the repositioning of Risks 223 and 224, separating internal and external controls and introducing effectiveness scoring. This new approach, already improving discussions on Risk 223, may be applied to other such as the Decarbonisation Risk.
- 7.2 Risk appetite statements are being finalised, and a strategic Board Assurance Framework is in development. Julie Boach reported that interviews for a new Risk Manager are scheduled for 11 July with the aim of supporting the enterprise Risk Management Programme and to explore Digital Solutions for Risk Management as key pieces of work within their role.
- 7.3 New dashboards have been developed, and the Committee supported flexibility in the work programme timings as new processes are tested.

The Committee RESOLVED to:

- (1) Consider and discuss the contents of the Report.**
- (2) Received assurance on progress of the 2025/26 work programme and timelines.**
- (3) Noted the development of Risk Appetite Statements.**
- (4) Noted the next steps in relation to a Digital Risk Management solutions.**
- (5) Received assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.**
- (6) Noted the ratings and mitigating actions for each principal risk.**

8. AUDIT TRACKER UPDATE - Q4 2024/25 T

- 8.1 The Committee acknowledged strong Q4 progress on the Audit Tracker, with 51% of internal and 85% of external audit actions closed. Four ePCR audit actions, now under the Digital Directorate, remain open but are being actively addressed following a recent review. Trish Mills and Osian Lloyd confirmed a phased approach to the implementation of recommendations from the audit, which involves prioritising and addressing the recommendations in stages to ensure a manageable and effective implementation process. i, with further detail to be shared at the next meeting.

The Committee RESOLVED to:

- (1) Noted the progress made in closing audit actions in Quarter 4.**
- (2) Noted the ELT's decision to remove the option of a third revised deadline**
- (3) 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, closed off in quarter or clarity provided on dates which have moved and rationale.**
- (4) It was agreed a detailed progress update on the Electronic Patient Clinical Records (ePCRs) actions will be scheduled for the Committee's September 2025 Forward Planner.**

9. LOSSES AND SPECIAL PAYMENTS

- 9.1 The Committee reviewed the Losses and Special Payments Report, which included full year data for 2024/25 and early figures for 2025/26. Total net losses for 2024/25 were £0.668 million, and -£1.248 million for April/May 2025. Chris Turley confirmed the report was standard and accurate, and the Chair expressed satisfaction. The Committee emphasised the importance of learning from these incidents and maintaining strong processes to prevent future losses.

The Committee RESOLVED to:

Noted the Losses and Special Payment Report for 1 April – 31 May 2025.

10. NHS WALES NO PO NO PAY POLICY

- 10.1 Edward Roberts presented revisions to the NHS Wales No PO No Pay Policy, including a new minimum exception list, updated objectives referencing late payment fees and removal of escalation tables to allow local processes. The policy will go to the Finance and Performance Committee for approval. Trish Mills clarified that while the ARAC can't approve financial policies, it can approve financial procedures and advised that the terms of reference for ARAC would be updated to ensure that the governance route for such business was clear.

The Committee RESOLVED to:

- (1) The Committee received and accepted the changes to the national Policy;**
- (2) Noted that the Policy is to go to the Finance and Performance Committee for Approval.**

11. INTEGRATED GOVERNANCE PROGRAMME

- 11.1 Trish Mills highlighted key aspects of the Integrated Governance Programme. In Q1, standardised templates will be launched on 1 August, followed by a six-month review. Q2 will focus on a meeting etiquette policy and minute formatting. Q3 will introduce an assurance and accountability handbook, while Q4 will explore AI tools, with some elements continuing into the next year. Trish emphasised the goal of embedding good Governance throughout the organisation.

- 11.2 In response to the Chair's question about resourcing, Trish Mills acknowledged constraints but noted that efforts were concentrated on high impact initiatives. Rhiannon Beaumont-Wood supported the programme's ambition, urging it to be seen as an enabler. Trish agreed, stressing the importance of communicating benefits. Ceri Jackson emphasised accessibility compliance, and Trish confirmed that feedback is being gathered, with Julie Boach and Alex Payne leading the consultation.

The Committee RESOLVED to:

Received assurance on progress of the programme and noted the timelines for the 2025/26 deliverables.

12. NON-COMPLIANCE WITH STANDING ORDERS

- 12.1 Trish Mills reported an internal oversight in authorising an Employment Tribunal settlement due to a misinterpretation of financial tables. The Remuneration Committee has since approved it retrospectively and the position will be reported to the Trust Board. Carl Kneeshaw clarified that the wrong delegation criteria were applied; the payment should have followed the ex-gratia process, requiring approval from the Chief Executive, Remuneration Committee and Welsh Government. Carl assured the Committee that future cases will follow the correct procedure.

The Committee RESOLVED to:

- (1) Noted the position with non-compliance against Standing Order and mitigating actions taken regarding the non-compliance reported to the Remuneration Committee in June 2025.**
- (2) Noted that the Trust Board will be notified via the ARAC AAA report.**

13.1 2024-25 ANNUAL ACCOUNTS, ANNUAL REPORT AND RECOMMENDATIONS TO TRUST BOARD

13.1.1 2024-25 Annual Audit Accounts

The Chair expressed gratitude to the staff for their work on the Annual Report and Accounts, emphasising the high standard necessary for Audit Wales scrutiny and approval. Chris Turley highlighted key points from the Annual Accounts, noting that the official deadline for NHS bodies certified accounts is the end of the month, earlier than last year. Draft accounts were submitted by 2 May, showing a surplus of £70,000 for the year. Income for the year was just over £325 million, reflecting significant growth, and expenditure nearly matched income, resulting in the £70,000 surplus. The accounts included compliance with the public sector payment policy and a capital element.

- 13.1.2 Amy Lord summarised the audit findings, stating an unqualified audit opinion is intended, subject to the signed Letter of Representation. No significant issues or uncorrected misstatements were found, and improvements from the previous year were noted. The Auditor General is expected to sign the accounts on 27 June, ahead of the 30 June deadline. Jason Killens expressed pride in the Finance Team's work and emphasised the significance of securing a clean audit opinion, given the organisation's growth. The Chair

praised Audit Wales for their pragmatic approach and to the Finance Team for their professionalism and competence.

- 13.1.3 The following formalities were undertaken:
- The Audit Risk and Assurance Committee endorsed the Trust's Annual Accounts 2024/25 for approval by the Trust Board on 26 June.
 - The Letter of Representation, the Appendix to the Audit Report, was also endorsed by the Committee for signature on 26 June by Jason Killens and the Chair.

13.2 2024-25 Annual Report

- 13.2.1 Trish Mills presented the draft Annual Report, comprising the respective Performance and Accountability Reports developed in line with the Manual for Accounts. The report has been reviewed by the Trust Board, with feedback from Audit Wales and Welsh Government addressed. While the Duty of Quality Report was presented separately, Quality Governance is referenced. Final updates are pending, including the Auditor General's Opinion and the Remuneration Table, with the Statement of Directors' Responsibilities to be signed post-approval.
- 13.2.2 Ceri Jackson praised the report's clarity and balance, suggesting a shorter, easy-read version to improve accessibility and public engagement. Trish Mills agreed, highlighting its value to stakeholders such as job applicants and the effort involved in translation. This will be considered for the 2025-26 annual report preparation.
- 13.2.3 Rhiannon Beaumont-Wood supported the idea of an easy read version and recommended highlighting partnership impacts and sharing content with partners to ensure collaboration. Trish Mills confirmed flexibility in content, though some elements are prescribed, and highlighted the challenge of balancing design and translation resources.
- 13.2.4 The Chair confirmed the Audit Risk and Assurance Committee's endorsement of the report for Trust Board approval.

The Committee RESOLVED to:

- (1) Endorsed the Trust's Annual Accounts 2024/25 for formal approval by the Trust Board at its meeting on 26 June 2025.**
- (2) Endorsed the Letter of Representation, the Appendix to the Audit Report, for signature on 26 June by Jason Killens.**
- (3) Endorsed the 2024-25 Annual Report for formal approval by the Trust Board at its meeting on 26 June 2025.**

14. COMMITTEE MONITORING REPORT AND PRIORITIES UPDATE 2025-26

- 14.1 The Committee's Cycle of Business Monitoring Report and Priorities update were received.

The Committee RESOLVED to:

Noted the Cycle of Business Monitoring Report and Cycle of Business Notes.

15. REFLECTIONS

15.1 The Committee acknowledged the high standard and quality of work and presentations, reflecting the professionalism and dedication of the staff involved. The Committee emphasised the importance of collaborative effort and the professionalism demonstrated by all participants, highlighting the effective teamwork across different roles and departments. Members acknowledged the difficulty in achieving a balance between detail and conciseness in the reports and congratulated all contributors for striking this balance effectively, making the reports both comprehensive and accessible.

16. ANY OTHER BUSINESS

16.1 None

17. Date of next meeting:

17.1 **Tuesday 2 September 2025**

Meeting concluded at 14:40