



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2024/25

INTRODUCTION

1. The Trust's Standing Orders and committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The committee met on 18 March 2025 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2024/25 and proposes changes to terms of reference.

PURPOSE OF THE COMMITTEE

5. The committee is established to enable scrutiny and review of the Trust's arrangements in respect of the:
 - overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties.

- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP).
- monitoring of the IMTP and ensuring achievement of key milestones.
- robustness of any cost improvement measures and delivery of key strategies and plans.
- ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking.
- scrutinise business cases for capital and other investment.
- oversight of the development and implementation of the digital, estates, fleet, and environmental strategies.
- business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.

MEMBERSHIP AND ATTENDANCE

6. The committee met six times in private and in public as scheduled in 2024/25 and was quorate on each occasion.
7. The committee is supported by the chair and three non-executive directors as members, and several prescribed attendees with good attendance. This year the new Joint Commissioning Committee meetings clashed with this committee's meetings, therefore the Executive Director of Strategy, Planning and Performance was deputised with full authority at a number of meetings.
8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2024/25. The committee welcomed non prescribed attendees at various meetings as well as external guests.
9. The membership of the committee changed in year, as did the committee chair. Jayne Beeslee became Chair of the Committee effective 01 September 2024. The number of non-executive directors was reduced in year from four to three, with these changes.

COMMITTEE ATTENDANCE						
Name	14 MAY 2024	16 JULY 2024	17 SEPT 2024	19 NOV 2024	16 JAN 2025	18 MAR 2025
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett	Hugh Bennett		Hugh Bennett ¹
Lee Brooks						Mark Harris
Liam Williams				From Item 7	Penny Durrant	Wendy Herbert
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

10. The only change to membership proposed for 2025/26 is the addition of the head of commercial when they are appointed.

COMMITTEE'S VIEWS ON EFFECTIVENESS

Feedback from membership

11. The committee's effectiveness was assessed through a facilitated discussion held at the meeting on the 18 March 2025, which included a review of its terms of reference and cycle of business.

Enhanced Report Writing and Assurance

- Respondents emphasised that reports should draw out key messages quickly and clearly by the use of concise executive summaries.
- There is a strong appetite for less volume overall, with a preference for quality over quantity. This would help the committee spend more time in meaningful discussion and debate, rather than navigating lengthy documents. Brevity in presentations was also suggested
- There was a call for a simpler and consistent format for presenting information—particularly in relation to key metrics. Members also stressed the

value of aligning on a small, agreed set of core metrics to improve consistency and reduce confusion.

- When reports fall short of providing adequate assurance or insight, feedback should be shared to improve future submissions.

Strengths of the Committee

- The committee is seen to operate efficiently, with positive feedback on its structure, governance support, and the hybrid meeting setup.
- Meetings are generally well-paced and well-chaired, with a good balance of engagement and participation.
- Members felt that the agenda is usually well-connected and that a significant amount of business is covered in a relatively short amount of time.
- Good quality reporting and discussions were also highlighted as current strengths.

Areas for Improvement

- Despite general satisfaction, several areas for improvement were identified. These include reducing duplication—particularly between the committee and board—and providing greater clarity on what business should come to the committee.
- A modular or more prioritised agenda could help focus attention on the most critical items, possibly supported by occasional deep dives into key issues and more time on risk.
- Some respondents questioned the current frequency of meetings and suggested reviewing it alongside quorum requirements.
- There was also a call for clearer boundaries around performance metrics and scrutiny functions to avoid ambiguity and overlap.

12. Changes to operating arrangements as a result of the above are set out at paragraph 19. Some areas not drawn through to changes include:

- The frequency of meetings was raised and the potential to duplicate matters coming to this committee and the board. This does occur, particularly in relation to the financial reporting and IMTP progress report. Whilst there is some reporting which must go to the board in any event, particularly related to finance, there is perhaps an opportunity during 2025/26 as the long term

strategy metrics of 'what good looks like' develops to take that to the board and report on IMTP progress less frequently from this committee to the board. However, given the focus on performance externally, it is not recommended to move this committee to a quarterly cadence whilst the board meets bi-monthly.

- The aim of the new templates, writing and presentation guidance is to reduce the volume of papers and ensure more succinct presentations which will go some way to reducing overall length of meetings. A new short form paper will be offered where a fuller SBAR report is not needed.

Management of the committee's work programme

13. The committee has a cycle of business that is aligned to its terms of reference.

All matters scheduled for oversight and review have been brought to the Committee other than the second Value Based Healthcare report (details below). The committee's business in 2024/25 included the following, full details of which are in the committee's AAA reports and minutes provided to the Board:

- 13.1. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures. In September the committee were assured that the **EMS Operational Transformation Programme** purpose had been delivered, closed and evaluated. The committee noted that this was a significant initiative driven by the 2019 Demand and Capacity Review.
- 13.2. The proposed **Board and Committee Level Key Performance Indicators for 2024/25** were presented to the Committee and endorsed at their July meeting. Additionally, the **MIQPR** is monitored at each meeting, with a particular focus on handover delays, lost hours and system pressures and the effect of this on performance. Notwithstanding this, good performance was noted throughout the year on ROSC (return of spontaneous circulation), Ambulance Care, and 111 performance.
- 13.3. Following the meeting in September the board were made aware that that certain **Key Performance Indicators** were missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR). These metrics include 111 clinical triage callback times (P1), National Reportable Incidents, timely responses to concerns within 30 days, implementation of the Duty of Candour, successful consult and close outcomes, NHS 111

dental calls, and consult and close volumes for NHS 111. This was due to data quality issues which had been identified within the 111 system, Advanced Practice Paramedics, and other quality indicators which were being addressed.

- 13.4. In May the committee were assured that the **commissioning intention arrangements for EMS and NEPTS** are built into the planning cycles, quarterly assurance cycles and support the work towards our strategic ambitions and transformational plans and monitoring of that will be included in the IMTP delivery reports.
- 13.5. **Financial performance** was monitored at each meeting, including budget position on revenue and capital. In addition to reviewing risk 139 (*the failure to deliver our statutory financial duties in accordance with legislation*) at each meeting. In September the committee noted that the EMT Band 5 business case had been submitted to the board. The risks relating to this were highlighted in the financial presentation and the Welsh Government monitoring return. The non-recurrent nature of this was stressed and the fact that this would not be sustainable going into 2025/26.
- 13.6. The risks in relation to the **EMT band 5 business case** continued to be highlighted to the committee throughout 2024/25 and were discussed in detail in January. The challenges that this poses for planning as part of the 2025/28 IMTP were stressed, including the fact that the allocation does not fully cover EMT band 5 costs, and there is no indication that these will be separately funded this year.
- 13.7. In January the committee discussed the **financial allocation for 2025/26**, noting an uplift to Health Boards of 1.77% compared to 3.67% this year. It is expected that this uplift will be passed through to providers, as has been the case in previous years. The only other funding assumed within the financial planning principles is for pay awards and the impact of the increase to employers National Insurance. The allocation letter also prescribes a savings target of at least 2%, which amounts to about £6.5 million for WAST. The Initial **2025/26 Revenue Budget** was received and endorsed by the Committee in March 2025.
- 13.8. The final 2023/24 **financial performance report for Month 12** was presented at the May 2024 meeting with a small surplus of £85k and the

capital expenditure of £22m being fully spent. Gross savings of £6.546m have been achieved against a target of £6.000m and the Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days. The committee congratulated all directorates for achieving this year end position.

- 13.9. An Audit Wales report, '**Review of Cost Savings Arrangements**' was received in November. This assessment was carried out across all NHS Wales bodies, and it looked at our approach to identifying, delivering, and monitoring sustainable cost savings opportunities. Overall, Audit Wales found that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. The committee commended the teams on a positive report and noted that opportunities exist to reduce reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine savings reporting to the board.
- 13.10. The committee received regular reporting on the **financial sustainability programme** and the identified initiatives including the support services review; service review; recruitment control panel; operations savings group; and income generation group.
- 13.11. The committee received an update on the delivery of the **Integrated Medium Term Plan** (IMTP) 2024-27 at each meeting with issues of delivery escalated where necessary. In May 2024 it reviewed the end of year position with respect to the 2023-26 IMTP and congratulated the team for the significant amount of work that was achieved. Updates on the development of the IMTP 2025-28 were received, as was the final version for endorsement to the Board in March 2025. Reports in year focused on the clinical model transformation and provided updates on the changes to the governance structures for the **Strategic Transformation Board** and its programmes, regarding the IMTP delivery structures. The committee took assurance from the detail regarding the revised structures, which consolidate the existing programme structures into a broader programme, framed around the revised clinical transformation model.

- 13.12. In March the committee received the proposed **IMTP 2025/28, which included the financial plan for 2025/26**. At this meeting the committee also received the draft Wellbeing Objectives for the Trust, which were under consultation. The Initial **Revenue Budget for 2025/26** was including with these reports at the March meeting.
- 13.13. In March the committee received an update/refresh to **the Quality and Performance Management Framework** for consideration, which was endorsed for onward approval by the board. Related to this in November the committee received the internal audit on the **Quality and Performance Management Framework which** returned an overall reasonable assurance rating, and one high priority recommendation related to the work programme and local frameworks.
- 13.14. The Committee received a number of reports on **Emergency Preparedness, Resilience and Response (EPRR)** and were assured as to EPRR arrangements and leadership. The **Welsh Government Annual Emergency Planning Report for 2023/24** was also reviewed regarding the Trust's compliance and readiness to meet its obligations under the Civil Contingencies Act 2004. This report highlighted capability gaps found through the Manchester Arena Inquiry work, a detailed series of papers on which were taken by the committee in closed session. Later in the year risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) increased in score from 15 to 20 and was escalated to the Board.
- 13.15. The Trust's **Incident Response Plan** was presented in July 2024 which sets out the framework for the Trust to respond to a range of incidents including mass casualty incidents and those requiring a specialist response. The committee had reviewed a significant re-write of the plan in October which took account of Manchester Arena Inquiry recommendations.
- 13.16. The **Business Continuity Annual Report 2023/24** was received in July 2024 and also presented at Board. The Committee were assured that the necessary plans and business continuity arrangements are in place for the most significant risks. A revised business continuity structure is in place to provide for senior management overview.

- 13.17. An update on the Decarbonisation Action Plan (DAP) was received by way of the **Environment, Decarbonisation and Sustainability Update** for May 2024 and September 2024 and January 2025. The committee noted the continuing progress of the Trust's Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (NHSW- DSDP) which is overseen by the Decarbonisation Programme Board. The DAP has a range of actions which frame the Trust's decarbonisation response. Members were assured that an escalation plan is in development to ensure the Trust is undertaking all possible actions against identified risks and wider environmental considerations. In September the committee heard that the Trust has been successful in securing a proportionately higher share of government funding for decarbonisation projects, demonstrating efficient use of funds and delivery capabilities. Additionally, the service has been re-accredited with ISO 14001, marking it as the only ambulance service in the UK to hold this accreditation, reflecting its commitment to environmental management standards.
- 13.18. In September the committee received an update against the **2023/24 Estates Backlog Maintenance Update**, which demonstrated a significant reduction in backlog maintenance from over £15 million several years ago to the current levels, with a focus on reducing high and significant risk areas.
- 13.19. In September the committee received the annual **Waste Management Update for 2023/24**, which included compliance with changes to waste legislation in Wales (April 2024) require the Trust to recycle into four segregated waste streams, a move from two previously. Challenges with the requirements of the new Act were noted, including issues experienced with the contractor in the roll-out.
- 13.20. The annual **Fire Safety Compliance** report was received by the Committee in January 2025 with no issues to escalate to the Board.
- 13.21. **A value based healthcare update** was received in September 2024 which set out the progress of the key workstreams within its portfolio. A further update was not provided in the year as work was underway with external partners to develop this further. The work programme includes the following seven workstreams – Patient Recorded Outcome Measures

(PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLICS), Revenue Business Case Process, Evaluation Framework & Methodology, and Benchmarking. The portfolio for value based healthcare moved to the Executive Director of Quality and Nursing in year.

- 13.22. In September 2024 the committee received a deep dive overview of the **Cymru High Acuity Response Unit (CHARU)**, highlighting its evolution, purpose, and current measurement. The committee found the presentation highly informative and particularly impactful, particularly with respect to utilisation and the cross-over to the clinical indicators being reported in the MIQPR.
- 13.23. In September a report was received on the activities undertaken by the Trust's **Hazardous Area Response Team (HART) and Special Operations Response Team (SORT)**, a report against which is submitted to Welsh Government every quarter under the HART/SORT Service Level Agreement. The committee reviewed the annual report at this meeting.
- 13.24. In November the committee received an update on the **Mobile Data Vehicle Solution Project** following a survey that was delivered in summer 2024 with operational colleagues to gather feedback on the solution. Feedback highlighted key issues such as routing, graphical user interface design, mapping, incident management, and voice notifications and was not overall positive of the solution. These were shared and whilst many of these were already on their long-term plan as being common issues across all Trusts.
- 13.25. The committee reviewed the following internal audit reports in year:
- Data Quality (reasonable assurance);
 - Quality and Performance Management Framework (reasonable assurance);
 - Overtime Controls (reasonable assurance);
 - 111 Digital Operations (substantial assurance);
 - Vehicle Accident Management (limited assurance).
- 13.26. In May 2024 the committee received the draft **Digital Plan 2024-29**, which considered options to address essential resource gaps in our day to day digital services provision, and advancement of key digital

transformation initiatives supporting our IMTP and broader strategy. The final Plan was received for endorsement by the committee in July 2024, with the supporting Equality Impact Assessment.

- 13.27. Members received regular updates on the Trust's **Information Governance Toolkit**, which was undertaken to test the secure handling of patient data and compliance against legal and regulatory requirements. An improvement plan was in place, progress against which was reported to the committee throughout the year. Additionally regular **information governance reports** were received.
- 13.28. Updates were given in year regarding the implementation of the **Clinical Assessment Software** replacement, which went live on the 30 April 2024.
- 13.29. Regular updates were received on the **Digital KPIs** relating to data and analytics, ICT systems, service provision and projects within the IMTP.
- 13.30. Members **reflections** after each meeting included:
 - In May the committee thanked colleagues and their respective teams for the effort in preparing well written papers and supporting good opportunities for scrutiny, challenge and support.
 - In July the committee noted that it was the last meeting for the outgoing chair Joga Singh, who was thanked for his support and commitment to the Trust. Additionally, members agreed that the papers were of a high quality and there was feedback regarding how the agenda could be adjusted to better support meeting flow.
 - In September the committee reflected that papers and presentations demonstrated transparency and good teamwork and integration across all areas, and the good progress being made.
 - In November members reflected that the hybrid meeting worked well with a different room configuration and limiting use of the chat function. The papers were noted to be of a good quality and provided a good level of assurance.
 - In January members reflected that the hybrid meeting approach worked well, and the papers were well presented and clear. However, there is a desire to ensure that sufficient time is allocated to items so that the meeting runs to time. Members commended the assurance received from directors and noted that 2025/26 will be a more challenging year, stressing there was a need to be clear on what was in,

and outside of, our control. The committee welcomed observers who commented that they felt welcomed and enjoyed the discussion.

- In March members reflected that the agenda and business was managed well, with sufficient time for each item which ensured comprehensive discussions. There was a focus on quality of information which provides good assurance. Additionally, members acknowledged the need to focus the committee's attention on relevant risks and minimising duplication where business is received at other committees.

- 13.31. As suite of **policies** were presented and approved in year. These were: Purchase Card Policy, the Waste Management Policy, Data Quality Policy, Records Management and the NHS Wales Procedure for Recovery of Overpayments (Salary and Expenses)
- 13.32. The committee **cycle of business** was approved.
- 13.33. **Risks** relevant to this Committee are reviewed at each meeting and the agenda is driven by these risks. The highest rated risks, 139 (failure to deliver our statutory financial duties in accordance with legislation) and 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death), were the focus and drive agenda setting. Other risks related to cyber security, loss of critical IT systems, and recurrent funding from commissioners were reviewed regularly. A new risk was added to the corporate risk register in year and was presented to the board at its meeting in January. This is Risk 641 related to the **Manchester Arena Inquiry** with a score of 20. Members noted that a significant number of Inquiry recommendations had been implemented without additional investment, which has allowed for a reduction in the initial risk score.
- 13.34. The **annual effectiveness review** was conducted in the March 2025 meeting.
- 13.35. The **Audit tracker** was reviewed at each meeting, and good progress is being made to close management recommendations.
- 13.36. The **committee's priorities for 2024/25** are reviewed at each meeting and a more detailed update appears later in this report. The committee also reviews progress against its cycle of business at each meeting.

14. In private session the Committee took matters that were commercially sensitive and confidential. Most matters made their way to the Trust Board private session and where appropriate were reported in open session in accordance with the Standing Orders. Other matters taken in private session included updates on the Manchester Arena Inquiry recommendations, as well as cyber key performance indicators and closed business cases.
15. The board received a highlight (AAA) report from this committee by email circulation following each meeting which included alerts, advice, and areas of assurance. Where there was a shorter proximity of the meeting of this committee and the Board meeting, that report was provided verbally by the Chair and captured in the Trust Board minutes.
16. The committee is not serviced by any sub-committees or task and finish groups that this time.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

17. The proposed changes to terms of reference for this committee for 2024/25 are marked up in Annex 1 and include:
 - 17.1. The purpose section has been amended to include a responsibility to take account of the Trust's wellbeing objectives. Assurance on progress of these will be by this committee, noting that these are long-term objectives and therefore regular reporting of these will not be appropriate.
 - 17.2. Wording has been amended to avoid duplication and provide clarity, including:
 - The strategy development and delivery heading has been added and a delineation made between the long term strategy and complementary long term plans.
 - Removal of the need to receive assurance that a post-implementation review process was in place, as this was provided in 2023/24 via the Project Pathway Framework. Consideration of a post-implementation review trigger has been included following review of business cases/contracts over £500K and a note will be added to this effect on the cycle of business.

- The finance section has been revised to provide clarity around the revenue and capital approvals, including a specific section on endorsement of business cases/contract awards over £500K.
- A commercial section has been included, noting that the head of commercial will be appointed in 2025. They will join the membership of the committee on appointment.
- Clarity has been provided in the performance and planning sections, and a new infrastructure section added which deals with various estates and environmental issues. Previously reference to the estates plan and the fleet plan were included here but have now been moved to the long term plans section.
- The digital systems and strategy section has been removed and incorporated in the strategy and performance sections. Removal of the review of major projects does not mean they will not be reviewed, but that review will be triggered by the new section on post-implementation reviews and may also be driven by value and risk.
- The risk and audit section has been updated in line with the other committee terms of reference.
- Clarification on membership nomenclature
- Emphasis on the need for three Non-Executive Directors over and above the quoracy requirements

18. There are separate discussions taking place with the Executive Leadership Team on the appropriate leadership and committee oversight for the strategic objective 'being at the forefront of innovation and technology'. This may mean a refocus of the remit of the Academic Partnership Committee and that could lead to the digital elements of the Finance and Performance Committee being adjusted in year. This should be clearer in Q2.

19. The cycle of business for the committee has been amended in line with the adjustments to the terms of reference. Reporting frequency was discussed in the March meeting and has been reflected in the cycle of business for 2025/26 which was approved by Chair's Action.

PROPOSED CHANGES TO THE OPERATING ARRANGEMENTS

20. Proposed changes to operating arrangements for this committee are set out below. Some are relevant to arrangements across other committees also and they include:

20.1. A board development session on the use of the MIQPR will be held on 24 April 2025, and the annual review of all MIQPR metrics will come through committees in May.

20.2. A new finance dashboard is in development and will be considered by the committee in 2025/26.

20.3. New report front covers and SBAR templates have been developed. They include a short form report which includes a requirement to set out purpose of report and alignment to strategic objectives, wellbeing objectives and health and care quality standards. This will be accompanied by writing guidance and presentation guidance.

20.4. Writing guidance will set out the purpose of executive summaries in an attempt to ensure they are reflective of the comments received by members of this and other committees, particularly as they relate to a greater focus on outcomes.

20.5. Feedback following meetings on reports – both positive and where there are areas of improvement – are encouraged from committee membership. This will ensure we are working towards a continuous improvement in paper length and assurance.

20.6. A 'reading room' will be established in Ibabs for documents that members may wish to review for further information, but which are not vital for scrutiny and oversight.

20.7. Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged

to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.

COMMITTEE PRIORITIES

Priorities for 2024/25

21. The Committee received an update on progress against its priorities at each meeting. The 2024/25 priorities were:

Priority	Progress
<p>The development and approval of the Digital Plan.</p>	<p>This priority has been delivered.</p> <p>At its meeting on in May 2024 the Committee received the Digital Plan Refresh 2024-29 and considered the options presented. The Committee noted that the funding for this Plan was included in the digital revenue allocation approved by the Executive Finance Group and included in the 2024/25 IMTP submission.</p> <p>At its meeting in July 2024 the Committee received final Digital Plan 2024-29 which was endorsement, and it was approved by the Trust Board on the 25 July 2024. This priority has been fulfilled by the Committee.</p>
<p>Oversight of the potential commercialisation streams in the Financial Sustainability Programme.</p>	<p>Whilst there was reporting on the financial sustainability programme in 2024/25, the head of commercial was not in post. That role has been re-advertised as at the end of the financial year and therefore the committee may wish to hold over this objective until 2026/27 when that programme has had an opportunity to get some traction. Progress more generally on the programme was reported in 2024/25.</p>

Priority	Progress
<p>Focus on the new elements of its terms of reference relating to Information Governance and Information Security.</p>	<p>This priority has been delivered.</p> <p>Receipt of the Information Governance Toolkit and Information Governance (IG) Reports have been included on the Committee’s Cycle of Business for 2024/25. The information governance and information security assurance updates have been received at each meeting of the committee. The Data Quality Internal Audit Report was also received.</p> <p>The committee received a deep-dive item on cyber-security risks in closed session at its meeting in July 2024 and received cyber reporting throughout the year as cycled.</p>

Priorities for 2025/26

- 22. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. The committee will do so at its May 2025 meeting, and these will be provided to the board at its May meeting.
- 23. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.