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

## **MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 19 NOVEMBER 2024 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

**Meeting started at 09:30**

### **PRESENT:**

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director

### **IN ATTENDANCE:**

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation (Joined for Items 87/24 and 88/24 only)
Fflur Jones	Audit Wales (Joined at Item 86/24)
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
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 (Joined at Item 86/24)

### **OBSERVER:**

Lisa Trounce	Head of Compliance and Assurance
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### **APOLOGIES:**

Rachel Marsh	Executive Director of Strategy, Planning and Performance
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## 82/24 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

### Minutes

The minutes of the open session held on 17 September 2024 were considered by the Committee and confirmed as a correct record.

### Action Log

75/24: Waste Management Update and Estates Condition and Backlog Maintenance: *To consider with the Chair of FPC how best to present any further updates to the Committee and to consider any Committee development that may be required on this subject matter.* Chris Turley explained that going forward the annual reporting mechanism in terms of waste management and estates would be the most suitable method to update the Committee, adding that the level of detail in these reports would be considered. In the meantime, any interim issues if escalated will be reported to Committee as and when. Trish Mills advised this would be detailed on the Forward planner to consider whether it was a committee specific development or wider. It was agreed for these actions to be closed.

78/24: Risk Management and Board Assurance Framework: *To share the Risk paper and BDO presentation at the ARAC meeting on 12 September with Bethan Evans, Hannah Rowan and Jayne Beeslee (as NEDS who did not attend the Audit, Risk and Assurance Committee (ARAC) meeting: The information (the risk paper and BBO presentation given to ARAC in September 2024) has been shared with the NEDs as described. The Action was completed and agreed for closure.*

### RESOLVED: The

- (1) **Minutes of the meeting held on 17 September 2024 were confirmed as a correct record; and**
- (2) **The Action log was considered and updated as described above.**

## 83/24 OPERATIONAL UPDATE QUARTER 2

Lee Brooks presented the report and drew the Committee's attention to the following areas:

Manchester Arena Inquiry: Progress has been made, with 23 recommendations from the Grenfell report cross-referenced to the Manchester Arena inquiry work. A report supplementing the evidence has been submitted to the Commissioners.

Major Incidents: The updates on the recent major incidents in Cardiff and Powys, with debriefs and learning opportunities which were being processed through the regular reporting channels.

Quality and Support Days: There has been a focus on performance, including multiple attendance ratios and compliance with diesel mitigation concerning vehicles outside hospitals.

Medical Emergency Response Incident Team (MERIT): The skill set within the ambulance service now exceeds that of nurses trained for MERIT, and this position has been shared with Welsh Government.

Medical Priority Despatch System (MPDS) Accredited Centre of Excellence: The remedial status has been lifted, indicating a sustained improvement.

Estates and Infrastructure: Progress continued on the control room work in Carmarthen and the planned work at Ty Elwy, with staff managing to accommodate any disruptions.

Electronic Timesheets: An initial scoping meeting has been held with representatives and Trade Union partners.

Medical Transfer Protocol Suite (MTPS): Initial non-compliance has reduced from 23% to 17%, with ongoing monitoring.

Emergency Medical Service Lost Hours: This continued to be a significant challenge, impacting on red and amber performance.

Urgent Care Service (UCS) Transition: This has been ongoing for several months, with the concluding focus now on the appropriate activity for UCS staff and their skill set. There has been a current dip in utilisation which was being monitored and addressed through various strategies.

Bethan Evans raised a question about overtime not being fully used by staff. Lee Brooks explained there were several factors behind this which included: Staff may be reluctant to take overtime due to the challenging working conditions, particularly the time spent outside emergency departments. Additionally, recent pay rises and financial improvements for staff might have reduced the need for overtime. It was felt that less reliance on overtime was healthier for both the Trust and staff, and despite reduced overtime uptake, production has remained reasonable.

Peter Curran asked about electronic timesheets, specifically that if the pilot for electronic timesheets was successful, whether it would be rolled out across the Trust and whether there been any lessons learned, or insights gained from staff visiting the Southwest Ambulance Trust.

Lee Brooks confirmed that the first scoping meeting for electronic timesheets had taken place and highlighted the potential benefits, including improved managerial oversight, accuracy, and reduced payroll corrections. The programme was due for implementation in the next financial year, with a deployment and build period of about six to nine months. In terms of lessons from the Southwest Ambulance, Lee Brooks clarified that the visit to the Southwest Ambulance Trust was related to the single allocator model in the EMSC reconfiguration, not electronic timesheets, and was nevertheless positive.

**RESOLVED: The Q2 operations update was noted.**

## **84/24 FINANCIAL POSITION FOR MONTH SIX AND MONTH SEVEN 2024/25**

Chris Turley gave a presentation on the financial position of the Trust as at month seven and drew attention to the following areas:

Revenue Position: The cumulative position was a small underspend of £42K, and the Trust was continuing to forecast a break-even revenue position.

Savings Delivery: The Trust was overachieving on some savings delivery, which was important for managing and mitigating potential risks. The Trust was overachieving more in recurring schemes, which will be beneficial for next year's financial planning.

Cash Flow: There were no cash flow issues, and the Trust continued to pay bills in line with the public sector payment policy.

In terms of risks Chris Turley advised the Committee of the following:

Band 5 Technician Implementation: The initial risk was £4m, but it has been reduced to £0.5m due to managing vacancies, slippage in other spending, and overachieving savings. The recurring impact will need to be addressed in next year's financial plan. Several other risks have been managed down to zero as the year has progressed, including the non-achievement of savings, which was no longer a risk due to overachievement.

There was an assumption that the government would fully cover the impact of the pay award funding for this year. However, there was emerging modelling work from Welsh Government (WG) suggesting it might not cover 100% of the actual costs incurred. This was still being worked through, and the Finance Director from NHS Wales has indicated that WG would be sympathetic if the modelling showed consistent shortfalls across all NHS organisations.

In terms of the Capital programme Chris advised that considerable progress had been made on several projects and explained that a fuller update would be given later in the private meeting.

Peter Curran commended Chris Turley and his team for the tight financial control, evidenced by the minimal change between months six and seven. He emphasised the importance of communicating to Commissioners and Welsh Government that the costs for

the EMT Band 5 funding will increase in the coming years and that the current year's absorption of costs was not sustainable. He inquired about the implications of the recent increase in employers' National Insurance contributions from the recent budget.

Chris Turley commented that the increase in employers' National Insurance contributions will not have an immediate impact for this year, as the changes will take effect next year. He further mentioned that the impact on public sector organisations was still being worked through at the UK Treasury level, but the assumption was that it will be covered as had been confirmed by the Finance Director from NHS Wales at a recent meeting.

**RESOLVED: That the Finance & Performance Committee noted the Month six and Month seven updates.**

## **85/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Hugh Bennett updated the Committee on the main points from the report: It should be noted there were still some data issues being worked through, and these had been flagged where applicable within the report.

1. In terms of the specific performance metrics for the 999 call answering, the 95th percentile was 25 seconds, which was longer than previously reported but still compared well with English counterparts. The 65th percentile and median performance were above target.
2. The NHS 111 service achieved a 5% abandonment rate target for the first time in nine months.
3. The performance metrics for Priority1, P2, and P3 in the 111 service were very robust, with 100%, 91.6%, and 87% respectively, against a target of 90%.
4. EMS red performance was 50.4% for the 8-minute target, with demand continuing to increase.
5. The Cymru High Acuity Response Unit (CHARU) production was the best achieved to date in October at 84%.
6. Amber one median response time was much longer than desired, at 1 hour and 46 minutes, with the 95th percentile over 7 hours.
7. Handover delays in October were 21,880 hours, slightly better than the same time last year but still at extreme levels.

Trish Mills mentioned that the MIQPR report has also been recently reviewed by the Quality, Patient Experience and Safety (QuEST) and People and Culture Committees.

**RESOLVED: The Committee received the September/October 2024 Integrated Quality and Performance Report and noted that it provided sufficient assurance for the Committee against progress against the performance indicators.**

## **86/24 DIGITAL REPORTING**

Jonny Sammut provided the Committee with an update on the following areas:

1. The average turnaround time for non-trivial requests had spiked to 40 days, which was higher than seen in recent times. Recruitment was underway to address this, with four end-user support roles due to be advertised soon.
2. Records requests continued to be high and offers have been made to two new records officers who will join in December and January to help manage the demand.
3. System availability has been good, with performance above the UK industry standard of 99.9%, despite a minor issue with LifeX in September.
4. The Infection Prevention Control (IPC) audit tool was being scoped to devise a more automated tool for conducting IPC audits.
5. The procurement for surveillance drones with the Hazardous Area Response Team (HART) team was underway, and training for pilots was planned in the coming months.
6. The Short Messaging Service (SMS) cancellation functionality for Ambulance Care and EMS was underway. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to the Trust's Computer Aided Despatch (CAD) supplier, with work scheduled to commence in early 2025.
7. The Power BI migration was nearly complete, with the final Commissioner dashboard being developed to support the Joint Commissioning Committee (JCC).
8. Recruitment progress included the appointment of a new Chief Clinical Information Officer (CCIO), an Assistant Director of Digital Transformation joining in January, and several other roles being filled or advertised.

Following a query in terms of the impact of the Clinical Transformation Programme on the digital plan, Jonny Sammut mentioned that the programme was running at a fast pace, and it was challenging to keep up with the technical requirements. He added his team have a regular monthly planning cycle involving senior management and planning team members to ensure synergy across all functions. The transformation work will take priority, and he assured the Committee his team could scale up or down other programmes as needed.

Bethan Evans asked Jonny Sammut about the recruitment process in general, highlighting the progress and the importance of finding the right skill set and experience for various initiatives. Jonny Sammut responded positively about the recruitment process, mentioning there had been a good uptake of talented people and the positive impact of diversity and inclusion activities. He added that technical roles might be harder to recruit due to salary competition within the private sector.

Peter Curran inquired about the potential for the Trust to explore collaboration with industry partners, particularly around Drones. Jonny Sammut added that collaboration with the Welsh Blood Service and other system partners to develop a Drone highway network across Wales was progressing well. Trish Mills mentioned there was a short presentation in the closed Academic Partnership Committee papers in Ibabs, which covered this detail further.

**RESOLVED: The Committee noted the contents of the Digital Report and the trends in metrics presented.**

## **87/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE**

Alex Crawford drew the following key points for the Committee's attention:

The Trust was meeting the Accountability Conditions set by Welsh Government at the approval of the IMTP.

1. Clinical Model Transformation Programme: The programme was progressing well, with a cautionary status due to the pace and the need to catch up on governance. The core flow and core categorisation group has completed its part of the work and moved to the next phase.
2. Urgent Community Response: There were some legacy issues with advanced practice work, including supervisory arrangements for advanced practitioners and ongoing work around independent prescribing.
3. Directorate-Led IMTP Priorities: Significant work continued outside the clinical model transformation programme, with many priorities on track in operations.
4. People Section: Progress on timesheets and other ongoing work was noted, with detailed updates having been provided to the People and Culture Committee.
5. Digital Plan: The current year's action was to implement the plan, with more detailed priorities expected next year.
6. Quality and Clinical Plan: Most areas were on track, with some work needed on training around putting things right and safeguarding, as well as engagement with communities through Civica.

**RESOLVED: The Committee:**

- (1) **Noted the CMT programme progress update.**
- (2) **Noted the confirmed Directorate-led IMTP end of Q2 position.**
- (3) **Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**

## **88/24 INTEGRATED MEDIUM TERM PLAN 2025/2028**

Alex Crawford gave the Committee a presentation which explained that the planning cycle for the next Trust IMTP, the work for which began in June and started with gathering intelligence and engagement to identify priorities for the upcoming year. He stressed the importance of balancing the Clinical Model Transformation Programme with the ongoing daily operations and other work within the Directorates.

The Committee noted that the focus included maintaining the pace of transformation while considering the operational context and associated risks. He highlighted the need for integrated technical planning, which involved aligning digital, workforce, and finance plans, including capital investments.

In terms of next steps, this would involve refining the priorities and ensuring they were well-balanced between transformation and operational needs; with further discussions with the Trust Board planned for upcoming Board Development sessions.

Chris Turley added that the draft Welsh Government budget was expected to be published on 10 December 2024. Furthermore, there was a Finance Directors meeting scheduled for 20 December 2024, which could involve detailed technical discussions about the NHS Wales allocation letter, dependent on the progress of the budget.

Bethan Evans drew attention to a potential contradiction between the need for consolidation and embedding of changes, and the ambitious nature of the Transformational programmes.

Alex Crawford acknowledged this was a deliberate contradiction, emphasising the need for a discussion on balancing consolidation with the Trust's ambitions. He highlighted the importance of understanding what was meant by embedding and consolidating changes while maintaining the Trust's drive for improvement and transformation. He suggested that this discussion would be further explored in the upcoming Board Development session.

**RESOLVED: The update on the Integrated Medium Term Plan 2025/28 was noted.**

## **89/24 INFORMATION GOVERNANCE REPORT**

Jonny Sammut highlighted the following areas for the Committee's attention:

In terms of the Information Governance (IG) Toolkit the Trust was at a "standards not met" status, however the Committee was assured there was an improvement plan in place.

The IG Training compliance rate was 76.5%, an improvement from the previous year's 75% target. The new target was 85%, and there was ongoing debate nationally about whether this was an appropriate target.

In August, 21 Freedom of Information (Fol) requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements were expected following an Organisational Change Policy and process review.

Although some progress has been made with actions in the Records Improvement Plan (e.g. Review of the Records Management Policy), timelines have been impacted by long-term sickness in the Corporate Governance Team. . To provide assurance and visibility, a check against the original audit actions will be carried out in readiness for the November meeting of the Information Governance Steering Group (IGSG) to check for any potential risks emerging from delays in progress.

next recruitment was under way for the Data Protection Officers, with two new Data Protection Managers joining this November.

The Data Quality Internal Audit report was received with reasonable assurance, and two high-priority recommendations identified: 1) reviewing the information asset register, and 2) improving data quality reporting. These recommendations aligned with existing plans to set up an information asset owners' group as agreed by IGSG. The small Data Quality function already has plans to develop data quality metrics for IGSG, coinciding with the audit recommendations. It has been agreed that IGSG will monitor progress of the actions for this audit via an extract of the Trust's audit tracker and will be a standard agenda item going forward. The Committee were advised that the report would be presented at the next Audit, Risk and Assurance Committee (ARAC) meeting.

Trish Mills commented that the previous alert around data quality issues sent to the Board after the September meeting should be updated. She suggested adding that while there were still some highlighted data quality issues, the internal audit on data quality has provided assurance on the actions to address these issues. Osian Lloyd acknowledged the positive assurance from the report and highlighted the focus on the EMS Computer Aided Despatch (CAD) system. He also noted the need to strengthen data quality processes across other data sets and systems.

There was a question regarding recruitment which asked Jonny Sammut if he envisaged or was already seeing challenges with recruiting for some key posts, given the importance of getting the right skill set and experience, especially in the context of the digital function. Jonny explained there were challenges but assured the Committee this was a focus for him. Having said that two posts have recently been advertised, a Data Quality Manager and a Data Quality Analyst. Furthermore, two new Data Protection Managers have recently joined the Trust.

**RESOLVED: The Committee noted the update.**

Julie Boalch provided an update on the risks under the Committee's remit and noted that the data presented was the same as that shown to the Trust Board in September. She assured the Committee that each risk had been reviewed according to its schedule and navigated through the appropriate governance.

The next round of risk data would be presented to the Audit, Risk Assurance Committee (ARAC) and Trust Board at their respective meetings in November. Julie Boalch also highlighted that 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) had reduced in score and this would be reflected in upcoming reports.

Julie Boalch informed the Committee of the next phase of the Risk Transformation Programme, overseen by the ARAC, and noted that an initial workshop was planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

**RESOLVED: The Committee noted the contents of the report.**

## **91/24     AUDIT TRACKER 2.0 – JUNE 2024 (Q2)**

Trish Mills provided an update on the audit tracker, highlighting the following points: There has been good engagement this quarter, with approximately 67% of intended items closed.

There was one open action on its third revised date which was yet to be complete - action 567 (Hazardous Area response Team (HART) internal audit). This action was discussed by the Committee and the ARAC at their respective meetings in September 2024.

Trish Mills noted the Real Asset Management (RAM) system internal audit from 2021/22 (action reference 470) is an example of historical audit actions that have been difficult to close off. It has been mutually agreed in consultation with Internal Audit colleagues that it is acceptable to close the action on the basis that this work has been accounted for within the Trust's current Digital Plan and subject to the following actions:

1. That the position be clearly articulated on the Tracker and be brought to the attention of the ARAC and FPC in the next reporting period.
2. That this position clearly state that the work is subject to funding of the relevant Tranche 2 of the Digital Plan.
3. That the associated risks be held in the Digital Directorate Risk Register, in lieu of the action's inclusion on the Tracker.
4. That the Corporate Governance Team ensure that the action is scheduled for review by the FPC and ARAC in September 2025 (which is the date of completion on the Tracker).

There were no open external audit actions assigned to the Committee. The current version of the tracker was now open for Directorate review for actions due in October, November

and December 2024. These updates will then be reported to the Committee at its meeting in March 2025.

**Overtime Controls Internal Audit** (Reasonable Assurance) – Lee Brooks commented that the audit had provided good assurance on the approach being continually deployed within the Operations Directorate. He added that the audit had identified the benefits that electronic timesheets would provide, although achieving this would take some time.

Following a query on the cost and funding of the electronic time sheet, Chris Turkey advised there was some resource to cover it in the plan for this year.

**Integrated Quality and Performance Management Framework Internal Audit** (Reasonable Assurance) – Hugh Bennett reflected that the Trust might have set a high bar by asking about the extent to which the Quality Performance Management Framework (QPMF) was embedded, rather than the quality of the framework itself.

It was noted that the audit provided reasonable assurance but only limited assurance on the embedding arrangements, primarily due to the small size of the team, which impacted on their ability to do developmental work.

He mentioned that the team has overhauled the work programme and established a Quality and Performance Management Steering Group, which meets monthly and reviews the work programme.

Hugh Bennett acknowledged that the reporting of Alert Assure Advise (AAA) reports into the Executive Leadership Team (ELT) has been intermittent due to time pressures but were now more consistent.

Hugh Bennet stressed the need to be more precise on governance and acknowledged that development work often loses out to mandatory reporting due to the sheer volume of tasks.

Trish Mills reminded Members that the Committee's remit was to review the effectiveness and monitor the outcomes of the QPMF. She expressed hope that the ARAC would be assured of the implementation of the QPMF during their upcoming meeting, as they had received reports in the last meeting, and would receive another report in the current meeting.

Trish advised that the Committee would need to consider how best to report on the effectiveness of the QPMF and the value of the outcomes. This can be addressed during the 2024/25 overall Committee effectiveness review discussions.

**Review of Cost Savings – All Wales Audit** - Chris Turley explained that the report was positive and identified a small number of recommendations. He stated that one of the recommendations had already been completed. He confirmed that all recommendations were on track to be completed by the assigned dates.

Fflur Jones supported Chris Turley's comments and noted that it was a positive report. She acknowledged that the management responses had been accepted and that they met the recommendations set out in the audit.

Peter Curran queried about the recruitment process for the Head of Commercial and the development of the commercial team, expressing concern about the importance of getting the right person in place. Carl Kneeshaw acknowledged there were delays in the recruitment process and mentioned that additional resources had been put in place to mitigate risks, such as having jobs evaluated faster. He stressed the importance of looking at the end-to-end recruitment process to reduce time and improve the overall time to hire. He also highlighted the need to ensure the Trust was an attractive place to work by advertising in the right places, using networks, and having a strong employee value proposition.

Trish Mills suggested that the Committee might wish to flag the data quality audit actions for closer attention. She proposed that this could be a good way to see how the importance of the discussion around recruitment and data quality might be addressed. It was agreed that the Committee would proactively monitor the actions generated from the Data Quality Internal Audit (24/25) over the coming year, via the future Audit Tracker reports. This will allow the Committee to monitor the discussions / progress on recruitment in Digital and how issues of data quality might be addressed. The Corporate Governance Team (CGT) will ensure that the Audit Tracker is annotated to reflect this focus, and the Committee's CoB/Planner will be updated to reflect this agreed focus.

**RESOLVED: The Committee received and took assurance from the Audit Tracker June 2024 (quarter 2 2024/25) update report.**

## **92/24 MOBILE DATA AND VEHICLE SOLUTION FEEDBACK INITIATIVE**

Jonny Sammut provided an update on the Mobile Data Vehicle Solution (MDVS). He noted that after implementing the technology, a staff survey was conducted to gather feedback on how the system was progressing. The Trust received over 100 responses, which were generally positive, with some constructive feedback. The project team tested the feedback with operational crews to identify core issues, which included routing, graphical user interface (GUI) design, mapping, incident management, and voice notifications.

Jonny Sammut also highlighted that the Ambulance Radio Programme (ARP) which sat under the auspices of the Association of Ambulance Chief Executives (AACE), had engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed.

The next steps involved working with ARP to determine the top ten issues and developing an action plan for future improvements. Additionally, it was planned to enhance communication and training, including video guides to support colleagues.

Bethan Evans asked if the type of feedback received on the MDVS project was as expected. She also inquired about the level of confidence in being able to address the issues raised to improve the overall perception of the staff. Jonny Sammut explained that receiving only 100 responses was seen as positive because it indicated there was not a large volume of negative feedback. Jonny Sammut added that many of the issues raised were already on the long-term development plan and that the feedback allowed his team to prioritise and address these issues.

The Chair acknowledged the importance of addressing the feedback and demonstrating effective responses to staff concerns. She stressed the need to communicate effectively to ensure staff understood the limitations and improvements being made.

Hugh Parry mentioned that Trade Unions have been involved in the MDVS project from the beginning. He acknowledged that it was expected to be controversial among staff due to the nature of change. He indicated a preference to discuss further details with Jonny Sammut offline rather than in the open session.

**RESOLVED: The Committee acknowledged that the valid issues that operational crews have raised were being addressed but accept that to comply with the Road Traffic Act, some changes to practice, perception and colleague satisfaction cannot be met within the constraints of the Act.**

#### **93/24 POLICIES FOR COMMITTEE ATTENTION**

The following policies were received by the Committee:  
Records Management Policy. This was received for noting.

NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024). This was received for adoption.

**RESOLVED: The Records Management Policy was noted and the NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024) was adopted.**

#### **94/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT**

The report was presented for information. No matters from the Cycle of Business Monitoring Report were escalated for the Committee's attention. The updates regarding the Committee Priorities were noted.

**RESOLVED: The Committee noted the Committee Priorities and Cycle Monitoring Report update.**

#### **95/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

Members noted that the room configuration and the chairing of the meeting worked well, especially for hybrid meetings. They appreciated the restricted use of the chat and commended the Chair for moving the meeting along at a great pace.

**Meeting concluded at 12:00**

**Date of Next Meeting: 16 January 2025.**