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Welsh Ambulance Services
University NHS Trust

**WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE
QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HELD ON 4 NOVEMBER 2025 VIA TEAMS**

MEMBERS PRESENT:

Bethan Evans Non-Executive Director and Chair
Ceri Jackson Non-Executive Director and Vice Chair of the Board
Rhiannon Beaumont-Wood Non-Executive Director

IN ATTENDANCE:

Claire Appleton Assistant Director of Putting Things Right
Hugh Bennett Assistant Director of Commissioning and Performance
Kate Blackmore Assistant Director of Quality Governance
Jonathan Chippendale Assistant Director of Clinical Development
Justine Cosby Consultant Practitioner, Mental Health (*Item 11 only*)
Sarah Harland Corporate Governance Officer
Mark Harris Assistant Director of Operations NEPTS
Leanne Hawker Head of Patient Experience and Community Involvement
Wendy Herbert Deputy Director of Quality and Putting Things Right
Alison Kelly Business and Quality Manager
Mark Marsden TU Partner
Vicky Maxwell Head of Safeguarding
Trish Mills Director of Corporate Governance/Board Secretary
Hugh Parry TU Partner (*joined at 10:30am*)
Alex Payne Corporate Governance Manager
Andy Swinburn Executive Director of Paramedicine
Felicity Quance Deputy Head of Internal NWSSP
Liam Williams Executive Director of Quality and Nursing

APOLOGIES:

Julie Boalch Assistant Director of Corporate Governance and Risk
Lee Brooks Executive Director of Operations
Henry Garrard TU Partner
Rachel Marsh Executive Director of Strategy, Planning & Performance
Jonny Sammut Director of Digital Services

OBSERVERS:

Adele Roberts Head of Quality and Patient Care, NHS Wales Joint
Commissioning Committee
Debbie Bell Patient Safety Manager
Leanne Onslow Head of Strategy Workforce Planning Systems & Recruitment
Angela Mutlow Director of Operations, Llais

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

- 1.1 The Chair welcomed all attendees, including several new observers and staff members, including Adele Roberts, Dan King, Debbie Bell and Leanne Onslow. Apologies were noted and the Chair confirmed the meeting met quorum.

2. DECLARATIONS OF INTEREST

- 2.1 There were no further declarations of interest to those already listed in the Register.

3. MINUTES AND HIGHLIGHT REPORTS

3.1 MINUTES FROM THE OPEN MEETING 5 AUGUST 2025

- 3.1.1 The Minutes from the meeting held on 5 August 2025 were approved at the Extraordinary Meeting on 10 October 2025.

3.2 COMMITTEE HIGHLIGHT REPORT 5 AUGUST 2025

- 3.2.1 The Chair drew the Committee's attention to the contents of the AAA Highlight Report for their information; this highlighted the key points from the meeting on 5 August 2025.

3.3 MINUTES OF THE EXTRAORDINARY MEETING 10 OCTOBER 2025

- 3.3.1 The Minutes from the Extraordinary meeting held on 10 October 2025 were received and confirmed as a correct record.

3.4 COMMITTEE HIGHLIGHT REPORT EXTRAORDINARY MEETING 10 OCTOBER 2025

- 3.4.1 The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Extraordinary meeting on 10 October 2025.

- 3.4.2 Liam Williams advised Joint Commissioning Committee (JCC) observers that documents on Quality Impact Assessments (QIAs) and Call Categorisation Phases 1 and 2 are available for review if required.

4. ACTION LOG AND MATTERS ARISING

- 4.1 14-08/25 5 August 202, Clinical Plan Progress Update - Refer the prioritisation of the digital Clinical Plan project back to the Executive Leadership Team (ELT) for review, ensuring it aligns with current organisational priorities and resource capacity (If technical or resource barriers arise, the content can be reformatted into a more traditional format). ***Update 4 November 2025*** Andy Swinburn *proposed closing the current Clinical Plan Progress action, explaining that feedback and new requirements from the Ambulance Performance Framework mean a complete revamp is required. Andy added that the future plan will focus on aligning the organisation to deliver against the new framework, which is more clinically led and outcomes driven. Andy clarified that much of the clinical transformation work already covers the intended plan, and future updates will*

be brought to the group as the new approach develops. The group agreed to close the action and await further update.

5. OPERATIONS DIRECTORATE QUARTERLY REPORT Q1 2025/26

- 5.1 Mark Harris summarised the Operations Quarterly Report, noting the rollout of a Quality Assurance Framework for Clinical Navigators and onboarding ten new Call Prioritisation Streaming System (CPSS) auditors to boost audit volumes. Additional funding has been secured to improve ambulance availability, with monitoring and improvement plans in place. The Wait 45 initiative has reduced handover delays but increased late discharge and transfer requests, occasionally exceeding capacity.
- 5.2 Hugh Bennett explained that the 2023 demand and capacity review has been revisited in light of ongoing transformation work, and acknowledged that there are areas without sufficient capacity, mainly due to financial constraints and unpredictable demand, presenting challenges, with current efforts focussed on improving system efficiency rather than expanding resources. Hugh also noted that further demand and capacity analysis is planned as part of the Quality and Patient Experience checks after phase two goes live. Work with the JCC and upcoming workshops aim to tackle inefficiencies such as late bookings and cancellations.
- 5.3 Quality and Support days remain popular, focusing on staff wellbeing and feedback driven improvements. Positive engagement at Ambulance Care roadshows highlighted career structure, capacity pressures and aspirations for a more ambitious vision.

The Committee received and noted the Operations Directorate Quarterly Report Q2 2025/26.

6. PATIENT STORY

- 6.1 The patient story featured Alison Clarke, a regular NEPTS user who experienced last minute transport cancellations, causing distress and delaying critical reviews. Alison's account underscored the need for improved communication, clearer eligibility criteria, and greater service reliability. Mark Harris outlined systemic issues: rising demand, fewer volunteer drivers, more high acuity journeys, and inefficiencies such as late cancellations. Actions include working with commissioners, improving staff training, better patient communication, targeted investment and plans for a patient survey. Discussion noted staff stress, the need to review eligibility criteria and strategic engagement with partners. The committee agreed broader system changes, including eligibility and funding adjustments, are required.

- 6.2 Alison's lived experience highlighted the ongoing high demand for NEPTS, which continues to generate complaints about unmet patient needs. Despite Quality Patient Safety and Experience support through emotional mapping, enhanced data visibility, and efforts to encourage on-the-spot resolution, complaint levels have not declined. Members discussed the impact on patient care and have asked the Finance and Performance Committee (FPC) to review current actions and plans to improve service delivery, particularly around eligibility criteria and the challenges patients face due to cancellations and limited capacity. The Chair thanked Alison for sharing her experience.

An action was raised to ask the Finance and Performance Committee to review current actions and plans to improve service delivery, particularly around eligibility criteria and the challenges patients face due to cancellations and limited capacity.

6.1 PATIENT STORY UPDATES

- 6.1.1 Leanne Hawker provided an update on Sophie Hinksman's story, focusing on improving 111 access for people with learning disabilities and mental health needs. Actions included easy read resources, better communication and reasonable adjustments. Leanne reported of shared learning with Health Boards, a new Learning Disability Clinical Lead appointment, and ongoing work with Digital Services, to enhance accessibility through user centred design, and engagement with local groups. Feedback is actively shaping service improvements.

The Committee received the Patient Story update regarding Sophie Hinksman and were assured by the outcomes.

7. MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

- 7.1 Hugh Bennett presented the MIQPR, noting advanced winter planning with extra 111 staff, demand forecasts, private provision for festive peaks, severe weather plans and paramedic scheduling. Ceri Jackson sought assurance on digital solutions for 111 and impact of improved ambulance response times; Hugh responded that while digital changes are helping, there is no certainty they will fully resolve the demand and capacity gap. The JCC wants to see the impact of these changes before considering further investment. There is a possibility that improvements could increase demand, so the situation is being monitored.
- 7.2 Conveyance rates are rising due to better ambulance availability, and benefits of Clinical Model Transformation (CMT) will be monitored post call categorisation phase two. The committee considered the impact of the CMT programme and reduced handover delays on Health Boards, with early indications of improved ambulance availability and conveyance of higher acuity patients not necessarily benefiting flow through the front door. A formal

evaluation of the CMT programme has been commissioned, however benefits realisation and performance indicators and trajectories work is underway internally and will be overseen by the Finance and Performance Committee (FPC).

- 7.3 Rhiannon Beaumont-Wood raised concerns about Betsi Cadwaladr and low Same Day Emergency Care (SDEC) activity; Jonathan Chippendale and Andy Swinburn outlined plans via Six Goals Programme, stressing Welsh Government leadership in response to the Wait 45 Taskforce. The Chair and Liam highlighted monitoring handovers and expanding community pathways.

The Committee agreed that the MIQPR report provided sufficient assurance noting the issues raised above.

8. STRATEGIC QUALITY PLAN 2025-2028 IMPLEMENTATION UPDATE

- 8.1 Kate Blackmore updated members on the Strategic Quality Plan, confirming it was reviewed and amended by the Clinical Quality Governance Group (CQGG). Corrections were highlighted; second line assurance will be provided quarterly through CQGG and Quest, aligning with the current Audit Wales Quality Governance review requirements, and this frequency can be reviewed after the first 12 months; and for third line assurance, Kate confirmed that an internal audit review will be sought at the midpoint of the strategy, in line with IMTP deliverables, to assess implementation maturity. Kate concluded that otherwise, the paper stands as written.
- 8.2 Liam Williams outlined that the Strategic Quality Plan is being developed with assurance from Audit Wales and Internal Audit, with a focus on deeper organisational integration as core categorisation work concludes. Liam highlighted new national alignment efforts under the NHS Wales Chief Executive and an All-Wales Quality Management System initiative. While there is good directorate alignment, full integration is ongoing. Liam emphasised clarifying assurance metrics and distinguishing between population health and public health approaches. Liam concluded that the plan demonstrates progress and a clear path forward, supported by recent leadership changes.
- 8.3 Trish Mills stressed the need to clarify which Strategic Quality Plan deliverables are also in the IMTP to avoid duplication between QuEST Committee and FPC reviews. Trish also highlighted distinguishing action progress from strategic outputs in line with Audit Wales recommendations.
- 8.4 The Chair sought clarification on the report's reference to partial assurance of progress against delivery of the plan, requesting further detail on the underlying challenges. In response, Kate Blackmore and Penny Durrant explained that the primary constraint relates to limited capacity and capability, particularly in delivering population health ambitions and digital/data support.

Work is ongoing to embed these areas into business-as-usual processes and to utilise available resources pragmatically.

- 8.5 The Chair stated that the report demonstrates clear progress and substantial work, acknowledging ongoing system wide challenges, and expressed that the committee was assured the organisation is moving in the right direction with the Strategic Quality Plan.

The Committee:

- 1. Received assurance on the activity completed to undertake prioritisation of tasks and timeliness associated with the Strategic Quality Plan 2025-28; and**
- 2. Received assurance on the implementation approach, governance and prioritisation of deliverables.**

9. PUTTING THINGS RIGHT (PTR) REPORT QUARTER 2 2025/26 (JULY-SEP 2025)

- 9.1 The PTR Report for Q2 2025/26 was received, highlighting a number of learnings and improvements that have been identified and implemented. While some areas of poor performance are being addressed through the PTR recovery plan, the following points were noted:

- The number of overdue National Reportable Incidents (NRIs) has remained relatively static this quarter. However, there has been a deterioration in the timeliness of complaint responses, with fewer being completed within the statutory 30-day timeframe, this target has not been met in any of the past 15 months reported. There has also been a decline in the number of Duty of Candour letters issued within the required five working days.
- Key themes emerging from NRIs this quarter include issues with call management (such as missed allocation opportunities and delays due to incorrect incident addresses), remote clinical care (including inappropriate call downgrades and challenges in mental health consultations), and operational pressures (notably abstractions and low staffing levels).
- There are ongoing delays in the submission of Learning from Events Reports, which has prompted an intensive support programme from the Welsh Risk Pool. Progress against last year's improvement programme is slipping, as reflected in the audit tracker.
- Additional learning has been captured around complex case management, the impact of the Clinical Navigator role, and developments in gender identity work.

- 9.2 Discussion covered stress and sickness impacts, on-the-spot resolution, and embedding national approaches. Leadership support has increased, and AI use is planned for 2026/27. Case complexity has risen due to call categorisation

changes, but processes have adapted. No new complaint themes emerged. The committee welcomed the assurance and will monitor progress and funding impact.

The Committee received and took assurance from the Putting Things Right Report – Quarter 2 2025/26 (July-September). No additional assurance requirements were identified.

10. AAA FROM AUDIT RISK AND ASSURANCE COMMITTEE (ARAC) TO QUALITY PATIENT SAFETY AND EXPERIENCE COMMITTEE (QUEST) – NEAR MISS AND LOW HARM

10.1 Trish Mills presented the AAA report from 2 September 2025 meeting to the committee, explaining that ARAC requires annual assurance from QuEST on the framework for Near Miss and Low Harm reporting. The latest report highlighted challenges in providing full assurance due to current resource and system constraints; however, ARAC accepted this position and requested an interim update in March rather than waiting until September.

10.2 The Chair supported this approach and agreed to this request, noting it was appropriate given recent discussions and that it would be programmed for a future meeting (re QuEST to ARAC), and recognised that Near Miss and Low Harm reporting continues to be constrained by capacity and system pressures.

11. MENTAL HEALTH ANNUAL REPORT 2024/25

11.1 Liam Williams introduced the Mental Health Annual Report 2024/25, confirming its purpose is to assure this committee and Welsh Government on the use of commissioned funding and outline the Trust's mental health approach. Future reports will integrate all mental health work, including safeguarding, and align with the JCC. Justine Cosby summarised her first six months, noting achievements, challenges and an expanded remit covering dementia, CAMHS (Children and Adolescent Mental Health Services), neurodivergence, postnatal mental health, substance misuse and older people. Key developments included new strategies, specialist roles, a mental health response vehicle pilot, and equity initiatives. Challenges remain around service variation, workforce shortages and patient feedback.

11.2 Rhiannon welcomed the breadth of reporting but urged more focus on achievements and assurance. Ceri praised ambition and asked about mental health skills for EMS/111/999 staff and third sector collaboration. Liam stressed WAST should focus on its remit, empower generalists, and improve crisis support through partnerships.

11.3 The Chair raised concerns regarding resource dependencies for delivering the mental health next steps. Andy Swinburn responded by acknowledging the challenge of achieving equity of provision without additional funding and

emphasised the need to balance ambition with available resources. Andy highlighted that financial constraints are a major obstacle to large scale implementation. Justine also responded, noting recent clinician appointments and increased local authority involvement, but explained that some developments were not yet evident due to timing.

- 11.4 The committee acknowledged the report's value, supported its recommendations, and looked forward to more integrated, resource-aware developments and clearer evidence of local authority involvement in future reporting.

The Committee:

1. **Received the Mental Health Annual Report 2024/25 and discussed and noted the delivery of the assurance report.**
2. **Acknowledged that the continued focus is recommended on:**
 - **Scaling successful pilots like MHRV and remote Triage;**
 - **Enhancing workforce development and recruitment;**
 - **Strengthening partnerships with Health Boards and third sector organisations;**
 - **Advancing digital innovation and data driven evaluation; and**
 - **Ensuring equitable access and consistent quality of care across all regions.**

12. LEARNING FROM DEATHS (MORTALITY REVIEWS) REPORT

- 12.1 Wendy Herbert presented the Learning from Deaths report, noting 143 Medical Examiner cases in Q2, adding to PTR workload. Progress continues on Level 2 reviews, though 96 cases remain outstanding. Key themes include ambulance delays, lack of end-of-life planning, deconditioning from long waits, and poor patient/family experience, with work underway to link learning to primary care. The report flagged the upcoming Thirlwall Inquiry and referenced the David Fuller Inquiry, with Trust actions implemented. The Chair noted recurring themes and ongoing system pressures; Wendy agreed these issues persist and require continued focus.

The Committee received the Learning from Deaths (Mortality Reviews) Report for discussion.

13. PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) BI-ANNUAL REPORT (APRIL-SEPTEMBER 2025)

- 13.1 Leanne Hawker presented the PECI report, focusing on improving patient experience through NHS Wales metrics and the new National Framework. The team is embedding experiential data into quality improvement and using real time feedback to drive change. Positive feedback highlighted staff kindness and exceptional care, especially in Ambulance Care and 111 services, while

response times and call-backs remain challenging. Engagement events decreased due to resource constraints.

- 13.2 Rhiannon Beaumont-Wood queried the absence of Powys in engagement data and the status of SMS texting with the Information Commissioner's Office; Leanne explained resource limitations and reliance on local engagement teams and confirmed that General Data Protection Regulation (GDPR) compliance concerns are being addressed with Information Governance (IG) support.
- 13.3 The Chair also raised concerns about low engagement in Powys, as well as Cwm Taf Morgannwg and Hywel Dda, calling for more equitable resource allocation. Liam acknowledged resourcing issues and confirmed recruitment and a reset are planned for Q4. Ceri stressed the value of qualitative feedback and asked if experiences of those unable to access services are captured; Leanne noted this is mostly gathered anecdotally and new surveys are being developed. The Chair suggested adding a quick reference to previous scores on slides showing patient feedback (e.g. for 999 and Ambulance Care) so trends over time, such as whether satisfaction is increasing, stagnant, or declining, can be easily seen in future PECE reports. Leanne confirmed data will include trends in the next report.

The Committee:

- 1. Received the Patient Experience and Community Involvement (PECE) Bi-Annual Report (April-September)**
- 2. Noted the activities undertaken during this reporting period and acknowledged that PECE Reports will be shared publicly through the Trust's People and Community Network.**

14. CLINICAL AUDIT PLAN Q2 2025/26

- 14.1 Andy Swinburn introduced the Clinical Audit Plan Q2 update, with Jonathan Chippendale providing details. Three audits were completed: hospital transfer care bundles (no issues), St. John's missing records (no new risks but highlighted need for Electronic Patient Care Records (EPCR) for Falls service), and ketamine use (actions to align with Patient Group Direction (PGD)). The antimicrobial audit was discontinued and moved to Medicines Management reporting. Clinical intelligence requests have significantly increased, mainly due to FOI (Freedom of Information) and legal/pre-claim activity.
- 14.2 Rhiannon Beaumont-Wood praised progress and asked about FOI drivers. Jonathan said most stem from universities, PTR follow-ups, and legal cases, with efforts to signpost public data. Liam noted work to align FOI and Subject Access Request (SAR) responses with PTR and workforce processes to improve efficiency. Members commended the team, and Jonathan encouraged colleagues to commission audits, stressing readiness to support new proposals.

The Committee:

- 1. Approved the revision as detailed in the report, to the Clinical Audit Plan 2025/26;**
- 2. Approved the Q2 Clinical Audit Plan; and**
- 3. Noted the additional intelligence work completed outside of the plan.**

15. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

- 15.1 Trish Mills presented the Risk Management and Board Assurance Framework update, clarifying that Risk Appetite statements would be submitted to the Board at the end of the month.
- 15.2 The committee discussed the two highest strategic risks; **Risk 223** (*The Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) which remain at a score of 25. These risks are regularly reviewed and updated, with new external controls such as the Wait 45 Taskforce now in place. The risks are managed through both external monitoring and internal management and are frequently reviewed at both ELT and SLT levels.

The Committee considered the contents of the report, including:

- 1. The controls in place against the risks; and**
- 2. The actions described to further mitigate the risks.**

16. 2025/26 QUALITY GOVERNANCE REVIEWS

- 16.1 Trish Mills presented the 2025/26 Quality Governance Reviews, covering updates on board and committee responsibilities and a "light" review of QuEST Committee effectiveness. The main proposal is to disband the Academic Partnership Committee, moving oversight of research, innovation, commercialisation and digital to FPC; education and training to the People and Culture Committee (PCC); and resilience, cybersecurity and information governance to the ARAC. These changes are deferred until after an external effectiveness review in Q4, so the committee will continue for two meetings focused on research. Minor membership changes are proposed meanwhile.
- 16.2 QuEST feedback was positive, with suggestions to strengthen focus on Quality Management Systems (QMS) quality planning and outcome driven plans. Trish recommended prioritising QMS next year alongside national work on QMS and value-based healthcare.

- 16.3 Members supported the direction of travel, noting caution about overloading agendas. The terms of reference were viewed as suitable and were endorsed subject to changes which transfer responsibility for value-based healthcare from FPC.

The Committee to:

- 1. Noted the wider board committee framework changes proposed and provided feedback on the recommendations; and**
- 2. Endorsed changes to the terms of reference.**

17. AUDIT TRACKER 2025/26 Q2 REPORTING

- 17.1 Trish Mills presented the Audit Tracker 2025/26, noting that there was a minor error in the number of internal audits due for the quarter. Over 55% of the quarter's actions were closed, with four audits deferred and two given new dates, including the EPCR audit, which is on its third and final date. Trish expressed concern about having 2023/24 actions still open and plans to review their feasibility with Felicity Quance. Two actions without revised dates relate to the PECl work programme, which is expected to be updated in the next report.
- 17.2 For external audit recommendations, under 50% were closed, with ten new dates set and four actions without dates, all linked to digital priorities or automated extraction work for Datix. Trish confirmed ongoing follow-up to ensure dates are set for outstanding actions.

The Committee received assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.

18. POLICIES FOR APPROVAL: PREVENT POLICY

- 18.1 The Prevent Policy was presented for committee approval. Liam highlighted the importance of the Prevent Policy in safeguarding and public protection, noting ongoing UK and Welsh Government work that may require future amendments to the policy sooner than the standard review period.

The Committee approved the Prevent Policy as recommended.

19. COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND 2025/26 PRIORITIES

- 19.1 Trish Mills presented the Committee Cycle of Business Monitoring report, noting that the Infection Prevention and Control (IPC) Annual Report was deferred to the February 2026 meeting. Rhiannon Beaumont-Wood supported the idea of prioritising IPC metrics for assurance rather than just an annual report. Liam added that the IPC team is now fully established and well

qualified, and the next meeting will include a robust discussion on IPC baseline assessment and improvement.

The Committee received the Committee Cycle of Business Monitoring Report and Priorities update for information.

20. KEY MESSAGES FOR THE BOARD

20.1 The meeting consistently highlighted the ongoing pressure on staff resulting from persistent operational and resource challenges. A key concern was the limited availability of resources, which continues to hinder progress toward service improvements and broader ambitions, an issue that requires escalation to the Board. Equity in service provision and engagement across regions also emerged as a significant theme and will be addressed in the upcoming Board report. Additionally, the group identified the need for more strategic discussions with partners, particularly regarding eligibility criteria for non-emergency transport services, recommending that FPC review this matter.

21. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

21.1 Trish Mills praised the agenda flow, paper quality and governance support; Rhiannon Beaumont-Wood agreed the meeting flowed well without curtailing discussion and valued the focus on Ambulance Care and patient stories; Ceri Jackson highlighted widespread data and digital challenges affecting governance and thanked Bethan for chairing; Debbie Bell, as an observer, found the session valuable for understanding patient journeys, assurance processes and organisational collaboration.

21.2 The Chair paid a heartfelt tribute to Paul Hollard, a former Non-Executive Director, noting his recent passing and expressing condolences to his family. The Chair emphasised Paul's unwavering advocacy for the Trust, his commitment to staff and his role as a champion for Quality, Patient Experience and Safety. Describing Paul as a "true gentleman" who made a significant impact on the organisation and its people, the Chair acknowledged the loss felt by the Trust community.

22. ANY OTHER BUSINESS

22.1 None declared.

23. DATE OF THE NEXT MEETING

23.1 The next meeting is scheduled for 03 February 2026.

The meeting concluded at 14:30