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Welsh Ambulance Services  
University NHS Trust

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES  
UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 30 JANUARY 2025  
MEETING HELD IN THE CARDIFF MAKE READY DEPOT AND VIA ZOOM**

**Meeting started at 10:00**

**PRESENT:**

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Carl Kneeshaw	Director of People
Professor Hayley Hutchings	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine (Virtual)
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

**ATTENDEES:**

Angela Mutlow	Director of Operations, Llais (Voice) Wales
Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager

**BSL INTERPRETERS:**

Anthony Evans  
Njal Sion Curlett

**APOLOGIES:**

Hannah Rowan	Non-Executive Director
Damon Turner	Trade Union Partner

## **01/25 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and Apologies:**

The Chair welcomed all to the meeting, apologies were received from Hannah Rowan and Damon Turner.

### **Declarations of Interest:**

The Board noted that all declarations of interest were formally recorded on the Trust's Register of Interests.

### **RESOLVED: That**

- (1) The declarations of interest on the Trust's Register of Interests were formally recorded.**
- (2) The apologies of Hannah Rowan and Damon Turner were noted.**

## **02/25 PROCEDURAL MATTERS**

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process. He added that all Committee meetings had been quorate and well attended.

**Minutes:** The Minutes of the Board meeting held on 29 November 2024 were presented and confirmed as a correct record subject to annotating the apology of Angela Mutlow.

**RESOLVED: That the Minutes of the Board meeting held on 29 November 2024 were confirmed as a correct record subject to the minor amendment as described.**

## **03/25 CHAIR AND VICE CHAIR'S REPORT**

The report of the Chair and Vice Chair was presented as read and the Chair drew attention to the following areas:

He thanked Non-Executive colleagues for their support in visiting staff over Wales during the Christmas and New Year period.

Liam Williams updated the Board that Cardiff University were currently consulting on the withdrawal of the provision of training which would have an effect on the Trust.

**RESOLVED: The update was noted.**

## 04/25 CHIEF EXECUTIVE'S UPDATE

In presenting his report, Jason Killens drew the Board's attention to the following areas:

1. Following a successful trial, the availability of the Mental Health Response Vehicle (MHRV) has been expanded across 3 Southeast Health Boards, 7 days a week between the hours of 1300-0100. A Senior Trust Mental Health Practitioner and Emergency Medical Technician will work together on the vehicle to assess and treat patients in the community for a timelier response and to reduce avoidable hospital admissions. Recent recruitment has increased the number of Mental health practitioners (MHP) from 8 to 10, with the 2 additional remaining in training until 17th January 2025. The MHRV has responded to 144 patients where 40.2% of those patients were treated at scene. The average time on scene for the MHPs has been 41:08 minutes.
2. On Monday 30 December 2024, the Trust experienced high activity following the Christmas break, compounded by significant lost capacity due to handover delays, which severely hampered its ability to respond effectively. As the day progressed, the number of waiting incidents escalated, leading to increased community wait times. He asked for a note of thanks to be recorded for all those staff involved during this extremely challenging time for their hard work and efforts.
3. Planning has begun for the Long Service Awards 2025 which will see an increase in the number of colleagues invited because of changes to the eligibility criteria and the introduction of the 30 and 40-year clasp.
4. Aligned with the Trust's commitment to amplify colleague voices and enhancing the workplace experience for all, the new 'Moving on Conversation' process launches in January. Awareness sessions will be delivered to support the new process, enabling leavers to complete the questionnaire independently, with their manager or with a People Services colleague. This supports the Trust's aim to reduce turnover, improve retention and enhance attraction by identifying and addressing themes and trends that impact culture at a local level.
5. The Education and Development team has received international recognition (the Silver Award for Best Use of Blended Learning in the Public Sector at the Learning Technology Awards) for its innovative blended learning programmes which enhance emergency birth management skills and improve newborn survival rates.
6. In terms of additional mitigation measures to improve staff and patient experience when exposed to diesel fumes while awaiting the transfer from an emergency ambulance to the hospital; Aneurin Bevan University Health Board was the first Health Board to secure the additional shorelines that have enabled the Trust to deploy Dyson Sahara fans in vehicles waiting under canopies.

7. Race Equality Week – 3 to 7 February 2025. This will involve a different theme every day and all were encouraged to attend at some point. In addition, on 23 February 2025 the Trust will hold an Expo in Cardiff to reach out to diverse communities to showcase opportunities in the Trust. Also, on 4 March 2025 an event will be held at Beacon House to break the fast for Muslim colleagues.

Following a query on digital innovation and the opportunities with the NHS App and whether this was factored into the Trust's ambition, Jonny Sammut updated the Board that work was underway with other Health Board colleagues about the opportunities to shape the digital future of the NHS. Members welcomed the improvements in the Welsh Language 111 service in handling Welsh language calls.

In terms of the Mental Health Response Vehicle (MHRV), it was asked if there was information on how this initiative was progressing and the impact of it. Liam Williams highlighted there were some positive outcomes from an evaluation at Aneurin Bevan University Health Board. He mentioned that the Trust was working with an external organisation to improve its value-based healthcare assessments of the innovations it has implemented.

The Chair asked for an update on the Six month End of Life, Palliative Care pilot scheme and how the plan was progressing. It was asked whether the plan was being extended and it was agreed that Andy Swinburn would provide an update to the Chair.

**RESOLVED: That the update was noted.**

## **05/25 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Estelle Hitchon confirmed there was one question from Catherine Fookes MP who asked how the Trust intended to reduce ambulance waiting times at the Grange Hospital.

Lee Brooks addressed the broader challenges from a national perspective as it was not an issue unique to Aneurin Bevan. It was noted that the Trust was taking several strategic and tactical steps, particularly focusing on reducing pressure on emergency departments and improving patient care in the community, these included:

1. Reducing Hospital Admissions: Efforts to safely reduce the need to take patients to hospitals, aiming to alleviate pressure on emergency departments.
2. Advanced Paramedic Practitioners: Increasing the workforce by 32 to enhance clinical decision-making in the community.
3. Remote Clinical Workforce: Significant growth in the remote clinical workforce to improve patient care through services like clinical support desks and 111.

4. Mental Health response Vehicle (MHRV): Initiatives to avoid taking mental health patients to emergency departments, providing more appropriate care settings.
5. Connected Cymru Project: Progress in remote monitoring and community welfare responder roles to manage patients outside of hospitals.
6. Safety Plan for Winter: Strategies to navigate patients to appropriate care options, reducing emergency department visits.
7. Engagement with Government and Health Boards: There were ongoing efforts to improve handover times and overall patient experience.

**RESOLVED: The Board received and responded to the question presented.**

## **06/25 STAFF/PATIENT STORY**

There were technical issues in showing the video and it was agreed to circulate the video to Members and defer the video to the next meeting of the Trust Board in March 2025

The Chair applauded the dedication and involvement of the volunteers in the various activities across the Trust, Their sense of belonging and pride in wearing the uniform was a testament to the positive impact they have on the community and the Trust. He apologised to Howard Wiltshire, Michael Samuels, and Nicola Lloyd for not being able to show the staff story video at this meeting.

The update on the previous staff story was given by Carl Kneeshaw. At the last meeting the Board heard the story from Sian Jones. Since then, it has been a challenging time for her, she has been going through a very tough time with her dad's cancer diagnosis. It has been heartening to hear that she has the support of her colleagues during this difficult period. Despite these personal challenges, her dedication to her role and her willingness to take on new responsibilities, like the administrative lead for the Trust bursary scheme, was truly commendable. Her commitment to engaging with Jo Kelso's work and her plans to return when the time was right shows her resilience and passion. It was clear that Sian's contributions have a significant impact on the team.

**RESOLVED: The Staff/Patient story was deferred to the next meeting.**

## 07/25 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens drew the Board's attention to the following areas within the report:

1. It was estimated that 585 patients had come to severe harm outside Emergency Departments in December 2024 (higher than the two-year average) due to extended handover times.
2. There were 10,528 patients who cancelled their call, or the Trust could not send a resource to them in December 2024, with an estimated half of these patients turning up elsewhere in the unscheduled care system e.g. "walk ins".
3. In December 2024 3,185 red (immediately life threatening) incidents were reached in 8 minutes, materially above the two-year average of 2,307 incidents.
4. The Trust produced 98% of its EMS rosters (unit hours production), exceeding the 95% benchmark. However, it lost 26% of its conveying production to hospital handover lost hours, a level of loss that cannot be offset through its own improvement actions.
5. The number of patient handover delays more than 1 hour in December were nearly 600 more than the previous December average.

Following a query from Angela Mutlow (Llais) seeking a breakdown of Immediate Release data by each Health Board, Lee Brooks agreed to share this data along with a copy of the Immediate Release Protocol after the meeting.

Ceri Jackson, asked whether, including Red patients were there now more calls categorised as red which previously would have been amber. Lee Brooks explained there had not been any recent change to the coding, the driver underneath this was breathing problems.

The challenges and importance of accurately triaging breathing problems using the Medical Priority Dispatch System (MPDS) was to ensure that patients received the appropriate level of care as both under-triaging and over-triaging can have significant consequences. Under-triaging can lead to delays in critical care for patients who need immediate attention, while over-triaging can strain emergency resources and potentially delay care for others in need. It was a delicate balance, and continuous monitoring and assessment are essential to improve the accuracy of the system. He added that Demographic factors can significantly influence the presentation of breathing problems. For instance, socioeconomic status, age, and even geographic location can affect how symptoms manifest and were reported.

There was a discussion about the dashboard's ability to contextualise the volume of Red and Amber 1 responded incidents and Ceri Jackson asked if it was possible to include some analysis of this in the reporting. Rachel Marsh advised that some of this data was available in the Monthly Integrated Quality Performance Report (MIQPR), however agreed to consider adjustments to the dashboard to provide a better sense of context within the MIQPR.

Bethan Evans highlighted the Trust's progress in implementing the Clinical Transformation Model, particularly with the introduction of Rapid Clinical Screening and sought feedback on the effectiveness of this, thus far.

Rachel Marsh provided some important insights into the current state of the Clinical Model Transformation. The focus on Rapid Clinical Screening for Green and Amber 2 calls was a significant step, but the larger impact was anticipated once this was extended to amber 1 and red calls. Given the extreme pressure on the system, the Trust would be tracking improvements and developing a separate dashboard to monitor the impacts going forward.

Liam Williams emphasised the importance of separating operational targets and highlighted that the assumptions in the report were based on a study led by senior colleagues in Emergency Care. He noted that while the Putting Things Right (PTR) Report often showed balanced numbers, there can be delays in reporting the level of harm. He referred to the ongoing work with Digital Health and Care Wales which aimed to overlay data to better understand and monitor harm within the system. This will help in defining and mitigating harm more effectively. Furthermore, Liam Williams assured the Board that staff caring for patients in ambulances take every fundamental step to minimise and avoid harm.

#### **RESOLVED: The Board**

- (1) NOTED the continued level of avoidable patient harm in the 999-emergency care pathway.**
- (2) NOTED the strategic imperative of delivering the Clinical Model Transformation programme.**

#### **08/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Rachel Marsh drew the Board's attention to the following areas:

1. The Trust produced 124,279 Ambulance Response unit hours in December 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target.

2. 111 call handling performance has stabilised post-delivery of the new 111 Clinical Assessment Software (CAS). The service did not achieve the 5% abandonment rate in December 2024, although performance was just outside the upper control level (13%) at 14.5%. Planned production for December was boosted, based on demand forecasts, and as part of the Trust's winter planning, but was affected by high sickness reflecting wider sickness in the population.
3. Trust sickness absence: the Trust's overall sickness percentage was 8.69% in December 2024, a slight increase on the 8.06% recorded in November 2024. Actions within the Integrated Medium Term Plan (IMTP) concentrated on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8% was above the 2023/24 IMTP ambition of 6%.
4. Clinical outcomes: The percentage of suspected stroke patients who were documented as receiving an appropriate stroke care bundle was 88.7% in December 2024, remaining below the 95% performance target. The Return to Spontaneous Circulation (ROSC) compliance rate increased to 22.3% in December 2024 compared to 19.1% in November 2024.

Rhiannon Beaumont-Wood raised an important question about the analysis of underrepresented groups in disciplinary figures. Carl Kneeshaw explained that the Trust was actively investigating whether the issue lied within the process system or if it stemmed from not adequately hearing the voices of these groups. Angela Lewis added that the Trust has met with the Welsh Government to address concerns about the disproportionate number of colleagues from ethnic groups within these figures. Despite the small number of colleagues from these groups, it has become a key priority to understand and address the underlying issues.

The Chair commented that, despite the shift overruns, staff turnover seemed to be relatively modest and staff morale appeared to be good. Carl Kneeshaw added that people were committed to their roles and understood the challenges they faced. The collaboration with Trade Union Partners and other initiatives was seen as a valuable approach to improving the work experience.

**RESOLVED: The Trust Board received the Monthly Integrated Quality and Performance Report for December 2024 and were content it provided sufficient assurance.**

## **09/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Trish Mills explained that due to the Trust's Board and Committee meeting cycle, the third quarterly Risk and Board Assurance report was sitting slightly outside of normal reporting cycles for the principal risks. This meant that the risks presented have not

changed or differ to those presented to Board in November 2024, other than a new risk related to the Manchester Arena Inquiry (MAI).

This new MAI Risk 641 relates to the Trust's inability to implement the learning from all relevant MAI recommendations impacting its response to a major incident/mass casualty incident.

The Board took assurance that each of the principal risks have been and were being reviewed in line with the agreed reporting schedule throughout the latter part of December 2024 and early January 2025 and were navigating Trust governance processes in readiness for the next reporting cycle in March 2025.

Additionally, the Audit, Risk and Assurance Committee (ARAC) scrutinised each of the Trust's principal risks at its last meeting in November 2024, and the Finance and Performance Committee (FPC) scrutinised their related risks in January, including the new MAI risk.

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

- (1) Noted the ongoing repositioning of Risks 223 and 224.**
- (2) Noted the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.**
- (3) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (4) Noted the ratings and mitigating actions for each principal risk.**

**10/25 FINANCIAL PERFORMANCE MONTH 9. 2024/25**

Chris Turley presented the update and drew the Board's attention to the following points: The cumulative revenue financial position reported was a small underspend against budget of £0.042m, based on some key assumptions consistent with those within the IMTP financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 was currently a balanced position.

The risk in relation to costs associated with revised Emergency Medical Technician (EMT) level posts has been reduced in month to zero. However, it was key that the Board note that whilst this was no longer a risk for 2024/25, it was certainly a risk for 2025/26 and beyond and will be noted as a key element in the financial plan within the 2025-28 IMTP.

The Chair noted that the Finance Team were facing challenges and have managed to achieve, with the help of all Directorates, significant cost savings over the past year. There was concern about the increasing difficulty and the pressures that come with each passing year. The mention of the Band five increase and other cost pressures certainly

added to the complexity. He added it was important to stay realistic about the challenges ahead and not set false expectations.

**RESOLVED:**

- (1) Noted and gained assurance in relation to the Month 9 revenue financial position and performance of the Trust as of 31 December 2024.**
- (2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.**
- (3) Noted the capital programme update for 2024/25, and**
- (4) Noted the Month 9 Welsh Government (WG) monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

**11/25 INTEGRATED MEDIUM-TERM PLAN (IMTP) 2024-2027 – UPDATE**

Rachel Marsh explained that the purpose of this paper was to provide the Board with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27.

The Board noted that the Finance and Performance Committee has reviewed the assurance reports that are available at Appendix 1 and 2 and was assured by overall progress, roll over into 2025/26 for some Directorate led deliverables and ongoing work to link outcomes to delivery, will feature in the next iteration of the IMTP in 2025/26.

This Report also set out in detail how the Clinical Model Transformation Programme has been established to deliver the Trust's commitment to refreshing the current Clinical Model and how the wider IMTP was being delivered through a Directorate led approach.

Ceri Jackson raised a crucial point about ensuring the NHS 111 website was accessible to all users, including those with sensory loss and older adults. Given the importance of this issue, it was essential to consider accessibility in its broadest sense.

Jonny Sammut noted that a short-term project was currently underway to reshape and redesign the NHS 111 website's navigation tools and aesthetics, aligning with NHS England's accessibility standards. This included improving the look and feel of the website to make it more user-friendly and accessible. The longer-term goal was to ensure that the NHS 111 website effectively served as a front-end platform, incorporating feedback from patient voice representatives. This approach aimed to ensure that the patient experience was central to the website's design and functionality. The improvements were expected to be launched before the end of March.

**RESOLVED: The Board:**

- (1) Noted the Clinical Model Transformation 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.**

## **12/25 INTEGRATED MEDIUM TERM PLAN DELIVERY 2025-2028**

Rachel Marsh presented the report which provided an update on the current planning cycle to produce the next iteration of the IMTP for 2025-2028.

Welsh Government has issued its Planning Guidance in letters from the Minister to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 20 December 2024. Furthermore, following the 2025/26 draft budget for Welsh Government released on 10 December 2024, Health Boards have received their allocation letters for the 2025/26 financial year (also) on 20 December 2024. Whilst this does not directly confirm funding for the Trust, it does provide insight as to the level of funding our Commissioners will receive and what can be assumed within the Plan.

The main headlines within the Health Boards (HB) allocations were as follows:

1. An additional £435m being allocated to HBs for 2025/26, on top of that recurrently provided part way through the 2024/25 financial year.
2. On top of this the recurrent costs of the 2024/25 pay award, plus that to be agreed for 2025/26, plus the changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations.
3. This all resulted in a residual general uplift for inflationary and other cost pressures for 2025/26 of 1.77%.
4. Additional Capital funding of £175m, of which £115m was routine capital and £60m for IFRS 16.
5. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

Chris Turley highlighted that the Trust's ambition to transform the service will incur unavoidable costs, which will impact the current financial year. Despite this, the Trust must demonstrate a minimum of 2% savings. Fortunately, the current level of savings exceeded this minimum requirement. There were meetings scheduled with Welsh Government colleagues and the Joint Commissioning Committee to discuss financial planning and quantify these cost impacts.

Ceri Jackson noted that the standing down of Integrated Commissioning and Planning (ICAP) meetings with Health Boards this year was a risk and sought clarity if this decision appeared to be linked to the establishment of a new commissioning body.

Rachel Marsh explained that the standing down of meetings with the Emergency Ambulance Services Commissioner and Health Boards was due to changes in the commissioning arrangements. Currently, no alternative meetings have been established. However, there were considerations to potentially hold regional meetings instead of specific Health Board meetings, which could be beneficial. Local discussions with Health Boards would continue through their six goals infrastructure. This change was being monitored as a risk on the risk register by the Executive Leadership Team (ELT) to ensure any potential issues were addressed promptly.

Following a query on the exploration of innovation and technology, Trish Mills highlighted some important points during the ongoing 2024/25 Committee effectiveness reviews. Discussions will focus on the future direction, particularly in relation to health and care quality standards, learning, research, and improvement. There was also a strategic objective to be at the forefront of innovation and technology.

**RESOLVED: The Board:**

- (1) Noted the overall progress in developing the IMTP.**
- (2) Noted the financial and budget setting assumptions following issuing of the Health Board allocation letters.**
- (3) Noted the approach and timelines set out in the report.**
- (4) Advise of any further assurance required during the final stages of the planning cycle.**

**13/25 GOVERNANCE REPORT**

Trish Mills presented the report and drew the Board's attention the following:

Chair's Action

There has been one decision made by Chair's Action since the last meeting of the Board on the 29 November 2024. This decision was sought via Chair's Action to seek authorisation to affix the Common Seal to a lease agreement between the Welsh Ambulance Services University NHS Trust and The Council of the City and County of Swansea, for Thanet House, 10 Phoenix Way, Swansea Enterprise Park, Swansea.

This action was required because the current lease ends on the 30 January 2025, and it was necessary to complete the paperwork prior to the date of the next Board meeting. This request was for authorisation from the Trust Board to apply the Seal only and not for the transaction of the lease agreement. This request by Chair's Action was confirmed on the 10 December 2024 and the Trust Board was asked to ratify this decision by Chair's Action.

### Use of the Trust Seal

The Trust Seal was applied to the lease renewal for Thanet House, 10 Phoenix Way, Swansea Enterprise Park, Swansea between the parties between the Welsh Ambulance Services University NHS Trust and The Council of the City and County of Swansea. The Seal was applied to this document on 11 December 2024.

### Decisions in Private Session

There have been no decisions made in private session since the meeting of the Trust Board in September which required disclosure.

### Other Governance Matters

The Standing Orders require that the Board approves its annual plan of Board business by March each year. The 2025/26 calendar has been presented in Annex 1 for consideration and approval.

### **RESOLVED: The Board:**

- (1) Ratified the decision made by Chair's Action on the 10 December 2024.**
- (2) Approved the schedule of dates for the 2025/26 financial year Board and Committee meetings and noted the adaptations to the cadence of meetings, in line with the documents in Annex 1.**

## **14/25 BOARD COMMITTEE REPORTS**

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda.

### **05 December 2024: Remuneration Committee**

There was no further specific update to the report.

### **16 January 2025: Finance and Performance Committee**

Jayne Beeslee, Chair of the Finance and Performance Committee, drew the Board's attention to the following points:

Members discussed the financial allocation for 2025/26, noting an uplift to Health Boards of 1.77%. The allocation letter also prescribed a savings target of at least 2%, which amounted to about £6.5 million for the Trust.

The challenges that this posed for planning as part of the 2025-28 IMTP were stressed, including the fact the allocation does not fully cover EMT band 5 costs, and there was no indication that these will be separately funded this year

Achieving substantial assurance with no recommendations on the 111 digital operations Internal Audit was a remarkable accomplishment. This outcome reflected the dedication and effectiveness of the team involved. It also sets a solid foundation for future improvements and innovations in the service.

### **23 January 2025: Academic Partnership Committee**

Estelle Hitchon presented the report from the Academic Partnership Committee meeting on the 23 January in lieu of the Chair, Hannah Rowan. Estelle advised the Board that it was agreed – following the Committee Annual Effectiveness Review discussion - to have three meetings of the Committee for the 2025/26 year to allow the Trust management sufficient time to progress business related to the Committee before its first meeting in July 2025.

**RESOLVED: The Board Received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise, and Assure process.**

### **15/25 MINUTES OF COMMITTEES**

The following Committee minutes were received:

1. Academic Partnership Committee - 18 November 2024
2. Finance and Performance Committee - 19 November 2024

**RESOLVED: The Committee Minutes were received: Academic Partnership Committee - 18 November 2024 and the Finance and Performance Committee - 19 November 2024.**

### **16/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 30 JANUARY 2025**

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

**RESOLVED: The Board would meet in private on 30 January 2025.**

**Date of next Open meeting: 27 March 2025.**

**Meeting closed at 12:10**