

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Audit Committee**  
**held in Public on 19 August 2025**  
**in the Boardroom, Carlton Court, St Asaph and via Team**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Urtha Felda	Independent Member (Vice Chair of Audit Committee)
Dyfed Jones	Independent Member
Rhian Watcyn Jones	Independent Member ( <i>via Teams</i> )
<b>In Attendance</b>	
Tehmeena Ajmal	Chief Operating Officer
Amanda Blaynee-Roberts	Policy and Compliance Manager ( <i>Observer</i> )
Glesni Driver	Head of Statutory Compliance and Inquiries
Dyfed Edwards	Chair of the Health Board
Fflur Jones	Performance Audit Lead, Audit Wales
Joanna Garrigan	Finance Director, Commissioning and Strategy
Gareth Griffiths	Senior Estates Officer, Fire Legislation & Assurance ( <i>part meeting</i> )
Dave Harries	Head of Internal Audit
Anthony Hughes	Risk Assurance Manager ( <i>part meeting</i> )
Arwel Hughes	Head of Operational Estates ( <i>part meeting</i> )
Nicola Jones	Deputy Head of Internal Audit
Phylis Makurunje	Aspiring Board Member
Maeve Puleston-Jones	Financial Audit Manager, Audit Wales
Michelle Phoenix	Financial Audit Manager, Audit Wales ( <i>via Teams</i> )
Carol Shillabeer	Chief Executive
Paul Stocker	Audit Manager, Internal Audit
Danielle Timmins	Head of Counter Fraud
Pam Wenger	Director of Corporate Governance
Neil Williams	Senior Financial Account ( <i>part meeting</i> )
<b>Committee Support</b>	
Philippa Peake Jones	Head of Corporate Governance
Laura Jones	Acting Corporate Governance Manager
Harriet Abbott	Corporate Governance Officer

<b>PRELIMINARY MATTERS</b>
<p><b>AC25/106 Welcome and Apologies</b></p> <p>Apologies were received for Russell Caldicott, Stuart Keen and Denise Roberts.</p>
<p><b>AC25/107 Declarations of Interest</b></p> <p>No declarations of interest were raised at the meeting.</p>

## **AC25/108 Unconfirmed Minutes of Meeting held on 8 May and 24 June 2025**

It was resolved that the Committee:

- **AGREED** that the minutes of the Health Board meeting held on 8 May and 24 June 2025 were a true and accurate record.

## **AC25/109 Matters Arising and Action Log**

Members received the action log and noted progress against the actions. It was highlighted that a number of actions have been open for a long period of time, the Director of Corporate Governance confirmed that a range of actions require further work and are not currently at the stage of closure. Some areas are being noted for discussion at separate Board briefing sessions to cover some of the issues raised.

### **Centre for Mental Health and Society (CfMHaS)**

- In relation to action AC24/151.1 it was noted that there have been difficulties procuring an individual to complete the review and further work is required with the procurement team. The Terms of Reference have been completed and these have been attached as an appendix for information.

### **Internal Audit Progress Report: Limited Assurances relating to the Lessons Learnt Report**

- In relation to action AC24.60.1.10 this was due to be discussed at the Chairs Advisory Group however due to shortages in the Corporate Governance and availability of Board Members the Group had not met. This will be discussed at the next meeting of the Group.

### **Speak Up Safely**

- In relation to action AC24/121.2 the Head of Internal Audit confirmed that an Internal Audit on Speaking up Safely is due to commence during Quarter 2 and suggested that the action can be closed from an Internal Audit perspective.

### **Internal Audit Progress Report: Contracted Patient Services Review**

- There was discussion around action AC25/69.1 as this was due to report to the August meeting and concerns were raised around how this is being taken forward. It was agreed that this action would remain open, the Director of Corporate Governance would discuss this further with the Chief Executive and circulate a briefing outside of the meeting as well as provide an update at the October meeting.

### **Internal Audit Progress Report: Scheme of Reservation and Delegation**

- In relation to action AC25/69.2 it was noted by the Head of Internal Audit that for the Health Board to be compliant in 2025/26 there is a need to go through the process to confirm the formal delegation for sign off of healthcare agreements. It was agreed that this action would remain open and further discussion is required with the Executive Director of Finance.

### **Action:**



- **AC25/109.1** Director of Corporate Governance to discuss the Contracted Patient Services Review with the Chief Executive, circulate a briefing outside of the meeting and further consideration of progress to be reported at the next Committee meeting.

The Committee reviewed the action log and agreed to close the following actions, after consideration of the updates and papers presented to the Committee (where required): AC25/73.1, AC25/67.1, AC25/63.1, AC25/65.1, AC25/62.1, AC25/61.1, AC25/61.2, AC25/59.1, AC25/59.2, AC25/59.3, AC25/59.4, AC25/39.1, AC25/33.2, AC25/32.2, AC25/06.2, AC24/151.2, AC24/154.5, AC24/121.1 and AC24.60.1.8

## GOVERNANCE

### AC25/110 Statutory Compliance Report

Members received the report and the Director of Corporate Governance / Head of Statutory Compliance and Inquires highlighted:

- The report has been revised to amalgamate a range of information including audit tracking and policy compliance.
- The report provides detail and highlights progress against Audit recommendations as well as providing assurance to the Committee around systems and processes. It was noted that Internal Audit continue to review recommendations that are rated as unsatisfactory and any high priority areas also follow this route.
- Work is taking place with Audit Wales around the Structured Assessment to identify any actions that can be closed as progress moves forward. Section 8 of the paper includes recommendations agreed for closure by Audit Wales which the Committee are being asked to approve.
- The report highlights high priority recommendations that are overdue, the Operating Model Audit Report relates to the Operational Governance Accountability Framework that was in place historically across the organisation.
- The report includes information relating to those recommendations that have been escalated to the Executive Committee in terms of providing sufficient evidence. There is a need for these recommendations to be closely monitored prior to closure to ensure the evidence being provided is satisfactory.
- There are a number of overdue policies however good progress is being made and the new policy will come back to the Committee.

In discussing the report, the Committee:

- Referred to the difficulties reviewing the appendices due to the size of the information, it was confirmed that this will be reviewed by the team to establish whether a lower level of detail can be provided to ensure the documentation is user friendly.
- Queried the narrative relating to high priority unsatisfactory recommendations and the Operational Governance Accountability Framework. It was confirmed that this is now aligned to the Foundations for the Future Programme therefore can only be progressed in line with the programme. It has been agreed with Internal Audit that the timeline is extended to ensure the action does not consistently report as overdue and once the new framework is complete, this will supersede the historic framework.

- Highlighted the levels of review and queried what the difference is between each level. It was confirmed that where recommendation do not include sufficient information and evidence they will be returned and resubmitted for additional review.
- Referenced the information relating to high-risk overdue policies that are still awaiting review. It was confirmed that appendix 8 provides the status of progress against all policies and these have been prioritised in terms of risk.
- Enquired whether interim guidance may be required for those areas awaiting All Wales guidance for example Consultant Job Planning. It was confirmed that an update on Consultant Job Planning was provided at the last People and Culture Committee, work is taking place to adopt a job planning policy, a follow up audit is currently taking place and this will be a priority area for Clara Day to action once in post as the Executive Medical Director. The People and Culture Committee will continue to closely monitor the progress and assurance will be provided back to the Audit Committee in due course.
- Noted that the Committee have an agreed process for Executive Leads to attend the Audit Committee to report on progress against audit recommendations. It was agreed that the next review should focus on the progress against the Contracted Patient Services Review recommendations at the meeting in October 2025 with the Consultant Job Planning being presented to the following meeting in December 2025.

**Action:**

- **AC25/110.1** Progress on Consultant Job Planning to be closely monitored by the People and Culture Committee and assurance provided back to the Audit Committee in due course.

It was resolved that the Committee:

- **NOTED** the content of the report.
- **AGREED** the recommendations included in section 8 of the report.

**AC25/111 Review of the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions**

Members received the report and the Director of Corporate Governance highlighted:

- This a joint piece of work between governance and finance and is being shared with the Audit Committee ahead of further iterations before being submitted to the Health Board meeting in September 2025.
- The organisation has a high level of accountability and autonomy and there is a need to ensure the correct levels of delegation are included in the document to provide clear guidance across the Health Board.
- It has been suggested that a tier system is utilised which is consistent with other Health Boards to allow delegation to go down the relevant levels. This is also being aligned to the Foundations for the Future programme to ensure staff are aware which tier they align to as well as aligning to the Oracle system.
- Work is taking place to provide clarity around the approval of capital schemes and a training programme will be rolled out to ensure staff are clear in terms of their accountability and autonomy.

- Welsh Government have provided new Standing Financial Instructions (SFIs) for section 11 which follow new legislation in terms of procurement and this model has been applied to the Health Board SFIs to comply with the new legislation.

In discussing the report, the Committee:

- Queried whether the levels of delegation are standard across the NHS, it was confirmed that the Board and Chief Executive levels are standard however the Health Board has higher levels of accountability therefore there is a need to clarify the level of delegation for the additional tiers.
- Stated that confirmation of accountability is a significant area to clarify and it was confirmed that the comments shared will inform the next iteration of the report before it goes to the Board in September 2025 and a revised version will be shared with members outside of the Committee.

**Action:**

- **AC25/111.1** Further work is required in relation to the levels of delegation before this goes to the Board in September 2025.

It was resolved that the Committee:

- **NOTED** the report and the proposed changes to the Scheme of Reservation and Delegation.
- **NOTED** the Standing Financial Instructions are being reviewed in line with Welsh Government direction to incorporate the changes to the procurement act.
- **SUPPORTED** the revised Scheme of Reservation and Delegation and Standing Financial Instructions for onward consideration to the Health Board (subject to comments from individual members).

**AC25/112 Board Assurance Framework**

Members received the report and the Director of Corporate Governance highlighted:

- Each Committee has reviewed the relevant sections of the Board Assurance Framework and the Audit Committee has a role in the overall system to assurance.
- The report will be presented to the Health Board in September 2025.
- The document will be reviewed in terms of the volume of information and accessibility and a session on risk appetite is taking place next week.

It was resolved that the Committee:

- **RECEIVED** and **CONSIDERED** the contents and assurance rating of the Board Assurance Framework.

**AC25/113 Fire Safety Annual Performance Report**

Members received the report and the Head of Operational Estates and Senior Estates Officer, Fire Legislation & Assurance highlighted:

- The annual fire safety audit has taken place and there are two high scoring fire risks included on the Corporate Risk Register which relate to non compliance of fire safety systems and the age of the estate at Ysbyty Gwynedd.

- A fire safety risk assessment has been completed highlighting approximately 6% of assessment areas are outside of their review date confirming that these are related to non in-patient facilities, the team are now working to ensure 100% compliance.
- Fire safety training compliance for all staff is currently 88.75%, it is proposed to undertake a review of the current fire safety training delivery plan against the guidance provided within the new documentation on publication.
- Welsh Government funding for Estates was secured last year, there has been investment in a range of areas including Ysbyty Gwynedd where investment has been utilised to improve compliance on the site.
- Enforcement of fire safety within healthcare premises is the responsibility of the Fire and Rescue Authority who carried out three post fire audits during the reporting period. Recommendations were provided and action has been taken to address areas of concern.
- A total of nineteen fire incidents were reported to the fire safety team over the reporting period which highlights a 16% increase, work is taking place to address the issues.
- The Fire Safety Internal Audit review completed was issued as limited assurance, an action plan has now been developed and agreed and is reported via the Fire Safety Management Group.

In discussing the report, the Committee:

- Referred to the action plan developed to address the outcome of the Internal Audit and queried the timeframe of the actions. It was confirmed that some actions have now been addressed, sub action plans have been developed to address local issues on site and further work is required to address medium to long term issues such as training delivery.
- Highlighted the issues and non-compliance at Ysbyty Gwynedd and queried when the team expect to be compliant. It was confirmed that the team are taking a risk based approach, individual bids to Welsh Government continue to be made for additional funding and improvements to in patient wards are the priority area.
- Confirmed that report captures the responsive as well as the proactive work taking place and queried whether there is resource available to continue the proactive work in this space. It was confirmed that the team would benefit from additional resource which would allow certain areas to be targeted more effectively.
- Suggested clarity in terms of resource and investment would be useful to align with the Estates Strategy. It was confirmed that the Director of Environment and Estates is currently completing a gap analysis on Health and Safety as a whole which will include fire safety.

It was resolved that the Committee:

- **ACCEPTED** the **ASSURANCE** provided in the report.

## FINANCE

### AC25/114 Conformance Report

Members received the update and the Finance Director, Commissioning and Strategy highlighted:

- The conformance reports for Q4 2024/25 and Q1 2025/26 have been shared due to the timing of the reports.
- There has been consistency in the total number breaches within the system and the No PO No Pay remains in place.
- The number of waivers issued has significantly decreased compared to the same period last year, this is a big improvement and the team are working to maintain this level.
- Staff overpayments are lower than last year but the volume remains relatively high this is due to manager not completing the required paperwork when staff leave or change working hours and is an area of concern. NHS Wales Shared Services Partnership have approved and issued an All Wales overpayment procedure that should strengthen the current processes on recovering salary overpayments.
- There are a number of active claims in relation to losses and special payments, these require ongoing monitoring to ensure that any lessons are identified and actioned.
- There has been a reduction in the volume of Welsh Risk Pool penalties relating to Learning from Events Report (LFER) however there is a need to maintain momentum going forward and learn from those events.
- There were no Chairs Actions in relation to financial compliance during the reporting period.
- In relation to contract procurement, one policy relating to lease cars remains outstanding and is currently out for consultation.

In discussing the report, the Committee:

- Highlighted the slight decrease in the number of waivers stating that this does not represent a significant decrease. It was confirmed that although the decrease is small, the reduction has been maintained
- Queried how long losses and special payments and overpayment remain active. It was confirmed that these are reviewed on an on-going basis and there is provision in the system to write off losses when it is deemed that they will not be recovered.
- Referred to the Learning from Events Reports (LFERs) and queried whether the learning is being embedded. It was confirmed that a new process has been implemented and as part of the process, data is shared with divisions on a weekly basis to support local recovery of overdue submissions in real time. Significant progress is being made; the team are working closely with the Integrated Health Communities (IHCs) noting that processes do take time to embed into the current systems.

It was resolved that the Committee:

- **NOTED** and **DISCUSSED** the elements of performance.
- **APPROVED** the Losses and Special Payments for Q4 (January to March 2025) and Q1 (April to June 2025).

## INTERNAL AUDIT

### AC25/115 Internal Audit Progress Report

Members received the reports and there was discussion around the following Internal Audit Reports:

### **Orthopaedic Surgical Hub Llandudno Hospital**

The report was discussed, an update was provided and it was highlighted:

- The project audit completed focus on two key areas: project delivery and performance, along with the associated management arrangements in place to progress the development.
- At the time of the review the projected completion date was 11 months later than originally set out in the contract.
- At the close of audit fieldwork there was a projected overspend of £1.673 million.
- Quality concerns have been raised, both in terms of the effectiveness of assurance and testing processes as well as aspects of project delivery itself.
- It was noted the several recommendations from previous Internal Audit reviews remained outstanding. There is a need for the Health Board to review its contract strategy, there have been delays linked to unresolved design elements and gaps in assurance have been identified in both the site progress reporting mechanisms and the commissioning programme.
- Several issues have also been noted in relation to financial controls, including the absence of a Project Bank Account and this resulted in an unsatisfactory assurance rating.

In discussing the update, the Committee:

- Raised concern in relation to the timeline and the projected deadline of January 2026. It was confirmed that this has been a complex project and initiatives are being put in place to support progress.
- Confirmed that the Executive Director of Finance is now the Senior Responsible Officer, the recommendations have been accepted and assurance provided that the actions will be progressed.
- Established that this is being discussed with the Cabinet Secretary on a monthly basis, the Director of Environment and Estates is actively progressing this work to ensure the work is completed to the timeline.
- Agreed that the Committee would welcome a briefing to be circulated outside of the meeting with confirmation of progress to date and clarity on the financial elements.

### **Waiting List Initiative Payments – IHC Centre**

The report was discussed and it was highlighted:

- Concerns relating to Waiting List Initiative payments emerged as part of the Consultant Job Planning review as there is currently no policy in place to agree these payments.
- This links to the lack of job plans and contracts in place for consultants.

In discussing the update, the Committee:

- Agreed that job planning is a core issue and this will be addressed by the new Executive Medical director once in post. A Waiting List Initiative procedure is being developed and this area of work requires a planned approach and deployment plan.
- Confirmed that there are no consistent governance processes in place within the directorate however the Chief Operating Officer is meeting with her direct reports on a monthly basis to discuss how to deliver areas including finance, performance, quality and safety against the core targets.

- Stated that this work links in to the Scheme of Delegation and the operational governance framework to ensure services are configured correctly.

### **Effective Governance - Cancer Services**

The report was discussed and it was highlighted:

- There has been a lack of progress in relation to clinical audit and this presents a risk to the service.
- Noted the high volume of incidents open on the datix system and it was confirmed that all levels of incidents are reported, the team swiftly respond to high level incidents that may cause harm however further work is taking place in this area.

### **Effective Governance - IHC East**

The report was discussed and it was highlighted:

- The main issues include no financial balance and a high number of accountability letters not being signed. It was confirmed that the actions are being addressed and there is a need to start testing the governance arrangements and get more grip across all areas.

### **Performance Management Framework and Reporting**

The report was discussed and it was highlighted:

- There is a lack of local performance measures, no clarity on focus of assurance and limited progress against the issues highlighted two years ago.

In discussing the update, the Committee:

- Raised concern around the delays in responding to Internal Audit to provide the required information and the importance of supporting the team with their fieldwork. It was confirmed that there are mechanisms in place to escalate concerns in this area to the Executive Committee
- Confirmed that issues are being discussed with the Chief Executive, work is taking place to review performance report along with the integrated performance framework in terms of rigour and robustness.
- Agreed that the Audit Committee Chair would write to the Chief Executive to highlight concerns regarding the lack of progress in relation to Performance and the Contracted Patient Services Review.
- The Director of Corporate Governance agreed to circulate a brief on progress against this review outside of the meeting and further consideration of progress will be reported at the next Committee meeting.

### **Internal Audit Progress Report**

Members received the update and the Head of Internal Audit highlighted:

- A new template is now being used for this report and the Internal Audit report will be provided as supporting papers going forward.
- There has been an increase in the amount of follow-up actions submitted for closure.
- There have been some amendments made to the Internal Audit Plan 2025/26 which have been agreed in principle by the Chief Executive and the Director of Corporate Governance and the Committee were asked to approve the recommended additional reviews.

In discussing the report, the Committee:

- Queried how the productivity and efficiency work is going to be managed as the review has been deferred. It was confirmed that Internal Audit are aware of the Ministerial Advisory Group and the recommendations placed on the Health Board. The timing of this review would have duplicated these requirements however this may be reviewed later in the year to determine whether the organisation are fulfilling the recommendations from the Ministerial Review.
- Approved the recommended amendments welcoming an early review of the Adult and Older Persons Mental Health Unit at Ysbyty Glan Clwyd.
- Noted that an additional review focusing on procurement has been agreed to enable to organisation to benchmark against the All Wales work and identify the issues and areas where addition strengthens and controls are required.

**Actions:**

- **AC25/115.1** A briefing on Llandudno Hospital to be circulated outside of the meeting with confirmation of progress to date and clarity on the financial elements.
- **AC25/115.2** The Audit Committee Chair to write to the Chief Executive to highlight concerns regarding the lack of progress in relation to Performance and the Contracted Patient Services Review. Director of Corporate Governance to circulate a brief on progress against this review outside of the meeting and further consideration of progress will be reported at the next Committee meeting.

It was resolved that the Committee:

- **RECEIVED** the progress reports and **APPROVED** the amendments.

## EXTERNAL AUDIT

### AC25/116 External Audit Progress Report

Members received the update and Financial Audit Manager and Performance Audit Lead, External Audit highlighted:

- The audit of the 2024/25 has now been completed and a post project learning discussions are taking place to identify how the teams can work more efficiently going forward.
- The current audit work is progressing as planned with two reports reaching the clearance stage.

In discussing the report, the Committee:

- Queried the stages highlighted in relation to the All Wales thematic work on Urgent and Emergency Care. It was confirmed that part one and two are being addressed and the team are reviewing different options for part three and this will be confirmed once it has been approved.
- Highlighted that the filed work on the Structured Assessment has commenced, the Structured Assessment brief has been to the Executive Committee and agreed to share this with the Audit Committee.

**Action:**

- **AC25/116.1** Director of Corporate Governance to share the Structured Assessment brief with the Committee.

It was resolved that the Committee:

- **NOTED** the report.

### **AC25/117 Management Response to Audit Wales Planned Care Report**

Members received the update and the Performance Audit Lead, External Audit highlighted:

- The report sets out the findings from planned care recovery work undertaken with the Health Board noting that this is a national thematic review that has been completed with all Health Boards in Wales.
- The work has considered the progress being made in tackling planned care challenges and reducing the waiting list backlog, with a specific focus on waiting list performance.
- The findings highlighted that the organisation is not achieving the necessary impact in reducing long patient waits and there is a need to run services more efficiently as well as plan and utilise funding for long-term and sustainable change, rather than short-term initiatives.
- There are insufficient arrangements in place for routine reporting of clinical risks associated with waiting list delays highlighting the lack of reports being shared with the relevant Committees regarding patient harm as a result of delayed treatment.

In discussing the report, the Committee:

- Queried how the organisation compare with other Health Boards, it was confirmed that there is negative comparison however the organisation does have the most challenging metrics compared to others.
- Referred to the report stating that oversight and challenges needs to be strengthened and queried how this area could be supported. It was confirmed that the organisation has a wide range of reporting mechanisms however there is no consistency of reporting. There is a need to monitor patient harm more effectively and the Health Board need to address the recommendations made at pace to deliver in specific areas.
- Highlighted that the Primary Care Board has now been refocused and is currently being chaired by the Chief Executive to move into the strategic space and utilise resources more effectively.
- Confirmed that the report has dual responsibility between the Executive Director of Finance and the Chief Operating Officer and agreed that the report is discussed in further detail by the Performance, Finance and Information Governance and Quality, Safety and Experience Committees and progress is reported back to the next meeting.

#### **Action:**

- **AC25/117.1** Progress in relation to the Audit Wales Planned Care Report to be discussed in further detail by the PFIG and QSE Committees and reported back to the Audit Committee.

It was resolved that the Committee:

- **CONSIDERED** and **NOTED** the report.

## COUNTER FRAUD

### AC25/118 Local Counter Fraud Service Q1 Report

Members received the update and the Head of Counter Fraud highlighted:

- The report template has been revised to use a similar dashboard to the Internal Audit report which will enable the team to measure the metrics against the workplan.
- There has been an increase in reactive cases and significant improvements have been made in managing the recommendations around declarations in interest.
- There has been more traction and focus on the proactive work with additional information being shared via BetsiNet.
- Training compliance is around 89%, however targeted training for high-risk areas is challenging.
- A review of risks around resource of the team has been completed and work is underway to identify funding streams to provide additional resource.
- New legislation in relation to the Economic Crime and Transparency Act will be in place from 1 September 2025 which may cause some risks therefore mitigating actions are being implemented.

In discussing the report, the Committee:

- Queried the outcome of the proactive exercise relating to the expenses system. It was confirmed that a scoping exercise has been completed with a small sample of data and no fraud was identified. This will now be repeated with a larger sample and will focus on high value expense claims and will be reported back to the Committee via this report.
- Referred to the investigation outcomes and the length of time to recover losses. It was confirmed that the aim is to identify and recover losses in the same quarter however fraud investigations are lengthy and complex and are not generally completed within a quarter however the annual reporting provides a clearer overview.

It was resolved that the Committee:

- **CONSIDERED** and **NOTED** the contents of the Q1 report.

## FOR INFORMATION

### AC25/119 Summary of Business to be Reported from Private

It was resolved that the Committee **NOTED** the report.

### AC25/120 Corporate Governance Report

It was resolved that the Committee:

- **APPROVED** the Cycle of Business and Annual Report.

## CLOSING BUSINESS

### AC25/121 Agree Items for Referral to Board / Other Committees

It was agreed to alert the Board on the compliance report and the concerns raised around the number of policies being delayed. To assure the Board that the Planned Care Report would now be reviewed by the Performance, Finance and Information Governance and Quality, Safety and Experience Committees. It was agreed to highlight the concerns around the delay in Management Responses and actions to Internal Audit and that the Committee will refer these concerns to the Executive Committee.

#### **AC25/122 Review of Meeting Effectiveness**

It was agreed that there had been detailed discussion and constructive challenge and feedback. It was noted that it is important to have the relevant Directors present to discuss individual items.

#### **AC25/123 Date of Next Meeting**

Tuesday 21 October 2025, 9.30-1.30pm

#### **Resolution to Exclude the Press and Public**

"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."