



FINANCE & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 02 SEPTEMBER 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Independent Member (Trade Union)
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Mark McIntyre	MM	Deputy Director of People and Culture
Amanda Walters	AW	Head of Primary Care
Louisa Kerr	LK	Assistant Director of Mental Health & Learning Difficulties
Stella Gwynne	SG	Deputy Board Secretary
Bethan Hopkins	BH	Audit Wales
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Hayley Thomas	HT	Chief Executive Officer
Claire Roche	CR	Executive Director of Nursing, Quality, Womens and Family Health
Kate Wright	KW	Executive Medical Director
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Helen Bushell	HB	Director of Corporate Governance/Board Secretary

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/045)
RA welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
1.2 DECLARATIONS OF INTERESTS (F&P/25/046)
There were no Declarations of interests received in addition to those already recorded on the register.
2. CONSENT AGENDA BUSINESS (F&P/25/047)

The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING (F&P/25/048)

The minutes of the meeting held on 26 June 2025 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/25/049)

SG introduced the Action Log that recorded updates with the following information provided:

D&P/24/205b-: Lessons learned from financial year – The committee recognised the importance of the item and for the opportunity to consider a further discussion at the next meeting in October. The committee AGREED to the revised Target date of October 2025.

D&P/25/009- Resolution on Colonoscopy reporting from Public Health Wales (PHW). NJ provided a verbal update and reported that Powys had met with PHW and Bowel Screening Wales, and confirmed work was underway to collate activity for the Powys population due to the issues with provider basis reporting. There had been an improvement across specialised practitioner assessments with plans in place to improve provision. A quality review of Bowel Screening services had been undertaken by PHW, positive feedback had been received. Endoscopy lists had been reviewed to streamline waiting times

When was it expected to see further improvement across Colonoscopy reporting?

NJ would confirm a timeframe at the next meeting in October 2025.

F&P/25/031: Savings proposal of the Joint Commissioning Committee (JCC)

PH provided a verbal update and reported that a number of options had been discussed at a recent JCC workshop to improve the financial position. A meeting was scheduled to take place in mid-September to finalise plans prior to reporting to the Board in November.

F&P/25/032: Evaluation of the new ambulance framework

The evaluation was yet to take place and would be shared with committee members once finalised.

D&P/24/101a: Cancer Performance

Due to a reduced September agenda, it was agreed to defer the report to the next meeting in October 2025.

D&P/24/103: Contract Negotiations, Data Source & Provision (GMS)

Due to a reduced September agenda, it was agreed to defer the report to the next meeting in October 2025.

Members raised the need to clarify expectations of the enhanced Minor Injuries Unit (MIU) and Illness service developed as part of the health boards 5-year plan. Members discussed the pressures across Primary Care and the MIU options to provide same day emergency care. As part of the Better Together programme, consideration would be given to the extension of the role of MIUs into minor illnesses as part of the option

appraisal workshop. It was agreed to provide the committee with a report on the MIU position and the feasibility of changes in 6 months.

Action: Director of Primary, Community Care and Mental Health

The Committee **RECEIVED** the Action Log updates.

3.3 COMMITTEE CONTINUOUS DEVELOPMENT PLAN (F&P/25/050)

The report provided the Committee with a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness. The plan provided a number of actions which arose from all Committees and those actions specific to the Finance and Performance Committee.

The Corporate Governance Team continue to monitor implementation and a further update on progress would be provided to the Committee at its meeting on the 26 February 2026.

The Committee **RECEIVED** the Continuous Development Plan 2025-26 and **TOOK ASSURANCE** that the implementation of continuous development actions would be monitored throughout the year as a key principle of good practice.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/051)

NJ provided a verbal update against the Organisational status where the Board had been placed into level 4 escalation in November 2024. NJ acknowledged a support package had been agreed by Welsh Government to procure external support across a number of key areas to sustain the escalation and delivery of the plan to meet statutory financial duty. A RAG rating self-assessment exercise had been undertaken with a change to the de-escalation criteria to support the strategic vision for the organisation.

Better Together had progressed with clarity around phase one expected in March 2026. Positive feedback had been received from Welsh Government on the Planning Maturity Matrix in line with other health boards who remain in level 4 escalation. This is due to be refreshed in September prior to reporting to the Planning, Performance and Population Health Committee in October and subsequently to the Board in November. A Board Development session on 04 September would review and discuss the revised Annual Plan prior to its meeting with Welsh Government on 11 September 2025.

PH confirmed that an external support contract had been awarded to Grant Thornton providing support with partners, clarity consultant associates and UB Healthcare. The key work streams were to improve financial sustainability, commissioning contracting and Continuing Health Care (CHC) including mental health providers. Further updates and expected timelines would be provided to the Committee at its next meeting in October 2025.

Committee members sought assurance by asking the following questions:

What is the expected timeline for Grant Thornton to begin work before evidence of completion?

The original timeframe to review the progress of work was mid-November 2025, however it was anticipated that work would be developed and escalated throughout September.

Given the ratings had downgraded from green to amber, when is it anticipated to see an improvement?

NJ confirmed the change in rating was against the strategic vision. Discussion with Welsh Government had requested progress against Better Together and the clinical service plan which is due to be concluded in March 2026. NJ confirmed the initial lack of clarity against the strategic vision which conveys the downgraded rating. Following clarification work had developed and progressed. It was recognised the difficulty to demonstrate improvement against the Planning Maturity Matrix until the financial plan is balanced.

Members recognised the importance of the Better Together programme, outcomes and the organisations financial position. It was recognised that the Board needed to be sighted of the impact of plans as different models are worked through, the programme would consistently be reviewed.

Was the Board clear in understanding Better Together is one component of the sustainable position?

NJ explained the need to develop and outline the strategic commissioning intentions. The external consultancy programme would inform initial discussions following learning between the English and Welsh system drivers. Discussions are underway to develop the plan for the forthcoming year, recognised that commissioning and provider strategy is yet to be worked through.

The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board.

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 04 (F&P/25/052)

PH presented the year end finance report and highlighted that performance is being tracked against current forecast position of a £28.3m deficit, with ongoing Board discussion in terms of mitigation of actions to improve the deficit position. The following key areas were highlighted:

- The Annual Plan was submitted to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit;
- At month 04, there was a £11.336m overspend against the forecast deficit of £9.437m, giving the Health Board an operational overspend of £1.898m;
- Significant pressures continue across Commissioning, Agency and Mental Health Private Providers;
- Commissioning had overspent by £1.714m, actions to defer expenditure had not yet taken effect;
- Agency expenditure of £0.432m in July was lower than the previous month and continues to improve.
- Continuing Health Care had overspent by £0.188, with a forecast outturn of £37.894m;

- Mental Health Private Providers was overspent. Forecast annual expenditure had further increased to £6.798m, this was subject to urgent focus.
- An overview of the savings programme was provided with £19.237m currently forecasted against the £23.080m target. A gap of £3.843m was to be closed.
- A number of risks were presented, noting the potential risk of circa £4.4m related to the activity undertaken by providers.

Committee members sought assurance by asking the following questions:

Was it anticipated that NHS England commissioning services would be seen as a benefit within this financial year?

An improvement was anticipated; however, it was recognised that the financial outturn is unclear. Actions which had been approved by the Board had been taken and as of month 04, elements of this was in development.

Would the upgrading of Health Care Support Workers (HCSW) be funded centrally?

PH reported this was yet to be confirmed.

Could clarification be provided of the term 'Strategic cash'?

Strategic cash was noted to be required if health boards forecast a deficit position which explains the organisation would overspend their funded allocation. This had been highlighted to Welsh Government and in previous years has been accepted and provided.

Could an update be provided on the position of the Wye Valley invoice from 2024/2025?

PH reported that no further update had been received from Welsh Government and the Health Board continued not to recognise the invoice as valid.

Given the financial position and the risks associated with high levels of staff vacancies, would a different process be considered?

EL noted this as a key operational concern and noted that a workforce safe staffing paper was due as well as an action plan regarding medical staffing. Financial meetings regarding Mental Health (MH) and Learning Disabilities (LD) had increased operational scrutiny regarding workforce and the use of private providers. Some challenges were faced consistently across Wales regarding MH acuity.

Where is the Safe Staffing update reported to?

This is produced by the Director of Nursing on an annual basis. An assessment was due to be undertaken of the impact of additional staffing utilised during higher levels of acuity. This would be reported to the Patient Experience, Quality and Safety Committee for monitoring.

The Committee:

- **RECEIVED** the financial report
- **CONSIDERED and DISCUSSED** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m; and
- took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 03 (F&P/25/053)

NJ provided an overview on the latest performance position against the NHS Wales Performance Framework 2025/26. The following key themes were highlighted:

- Planned Care Performance at 104 week wait target remains positive
- Improved Psychological Therapy waiting times
- Outpatient waiting times had seen a small number of breaches, current position remained positive;
- Diagnostic breaches continued to deteriorate
- Therapies Performance remained positive, workforce remained fragile
- Continued improvement across Adult Mental Health services
- Planned care services demonstrated improvement against escalation plan, operational and transformative improvement.
- Improvement across NHS Wales Commissioned service waiting times.
- A cohort of spinal patients were reported to have waited over 104 weeks at the end of the financial year. Welsh Government had been made aware ahead of the deployment of national planned care monies.
- Emergency care – target and metrics for ambulance services would change from July 2025, red calls would no longer have the same target.

Committee members sought assurance by asking the following questions:

Was it expected to correlate future measurements with historic data against the new WAST system?

The measures would run in shadow with the old measures which reflect operational change in terms of ambulances which are deployed to improve outcomes, an update would be reported throughout the shadowing period.

Would Powys patients be at a disadvantage given the breaches from Robert Jones and Agnus Hunt Hospital?

Spinal patients had received support from NHS England to seek solutions for treatment. Powys had not accessed funding for Planned Care monies and anticipated that 63 complex spinal patients would be waiting over 104 weeks at the end of the year.

Could clarity be given for Powys patients pathways at Shrewsbury and Telford Hospital (SATH)?

SATH had yet confirmed the commissioning intentions. Powys had refreshed legal advice and confirmed no change to commissioning pathways. A CEO meeting was due take place to discuss expectations of being in escalation. A Board Development session was due to take place imminently to discuss the detail.

How would decision impact Powys' relationship with commissioned services, how were the risks being managed and does this form part of contingency planning?

The risks had factored into the Commissioning strategy and the importance of patient flows and historic partnership arrangements. Ongoing discussion between Chief Executives continued regarding escalation. A further briefing would be provided at Board Development imminently.

The Committee **DISCUSSED** the report and took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

5.3 ANNUAL DELIVERY PROGRESS REPORT Q1 (INCLUDING ENABLING ACTIONS) (F&P/25/054)

An update was provided on the quarterly delivery against the Health Boards Annual delivery plan and subsequently to be submitted to the Board in September and to Welsh Government as a formal report of the progress against the plan for Q1.

Executive Directors had assessed and reviewed the actions with continued dialogue against the additional savings agreed by the Board which increased from 3% to 5%. Good assurance had been received from Welsh Government to date against the delivery of the existing actions.

The MAG requirements are delivered through existing mechanisms with the timeline of completion considered. Although differences were presented, a decision was made not to amend the timeline of the annual plan, to provide further integrity to deliver the actions. A risk was presented against the Delayed Transfer of Care mitigating action of the MAG requirement.

Committee members sought assurance by asking the following questions:

What was the position on Transfers of care and delayed assessments?

Following implementation of the Ready to go home pathway, there had been a reduction in delays and patients' length of stay. Further work was required to undertake assessments across the Complex Care Team. Pathways of care delays increased throughout August as expected across social care. This had been supported through an action plan implemented in September. This remained a significant concern.

How would members be kept informed regarding target implementation and success of the MAG plan?

This was in development. Further discussion was required at the Joint Leadership Team with the Local Authority in terms of how actions would be scrutinized and monitored.

Can an update be provided on the Out of hours contract with Swansea Bay University Health Board (SBUHB) for the Ystradgynlais area?

In 2024/25, a contract agreement had been successful with SBUHB. Discussion regarding operational challenges continued.

Could an update be provided on the Digital Cross border delays?

As the Executive lead was not present, an update would be provided at the next meeting.

Action: Executive Director of Allied Health Professions, Health Sciences and Digital

What timeframe could members provide feedback to strengthen quarterly report?

It was confirmed that feedback was welcomed during the meeting, however it was welcomed to provide feedback through various mechanisms over the coming weeks as the quarter 2 report develops.

The Committee:

- **ENDORSED** the change requests that were submitted by leads as part of the Q1 process for approval to the Board;
- **CONSIDERED** and **DISCUSSED** how to strengthen the report and;

- took **ASSURANCE** that there was a process in place for monitoring progress against the plan.

5.4 SIX MONTHLY REPORT ON CHC COSTS (TRACK GROWTH ON CASE NUMBERS) (F&P/25/055)

A comprehensive overview was provided of the current operational pressures and financial performance in relation to Continuing Health Care and Complex Care. The following key messages were highlighted:

- There had been a significant increase over recent years in the number of Continuing Healthcare (CHC) placements which had doubled in numbers and costs, this had a significant budgetary and workforce impact.
- In the last year there had been a 31% increase in placements for EMI with each new patient having a time-sensitive review and case management requirement.
- Assessments undertaken across Mental Health and Learning Disabilities (MH & LD) by a small workforce are more complex packages. This was under review.
- Current position for CHC is an overspent by £148K and forecast overspent variance of £381K.
- IT system Gaps- Value and sustainability Board had stepped down priorities. Dashboards under development to provide further detail to undertake quality assurance reviews.

Committee members sought assurance by asking the following questions:

Had the Health Board reinforced the importance to receive direct payment guidance from Welsh Government given its implementation?

Yes, Powys is part of the All-Wales Direct Payment Group which links with the Joint Commissioning Committee. The need for guidance had been escalated and would continue to be monitored.

Had the Health Board investigated the importance of 'right sizing' across other localities?

Given the growing demand across Care Homes, the team were seeking to explore further opportunities to support additional capacity

Had the Health Board benchmarked against other Trusts who had better managed growth across CHC?

Powys had worked in partnership with Hywel Dda University Health Board (HDUHB) to understand how to better manage and respond to growth across CHC. A number of recommendations had been applied and would be reported through workforce planning.

Given the external work being undertaken to review CHC, was there capacity within the team to address the challenges?

Work remained ongoing to address capacity across Mental Health (MH) and Learning Disabilities (LD). The external work being undertaken by Grant Thornton is focused on CHC processes and Mental Health private providers.

Can assurance be provided on the actions taken to ensure fundamental change across CHC and the importance of individual care packages they receive?

Discussions remain ongoing with the workforce who are passionate to create robust and sustainable outcomes, providing greater ability to respond to individuals with presenting needs through CHC.

The Committee **DISCUSSED** the report and took **ASSURANCE** that plans are in place to effectively manage CHC and evolve the service based on expected national changes.

5.5 DEEP DIVE – PRIVATE PROVIDERS, MENTAL HEALTH PROVISION (F&P/25/056)

The Committee received the presentation which provided the current position, progress against the recovery response plan and assessment of projection/forecast for the private provider usage for Mental Health (MH) and Learning Disabilities (LD) patients. The presentation included:

- Out of Area Health Board Comparison data
- the Health Board's current financial position
- Mitigations
- Progress against the Further Recovery Response Plan

Committee members sought assurance by asking the following questions:

Are the numbers within the Psychiatric Intensive Care Unit (PICU), static?

There is an inward and outward trend following the improved connectivity flow and engagement with care coordinators to support individual needs and implementation of multidisciplinary discussions.

What control processes are in place prior to placements being made?

Admission processes had improved following the implementation of Commissioning Care, Assurance and Performance System (CCAPS), a framework that supports decision-making around finances and clinical needs. Additionally, the enhanced care area for older adults offers greater flexibility, helping reduce observation levels and better manage care pathways.

Could assurance be provided that staff vacancy's across Mental Health Services are being addressed?

The Mental Health workforce vacancy rate provided a concern. A number of agency Health Care Support Workers (HCSW) had joined the PTHB Bank, supporting a substantive workforce and wider quality and governance delivery. There were concerns about the accuracy and transparency of vacancy data, with some reporting errors identified. Ensuring accurate data is essential for proper scrutiny. Efforts to improve the workforce position are ongoing.

Members welcomed the report and requested that further updates are received to the Committee to monitor progress against the mitigating actions.

The Committee took **ASSURANCE** from the report and the plan.

5.6 DEEP DIVE – VARIABLE PAY (F&P/25/057)

The report was presented which outlined variable pay had increased significantly in recent years and was recognised as one of the drivers for the Health Board's underlying deficit. An overview of current trends, and actions that were being progressed to reduce this expenditure was provided to the Committee including:

- actions set to reduce significantly the variable pay expenditure by the Variable Pay oversight group and the Operational group and an overview of the action tracker
- 2022-23 to 2025-26 Agency and Locum spend data
- Community Services and Mental Health Services: Annual spend and 25/26 forecast by Staff Type and Monthly spend by Staff Type

- Ward staffing position
- Non-Ward Staffing position
- Locums position

Committee members sought assurance by asking the following questions:

How could the process be improved to transition agency staff to the Bank?

It was recognised that a streamlined approach was required to improve the timeliness of recruitment. A fast-track process had been implemented for both substantive and agency staff and are individually tracked throughout the onboarding process. To date, this process has provided a positive impact across the workforce.

What was the position of Overseas Nurse recruitment?

Several newly qualified overseas nurses have completed Objective Structured Clinical Examination (OSCE) training and begun their roles, positively impacting agency reliance. The strengthened nursing workforce has improved the quality and delivery of patient care. Members acknowledged the progress made in enhancing the workforce.

The Committee **RECEIVED** the report and took **ASSURANCE** regarding the action and focus being taken to improve the position.

5.7 GENERAL MEDICAL SERVICES (GMS) (F&P/25/058)

The Committee received the item which provided assurance regarding the General Medical Services Contract Assurance Framework process applied to the 2024/2025 contract year and summarised:

- the GMS Unified Contract Assurance Framework (UCAF) process
 - 2024-25 UCAF cycle 2024-25 key dates and milestones
 - Contractual compliance
 - Non-contractual compliance
 - Immunisations performance (childhood and flu)
 - National Prescribing Indicators
- Practice Sustainability, Escalation, Workforce and Additional Capacity
- Patient Access Experience and Contact Activity

Committee members sought assurance by asking the following questions:

What were the reasons for Powys Practice absences being higher than the All-Wales average?

The Health Board does not hold absence data for General Practices and there is no guidance to understand the recording of absences. This had been escalated nationally.

Does Powys spend more on GMS per resident than other Health Boards?

The Unified contract payments are nationally defined and can vary dependent on geography. Due to Powys rurality, a higher allocation is provided to Practices. WG assess how many supplementary services, level of spend are set nationally.

How does the Civica system work?

There were two systems to collate patient feedback via GMS available to the public. A patient feedback form is accessible via General Practice websites which is managed by the individual Practice and a Civica process which is a national programme where patient feedback is received directly into the Health Board.

Could the Board do anything to support Primary Care in addressing the challenging behaviour received from patients?

An alternative treatment scheme is available to those patients that have been removed from a practice register and specific criteria would need to be met for an individual to access a GP service through the Health Board. This is reviewed and monitored closely. A BeKind Campaign had been developed with GMS and rolled out across all Practices with further mechanisms in development.

How could Primary Care data inform Planning and Strategy and what action was being taken to address the concerns across areas within Powys with high levels of data concerns?

There was noted to be opportunity for cluster information to be further utilised to develop patient services and inform Health Board planning.

All Practices would receive a substantive or full desktop review based on data received to review their reporting mechanisms across the care standards. Due to the variation in new systems used, differences in reporting was a concern. Gaps across GMS would be analysed to ensure processes were standardised.

The Committee **RECEIVED** the report and took **ASSURANCE** that the GMS Contract Assurance Framework monitoring process was an effective mechanism for providing oversight of general practice contract management.

5.8 CAPITAL AND ESTATES STRATEGY MONITORING (F&P/25/059)

The item provided an update on the status of key areas of activity in regard to Capital and Estates including:

- Capital funding and programme
- Regional Partnership Board Capital update
- Estates and Facilities update
- Better Together / Site Review status

Committee members sought assurance by asking the following questions:

Could an update be provided on the Llanfair Caereinion project?

A recent meeting had taken place with Welsh Government to discuss the Capital Programme. A timeline would be confirmed in the coming weeks.

What action had been taken to translate Estate utilisation?

An online digital system called OCCUPY was being utilised to provide accurate data of utilisation across the Estate with short term opportunities providing financial savings. Longer term plans link in with the Better Together programme of work and remains under review.

The Committee **RECEIVED** the report and took **ASSURANCE** that progress had been made against the Capital and Estate Strategy's key areas of activity since the last report.

5.9 COMMITTEE RISK REGISTER (F&P/25/060)

Members received the revised Committee Risk Register comprised of risks allocated to the Committee for oversight within the newly developed Strategic Risk Register (SRR) as adopted by the Board on 30 July 2025.

The Committee **RECEIVED** the strategic risks within the Committee's remit and took **ASSURANCE** that risks are being managed in line with Risk Management Framework.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA
7.1 INTERNAL AUDIT REPORTS (F&P/25/061)
The Committee RECEIVED the following Internal Audit Reports for ASSURANCE . <ul style="list-style-type: none"> • Contract Management
7.2 COMMITTEE WORK PROGRAMME (F&P/25/062)
The Committee RECEIVED the Committee Work Programme for 2025/26.
7.3 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (F&P/25/063)
The Committee RECEIVED the PTHB Glossary for information.
8. OTHER MATTERS
8.1 ANY OTHER URGENT BUSINESS (F&P/25/064)
No urgent business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/065)
There were none.
8.3. COMMITTEE REFLECTIONS (F&P/25/066)
The following summary of business and reflections were provided by members: <ul style="list-style-type: none"> • In depth scrutiny and challenge; • Recognised the good work to enable to make a difference; • Constructive challenge to drive the organisation forward;
8.4 DATE OF THE NEXT MEETING (F&P/25/067)
The date of the next meeting is scheduled on 21 October 2025 at 09:30 via Microsoft Teams.

Meeting Closed at 13:00