

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING
28 MAY 2026
HELD AT 10:15AM
MICROSOFT TEAMS



Members Present: *alphabetical order by surname*

Jane Bain	Non-Executive Director / Employee Director	Karen France MacLeod	Chair of ACF / Non- Executive Director
Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Board Chair (Meeting Chair)
Gordon Jamieson	Chief Executive	Ian McCorquodale	Non-Executive Director
Paul MacAskill	Non-Executive Director	Frances Robertson	Nurse / AHP Director and Chief Operating Officer
Naomi MacDonald	Non-Executive Director	Annetta Smith	Non-Executive Director

In Attendance:

Maggie Jamieson	Head of Communications, Claims & Patient Information
Diane MacDonald	Director of HR & Workforce Development
Emma MacSween	Chief Officer, IJB
Michelle McPhail	Corporate Business Manager

1. WELCOME

Mrs. McCannon took the Chair and welcomed everyone to the meeting. She formally apologised for the technical issues with the UHI system, Teams link, which had resulted in the meeting starting late.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Members apologies

Colum Durkan	Director of Public Health
Sara Else	Medical Director
Paul Steele	Non-Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair provided the following update to Members for their awareness:

- **Public Health Scotland – Hospital at Home Report** ~ The Chair reported that the further in the agenda the Public Health Scotland Report on Hospital at Home services denotes NHS Western Isles as highest performing Board with 2244 acceptance into Hospital at Home service for 100,00 population. The full report is noted later in the agenda.

3.2 Chief Executive's Report

The Chief Executive provided Members with the following update as awareness:

- **MRI Scanner progress update** ~ The Chief Executive reported that work is progressing well and is on track for the autumn installations of the scanner when Lewis Builders complete the handover.
- **Barra and Vatersay Community Campus** ~ It was noted that discussions between NHS and Comhairle is progressing well with key decisions, pertaining to cost and technical expertise, being made later this week.
- **Dental Services** ~ The Chief Executive advised of a very positive level of interest being made in the dentist position in Uist and Barra, with 1 appointment in process and another showing encouraging interest.

The Chair thanked Mr. Jamieson for his update.

4. DECLARATION OF INTEREST

Board Members did not declare any conflict(s) of interest in relation to the content of the agenda, which may require a declaration of interest.

5. MINUTES

5.1 Minute of 30.04.26 - DA

Board Members approved the Minutes of the meeting held on 30 April 2026 as a correct record of the discussion. No amendments were reported.

Decision: The Board formally approved the Minute of the meeting of 3 April 2026.

Action: No action required.

5.2 Matters arising from previous Minutes

There were no matters arising from the previous minutes raised.

5.3 Action Points

The committee discussed the action points as follows:

21.03.24 – 7.2 Western Isles Performance Report – Dementia Plan will be presented in October 2026 ~ Frances Robertson provided an update noting that the Frailty and Dementia Lead Nurse is in post and is assessing the needs of the service. They will identify the requirements and produce the Dementia and Frailty Plan.

Action: Draft Dementia plan present at October Board meeting – Frances Robertson.

30.10.25 – 12 Other Information – Dental Registration & Waiting Lists ~ Mr. Jamieson advised that the Treatment Access List is open in all dental practice areas and the ability to obtain an understanding of the level of need is being recognised. The report will be discussed shortly.

Action: Report on Dental Registration & Waiting list – Gordon Jamieson

Decision: The Board formally noted the updates, and these will be reflected in the updated Action Points.

5.3.1 Standing Items (SI) – verbal update

5.3.1.1 SI – Psychiatry Services & Financial Impact

No update was provided due to Dr. Else being absent from the meeting.

5.3.1.2 SI – Cancer Services SLA Consultant

Ms. Robertson advised Members that, for cancer services activity, performance against the 31-day target was 100%. Performance against the 62-day target was 62.5%, with 5 of 8 patients treated within the required timeframe. Of the remaining patients, one was awaiting upper gastrointestinal investigation and two were urology patients associated with the biopsy pathway.

Ms. Robertson advised that a meeting will be held in 2 weeks' time with the Urology Team in NHS Highland to analyse the data and discuss the pathway. The introduction of the Boards MRI Scanner will have an impact on the pathway, reducing the time waiting for diagnostics and the Board will be looking to implement Urology Nurse Specialist, which is a very positive development.

The Chair expressed her thanks to Ms. Robertson for the update.

Decision: Board Members formally noted the verbal update.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Report

Issue: *The Board was asked to note the report presented by Ms Debbie Bozkurt, Director of Finance and Procurement.*

Discussion: Ms. Bozkurt presented the report, advising that at Month 12 the Board is reporting a pre-audit break-even position, with an underspend of approximately £130k. Subject to audit, this would represent the 18th consecutive year of achieving break-even, making the Board the only NHS Board in Scotland to do so.

It was noted that NHS Greater Glasgow & Clyde had proposed an increase in the Service Level Agreement (SLA) cost; however, the Board has declined the 2025/26 increase, in line with other Boards, particularly in light of a 34% reduction in inpatient and day case activity for Western Isles patients. Members were reminded that 2002 financial guidance states that such arrangements should not destabilise or adversely impact the financial position of any NHS Board.

Members noted that the financial pressures identified in 2025/26 are expected to continue into 2026/27. Ms. Bozkurt highlighted demographic changes, including an ageing population, with an estimated cumulative impact of £7m over the past 12 years due to age-related health needs.

The high level of delayed discharges was also noted, representing patients clinically ready for discharge but unable to leave due to a lack of appropriate onward care. This is at its highest level to date, with a notional cost of £3m and an actual cash cost exceeding £1m.

Ongoing inflationary pressures were highlighted, including a doubling of heating oil costs to over £2m annually. Drug cost pressures were also noted; however, following a detailed review of pharmacy expenditure and utilisation, a break-even position has been achieved despite a 10% uplift to reflect inflation.

Ms. Bozkurt acknowledged the contribution of staff, Heads of Department and Directors in achieving the financial position.

The Chair, on behalf of the Board, expressed thanks to all staff, recognising that this has been achieved through robust financial control, effective management and strong governance.

Decision: The Board formally noted the financial report.

Action: No actions required.

6.2 Capital Report

6.2.1 Appendix 2 – Capital Report May 26

Issue: *The Board was asked to make a decision on the report presented by Ms. Debbie Bozkurt, Director of Finance and Procurement.*

Discussion: Ms. Bozkurt presented the report to Members for consideration, providing an overview of the Capital Programme position for 2025/26 and the proposed Capital Plan for 2026/27.

Members noted that the full capital allocation available for 2025/26, totalling £4.188 million, had been fully utilised in support of approved capital projects across the organisation.

In relation to the 2026/27 Capital Programme, Members were advised that the initial capital allocation from the Scottish Government amounted to £1.356 million. In addition, Scottish Government had committed to providing a further £3.406 million to support a number of specific projects, including the installation of the new MRI scanner. Members noted that several significant infrastructure projects remained within the programme, including the refurbishment of Medical 2, the development of a new helicopter landing site, replacement of the Western Isles Hospital lifts, and the installation of server room fire suppression systems. The combined estimated value of these high-cost projects was reported as £7.150 million and seeking Scottish Government support.

The Chair thanked Ms. Bozkurt for the comprehensive report and welcomed the clarity provided on the planned utilisation of capital funding to support the Board's strategic priorities and essential infrastructure developments. During discussion, the Chair sought an update on the proposed helicopter landing site project.

In response, Mr. Jamieson advised that £25,000 had been allocated to undertake architect and engineering assessments. The purpose of this work was to establish the feasibility of a new landing site and gain a more detailed understanding of the associated costs. Members noted that any new site would be required to comply with current UK Civil Aviation Authority and Bristow Helicopters safety requirements, which now stipulate a minimum separation distance of 60 metres between a helicopter landing site and residential properties.

Following discussion and consideration of the report, the Board formally approved the Capital Plan for 2026/27.

Decision: The Board formally approved the Capital Plan.

Action: No actions required.

7. PERFORMANCE

7.1 Corporate Risk Register – May 2026

7.1.1 Appendix 1 – Revised Register

Issue: *The Board was asked to make a decision on the report presented by Ms Frances Robertson, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Ms. Robertson advised that the Risk Register was presented for Members' review, scrutiny and approval. All risks had been reviewed by the relevant leads and updated by Ms. Sullivan and her team on the Risk Register. Risk 045, previously relating to COVID-19, had been reassessed and retitled. It was also noted that Ms. Robertson is currently reviewing the risk relating to waiting times.

Ms. Bozkurt highlighted that financial risk reduces the closer it gets to the year end with the achievement of financial pressure understanding and financial balance; however, as the 2026/27 Risk Register is developed, the financial risk will initially be recorded as very high.

The Chair recorded her thanks to Ms. Robertson and her team for the ongoing production of timely and comprehensive reports. Members approved the Risk Register.

Decision: The Board formally approved the register.

Action: No actions required.

7.2 Healthcare Associated Infection Report

7.2.1 Appendix 1 – HAIRT Report Feb’26 – Mar’26

Issue: *The Board was asked to note for assurance the report presented by Ms. Frances Robertson, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Ms. Robertson presented the Infection Prevention and Control report for the period February 2026 to March 2026, providing a comprehensive overview of performance and activity.

Members noted that:

- There was one case of *Staphylococcus aureus* bacteraemia (SAB), classified as a healthcare-associated infection.
- There were three cases of *Escherichia coli* bacteraemia (ECB), all identified as healthcare-associated infections.
- There was one case of *Clostridioides difficile* (CDiff), which was classified as a community-associated infection.

Ms. Robertson formally recognised and commended the continued commitment and efforts of the multidisciplinary team in minimising and controlling the transmission of infection.

Mrs. Smith noted the regular presentation of this report to the Board and endorsed Ms. Robertson’s comments, emphasising that the sustained high level of performance in infection prevention and control is reflective of the dedication and professionalism of staff.

The Chair, reflecting on the date of the report enquired why a more up-to-date report was not presented. Ms. Robertson advised that there is a 6-week delay time in producing the report at the end of the reporting period.

The Chair thanked Ms. Robertson for a comprehensive and positive report and echoed appreciation to all staff for their ongoing diligence and hard work in maintaining high standards of infection prevention and control.

Decision: **The Board formally noted the report.**

Action: **No actions required.**

7.3 Whistleblowing Report Q4

7.3.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for assurance the report presented by Ms. Frances Robertson, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Ms. Robertson presented the Governance report for Quarter 4 (January to March 2026).

The Committee noted that, during the reporting period, no areas of concern were raised and there were no outstanding issues requiring escalation or further action. The report was therefore presented to provide assurance to Members regarding the robustness of governance arrangements and compliance during the period.

Members acknowledged the positive position reflected in the report, noting the continued effectiveness of governance processes.

The Chair thanked Ms Robertson for the report and asked that her appreciation, on behalf of the Board, be conveyed to the Governance Team in recognition of their ongoing work in maintaining high standards.

Decision: **The Board formally noted the report.**

Action: **No actions required.**

7.4 Whistleblowing Annual Report 2025/26

7.4.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for assurance the report presented by Ms. Frances Robertson, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Ms. Robertson presented the Whistleblowing Annual Report for 2025/26, highlighting that no concerns were raised during the reporting period. Any queries received were appropriately managed through business-as-usual processes.

Members noted that all staff are required to complete one of the three whistleblowing training modules via the Turas Learn system. Completion rates were reported as strong relative to the size of the organisation:

- Overview training: 619 completed; 30 in progress
- Line Manager training: 127 completed; 17 in progress
- Senior Manager training: 80 completed; 12 in progress

Mr. McCorquodale, Whistleblowing Champion, advised that during his recent visit to Uists and Barra he met with staff and gained valuable insight into their awareness of the processes for raising concerns.

Mrs. MacDonald informed Members of a recent internal recruitment campaign for Confidential Contacts, who play a key role in supporting staff to raise concerns. While initial interest was positive, this reduced slightly once further information and training requirements were outlined. Notably, there was strong interest from staff based in Uists and Barra.

It was also noted that whistleblowing training is included within the organisation's mandatory training requirements, in contrast to the position in some other NHS Boards.

The Chair thanked Ms. Robertson for the report and asked that the Board's appreciation be conveyed to Louise Sullivan and her team for their ongoing support in addressing concerns. The Chair also thanked Mr. McCorquodale for his recent engagement visit to Uists and Barra in his role as Whistleblowing Champion.

Decision: The Board formally noted the report.

Action: No actions required.

Members took a refreshment break – 1115 - 1125

8. STAFF GOVERNANCE

8.1 Human Resources Workforce Report Feb'26

8.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for assurance the report presented by Mrs Diane Macdonald, Director of Human Resources and Workforce Development.*

Discussion: Mrs. MacDonald presented the report, advising:

- Reduced Working Week has now been fully implemented across all Agenda for Change grades, with no further issues or concerns escalated since completion.
- A significant proportion of the working-age workforce is within the 55–59 age group, with associated implications for future retirements. Since the introduction of the Retire and Return Policy in 2022/23, a total of 47 applications has been approved.
- Forty work experience placements were requested by the Nicolson Institute in February, with efforts ongoing to accommodate these across departments and locations.
- Recruitment to medical posts is progressing, including two surgeon vacancies, with final discussions underway regarding the appointment of two psychiatrists.

- The current attendance rate is 6% against a 4% target, which was noted as challenging given factors including the age profile of the workforce. Appropriate support continues to be provided to staff on short- and long-term absence to facilitate return to work where possible.

The Chair thanked Mrs. MacDonald for her report and highlighted her work at a national level with the Ministerial Nursing and Midwifery Taskforce Oversight Group, particularly in relation to attraction and culture. It was noted that the areas identified by the Taskforce align with work already underway within the Board, including initiatives such as work experience and open days, and Members commended the Board's proactive and innovative approach.

Decision: The Board formally noted the report.

Action: No actions required.

8. STAFF GOVERNANCE

8.2 Workforce Plan 2026/29

8.2.1 Appendix 1 – Narrative Report

8.2.2 Appendix 2 – WFP 2026-29 Action Plan

Issue: *The Board was asked to note for assurance the report presented by Mrs Diane Macdonald, Director of Human Resources and Workforce Development.*

Discussion: Mrs. MacDonald provided an overview of the Workforce Plan 2026-29, advising that the Plan represents the Board's strategic workforce roadmap for the next three years. She explained that the Plan has been developed using the five-step workforce planning methodology, a recognised approach that supports organisations in ensuring they have the right people, with the right skills, in the right roles, at the right time, to meet current and future service requirements.

In outlining the context for the Plan, Mrs. MacDonald highlighted the significant demographic challenges facing both the wider population and the workforce. She noted that the organisation must respond to an ageing population, increasing demand for health and care services, and the impact of an ageing workforce, with a growing proportion of staff approaching retirement. Against this backdrop, she emphasised the importance of developing a sustainable workforce pipeline and encouraged all departments and managers to embrace a "grow your own" approach. This includes investing in the development, training and progression of the existing workforce, supporting local talent, and creating opportunities that will help ensure the organisation can meet future service demands.

Mrs. MacDonald advised that, subject to approval, the Workforce Plan and associated Workforce Plan Action Plan would be submitted to the Scottish Government. She further noted that delivery of the Plan would be monitored through established governance arrangements, with regular oversight by the Corporate Management Team and assurance provided through the Staff Governance Committee to ensure progress against agreed actions and objectives is effectively tracked and reported.

Members and the Chair welcomed the report, commenting that it was comprehensive, well-structured and easy to understand. They acknowledged the clarity with which the key workforce challenges, priorities and proposed actions had been presented and expressed support for the strategic direction outlined within the Plan.

The Chair thanked Mrs. MacDonald and her team for the Plan.

Decision: The Board formally approved the Workforce Plan 2026-29

Action: No actions required.

9. CLINICAL GOVERNANCE

9.1 Oral Health Needs Assessment

9.1.1 Appendix 1 – Health Needs Assessment

Issue: The Board was asked to note for decision the reports presented by Gordon Jamieson, Chief Executive.

Discussion: Mr. Jamieson presented the Oral Health Needs Assessment to Board Members for consideration. He advised that, subject to approval, the assessment would be submitted to the Scottish Government to provide assurance regarding the Board's current position and the status of oral health needs within the local population.

In introducing the report, Mr. Jamieson explained that the assessment had been undertaken in response to a request from the Scottish Government, issued to all NHS Boards, to review and evaluate the oral health status of their local populations. The purpose of the exercise was to compare local oral health data against regional and national indicators, identify areas of need, and support evidence-based planning for future services.

Mr. Jamieson highlighted that the assessment provides a comprehensive analysis of the oral health needs of the Western Isles population and includes a range of recommendations designed to inform future service delivery. These comprised eight recommendations relating to clinical dental services and three recommendations focused on oral health improvement and prevention activity. Collectively, these recommendations provide the Board with a clearer understanding of current needs, service gaps, emerging priorities and opportunities to improve outcomes for patients and communities.

Members noted that the assessment represents an important baseline from which the Board can develop its future oral health strategy. Mr. Jamieson advised that the next stage would be the development of a detailed action plan, supported by clear milestones, timescales and accountability arrangements, to ensure the recommendations are progressed in a structured and measurable way.

During discussion, it was noted that the findings of the assessment will play a key role in informing future service planning, workforce considerations and funding requirements, while also supporting continued efforts to improve oral health outcomes and reduce inequalities across the islands.

The Chair welcomed the report and acknowledged the significant work undertaken in completing the assessment. She emphasised the importance of maintaining momentum and ensuring that the recommendations are translated into deliverable actions that result in tangible improvements for local communities.

In the course of deliberations, Members recognised that a clearer understanding of the oral health needs of the population would support the development and delivery of services closer to home wherever possible. It was acknowledged, however, that this would not remove the preference of some individuals to travel to the mainland to access certain aspects of dental care or specialised treatment. Members noted the importance of continuing to balance local service provision with patient choice.

The Chair welcomed the overall findings of the assessment and, following discussion, Board Members formally approved the Oral Health Needs Assessment and endorsed the development of an associated action plan to take forward the recommendations contained within the report.

Decision: The Board formally approved the reports.

Action: Development of an associated action plan, monitored by the Corporate Management Team and the Clinical Governance Committee.

9.2 Integrated Front Door Service Annual Report

9.2.1 Appendix 1 – Narrative Report

Issue: The Board was asked to note for assurance the reports presented by Ms Frances Robertson, Nurse / AHP Director and Chief Operating Officer in the absence of Dr. Sara Else.

Discussion: Ms. Robertson presented the first Annual Report on the Integrated Front Door Services (IFDS), highlighting the significant progress made during the year in transforming urgent and unscheduled care services across NHS Western Isles. She explained that the IFDS model brings together Hospital at Home (H@H), Urgent and Unscheduled Care (U&UC), and the Acute Assessment Unit (AAU) to provide a more integrated and coordinated approach to care. The model aims to ensure that, wherever clinically appropriate, patients can be assessed, treated and supported within their own homes and communities, reducing avoidable hospital admissions and improving patient experience.

Ms. Robertson advised that substantial investment had been secured during 2025/26 to support the expansion of the service, including over £1 million for Hospital at Home services and a further £400,000 for patient flow and frailty initiatives. Members noted that this investment had enabled virtual ward capacity to increase to 26 beds, more than doubling previous provision and establishing NHS Western Isles as having the largest virtual ward capacity per head of population in Scotland.

Members further noted that the additional funding had supported successful recruitment across a range of multidisciplinary roles, including nursing, paramedic, medical and specialist frailty practitioner – Hospital at Home ~ 6.8 WTE, Urgent and Unscheduled Care ~ 9.5WTE and Acute Assessment Unit ~ 4.4 WTE.

Investment had also been made in diagnostic equipment and digital technology to strengthen home and community-based care, including mobile diagnostic equipment, blood testing capability and patient self-monitoring solutions designed to support early intervention and reduce the risk of deterioration.

In considering the report, Members noted that early performance information suggested a positive impact on patient flow and service delivery. This included a reduction in Emergency Department attendances from October 2025 onwards, together with sustained growth in Hospital at Home activity, particularly in relation to admission avoidance. Improved support for care home residents had also enabled more individuals to receive care within their usual place of residence, reducing the need for transfers to Western Isles Hospital where clinically appropriate.

During discussion, the Chair enquired whether the funding supporting the developments was recurrent or non-recurrent in nature. Ms Bozkurt advised that the current funding arrangements were non-recurrent; however, discussions were ongoing with Scottish Government colleagues regarding the future sustainability of the funding and the potential for recurrent investment.

Ms. Robertson further advised that, as part of the next phase of service development, consideration was being given to the wider patient flow pathway, including a review of what was described as the "back door" of the system. The intention would be to support reductions in delayed discharges, improve patient flow through the hospital system and reduce pressure on acute bed capacity.

Members recognised the importance of maximising the benefits of the Hospital at Home model and noted that, where clinically appropriate, patients should be discharged from hospital at the earliest opportunity and supported through the Hospital at Home service. This would help ensure that available virtual ward capacity is utilised as effectively as possible while supporting patients to receive care in a more appropriate and familiar environment.

The Chair thanked Ms. Robertson for presenting the comprehensive report and welcomed the significant progress that had been achieved to date. Members acknowledged the positive contribution that the Integrated Front Door Services model is making towards delivering care in alternative settings, improving patient outcomes and supporting the Board's strategic ambition to provide more care closer to home.

Decision: The Board formally noted the reports.

Action: No actions required.

9.3 Hospital at Home – Public Health Scotland Report

Issue: *The Board was asked to note for awareness the reports presented by Ms Frances Robertson, Nurse / AHP Director and Chief Operating Officer.*

Discussion: The Public Health Scotland Hospital at Home report was presented for awareness.

The Chair highlighted that, for the reporting period November 2025 to January 2026, NHS Western Isles demonstrated a particularly strong level of activity. Specifically, the rate of patients accepted into the Hospital at Home service per 100,000 population was reported as 2,244, representing the highest level of performance across all NHS Boards in Scotland.

Members noted that this level of activity reflects the significant role that Hospital at Home services are playing locally in supporting admission avoidance and delivering care closer to home, particularly within a remote and rural context.

The Chair encouraged Members to review the report in detail in order to gain a broader understanding of the variation in performance across Scotland, as well as the emerging challenges and opportunities associated with the continued development of Hospital at Home services.

Decision: **The Board formally noted the reports.**

Action: **No actions required.**

10. REPORT / APPROVED MINUTES FROM BOARD SUB COMMITTEES FOR AWARENESS

10.1 Staff Governance Committee

10.1.1 Staff Governance Committee Minute 12.02.26 - A

The Minutes were presented for information and awareness purposes. There were no questions raised.

Decision: **The Board formally noted the Committee minutes.**

Action: **No actions required.**

10.2 Area Partnership Forum

10.2.1 Area Partnership Forum Minute 04.02.26 - A

The Minutes were presented for information and awareness purposes. There were no questions raised.

Decision: **The Board formally noted the Committee minutes.**

Action: **No actions required.**

10.3 Area Clinical Forum

10.3.1 Area Clinical Forum Minute 06.02.26 - A

The Minutes were presented for information and awareness purposes. There were no questions raised.

Decision: The Board formally noted the Committee minutes.

Action: No actions required.

11. FOR INFORMATION

No items raised

12. EVALUATION

	YES	NO	COMMENTS
For Chair only to Complete:			
Was the draft minute and action plan / log received within the 5-day time frame for you to review? If note state how many days before receipt.	✓		Draft minute was available at day 5 of the 5 working days timeframe.
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		
Were the executive summaries an accurate reflection of the detailed paper?	✓		
Was the information contained within the meeting papers, clear, focused, explicit and enabled members to make informed and effective decisions? If not state what information would have helped.	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Was there sufficient refreshment breaks?	✓		11:15 – 11:25
Did you consider that the Board discharged its duty in respect of • Proper Scrutiny • Relevant Questioning • Constructive Challenging	✓ ✓ ✓		

13. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meeting

Start time: 10:15am.

Month / 2026	Paper deadline / 2026	Meeting Date / 2026	Venue
<i>February</i>	<i>09.02.26</i>	<i>26.02.26</i>	<i>Teams</i>
<i>April</i>	<i>13.04.26</i>	<i>30.04.26</i>	<i>Teams</i>
<i>May</i>	<i>11.05.26</i>	<i>28.05.26</i>	<i>Hybrid</i>
August	10.08.26	27.08.26	Teams
October	12.10.26	29.10.26	Hybrid
December	30.11.26	17.12.26	Teams

The Chair thanked everyone for their contribution, commitment, and involvement in the Board discussion and brought the meeting to a close at 12:15pm.

END