Minute Public Board Meeting
Thursday 27 August 2026

Present

David Campbell (Board Chair), Dr Kirsty Cole (Chair, Area Clinical Forum), James Goodyear (Interim Chief Executive Officer (CEO), Hayley Green (Non-Executive Board Member), Joanna Kenny (Non-Executive Board Member), Dr Anna Lamont - Online (Medical Director), Fiona MacKay - Online (Non-Executive Board Member), Ryan McLaughlin - Online (Employee Director – Non-Executive Board Member), Michael Morrison (Non-Executive Board Member), Damian Reid (Interim Director of Finance), Lynne Spence (Non-Executive Board Member), Jean Stevenson (Non-Executive Board Member), Jason Taylor (Non-Executive Board Member), Lesley Thomson (Executive Nurse Director Interim), and Dr Louise Wilson (Director of Public Health)

In attendance

Debs Crohn (Associate Director Corporate Governance - Minutes), Shona Dart (NHS Orkney Corporate Communications Officer), Dave Harris (Director of People and Culture), Stephen Brown (Chief Officer IJB) and John Daniels (Head of Primary Care Services/Chief Officer Operating Acute Services (Interim)

Observers

Iain Grant, Alice Tait, Adam Harcus

1. Cover page

Purpose of Orkney NHS Board

The overall purpose of Orkney NHS Board is to ensure the efficient, effective and accountable governance of the NHS Orkney system, and to provide strategic leadership and direction for the system.

Our **Values**, aligned to those of NHS Scotland, are:

- Open and honest
- Respect
- Kindness

Our **Strategic Objectives** are:

- **Place** Be a key partner in leading the delivery of place-based care which improves health outcomes and reduces health inequalities for our community
- **Patient safety, quality and experience** Consistently deliver safe and high-quality care to our community.
- **People** Ensure NHS Orkney is a great place to work.

- **Performance** Within our budget, ensure our patients receive timely and equitable access to care and services and use our resources effectively.
- **Potential** Ensure innovation, transformation, education and learning are at the forefront of our continuous improvement.

Quorum: Five members, of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Board Vice Chair opened the meeting at 09:30am and welcomed everyone to the meeting.

Apologies were received from R Gold (Non-Executive Board Member).

The meeting was quorate in accordance with the Board's Code of Corporate Governance.

3. Declarations of Interest (Presenter: Chair)

No declarations of interest were recorded.

4. Minutes of Previous Meeting 30 April 2026 (Presenter: Chair)

Minutes of the meeting held on 30 April 2026 were accepted and approved as an accurate record of the meeting with the amendments discussed at the meeting.

5. Matters Arising (Presenter: Chair)

No matters arising were raised.

6. Action Log (Presenter: Chair)

The action log was reviewed, and corrective action agreed on outstanding issues (see action log for details).

7. Board Chair and Chief Executive Report to the Board (Presenters: Interim CEO)

The Interim CEO presented the Board Chair and Chief Executive Report providing an update on key events and activities during July and August 2026.

NHS Orkney welcomed Ms. Angela Constance, Cabinet Secretary for Health and Social Care to The Balfour on 12 August 2026. The visit was a valuable opportunity to showcase the commitment, professionalism and dedication of staff and partners. Ms Constance was very pleased to meet colleagues from across services and was impressed by the warmth of the welcome she received. Ms Constance gained useful insights into delivering healthcare in an island context and appreciated the quality of the discussions and the passion shown for delivering the best possible care and support for the communities.

The Chief Executive advised confirmation had been received regarding continued funding from Scottish Government for the NHS Orkney MRI service. This would enable most

patients to be scanned locally, avoiding unnecessary travel to Aberdeen and speeding up diagnosis.

The Chair advised that the Board would seek opportunities to hold meetings within community venues. The next Board meeting on 29 October 2026 would take place at the Milestone Church, Dounby as part of efforts to enhance community engagement and participation.

K Cole congratulated the school nursing team and colleagues on their successful work in securing support for a programme focused on suicide prevention among young people. The importance of this area of work was recognised and the Board welcomed the initiative.

Decision / Conclusion

The Board noted the update provided.

8. Corporate Risk and Assurance Report

The Medical Director presented the Corporate Risk and Assurance report, updating the Board on the highest corporate risks, these being financial sustainability, lack of senior leadership capacity and capability and clinical engagement.

One risk had a change of score from very high to high, two risks had updated wording and there were no new risks added.

K Cole advised that the Area Pharmaceutical Committee had been meeting regularly and requested that the position described within the report under Strategic Clinical Leadership be reviewed and amended accordingly.

Members sought assurance regarding the reduction in the Financial Sustainability risk score, noting the continued financial challenges facing the organisation and the reliance on delivery of efficiency schemes later in the financial year. Further discussion was requested through the Audit and Risk Committee.

Decision / Conclusion

The Board noted the progress made to update and the current mitigation of risks highlighted.

9. Integrated Performance Report

The Interim CEO reminded members of the areas covered within the Integrated Performance Report (IPR) up to the end of August 2026.

Patient Safety, Quality and Experience.

The Interim Nurse Director presented the Patient Safety, Quality and Experience Report and noted that some indicators reported as red, including pressure ulcer compliance, related to isolated incidents rather than significant trends or systemic concerns.

The Interim Chief Operating Officer/Head of Primary Care Services highlighted areas of noticeable progress and areas that required further progress such as Treating Times Waiting Time Guarantees and Community Waiting Times which were driven by a combination of how standards were applied and workforce constraints.

The Medical Director advised that one Significant Adverse Event Review (SAER) had been closed. The remaining open SAERs were noted to be dependent on external input and continued to be actively progressed.

It was noted that revised national definitions for falls had been introduced and would require changes to the collection and reporting of falls data within the Integrated Performance Report.

The Director of Public Health sought assurance that learning arising from Significant Adverse Event Reviews (SAERs) was being implemented as reviews progressed. The Medical Director advised that learning and improvement actions were identified and shared through established governance processes, including mortality and morbidity meetings, enabling action to be taken prior to completion of the final SAER reports.

Assurance was sought regarding the continued focus on Maternity Early Warning Scores and Paediatric Early Warning Scores, noting that these areas had been the subject of previous deep-dive reviews and ongoing discussion. Members queried what additional measures were being implemented to ensure that learning was embedded and sustained improvements achieved.

Jason Taylor queried whether additional support could be provided through sub-national arrangements to assist with progressing elements of SAERs that were reliant on external input and therefore outside NHS Orkney's direct control.

H Green noted that performance against the cancer referral target was partly influenced by capacity and treatment arrangements within other NHS Boards. It was suggested that future KPI reporting should identify measures where outcomes are not wholly within NHS Orkney's control.

The Medical Director advised that the relevant KPIs were nationally defined and therefore included aspects of the patient pathway that were outside NHS Orkney's direct control. It was noted that performance could be affected by delays within receiving Boards, however, individual patients were actively monitored throughout their pathway and any delays were escalated as appropriate by the cancer team.

Clarification was sought regarding theatre utilisation, including the absence of a defined target and the level of performance that would be considered acceptable. Concern was also expressed regarding the reduction in utilisation compared with previous reporting periods.

J Taylor sought assurance regarding the actions being taken to address ophthalmology waiting times and the increasing number of patients approaching the 52-week wait standard. Members requested an update on recovery actions and any innovative approaches being implemented to improve performance.

The Interim Chief Operating Officer/Head of Primary Care Services advised that a targeted recovery approach was being taken in relation to ophthalmology, including securing additional capacity and exploring alternative delivery options to reduce long waits.

Members noted the mitigations identified in relation to 52-week waits and requested greater visibility of planned short-term actions and progress milestones, rather than solely end-of-year targets. Assurance was provided that a further robust analysis around the waiting times and action plans.

Concern was expressed regarding delayed transfers of care and the impact on bed capacity, particularly in advance of winter pressures. Members sought assurance on the actions being taken to improve discharge processes and reduce delays.

K Cole highlighted previous requests from the Area Clinical Forum for a multidisciplinary discharge planning group to be re-established and sought an update on progress. It was noted that such a forum could provide additional oversight of discharge planning and support timely transfers of care.

It was acknowledged the potential value of a discharge planning group and advised that the proposal would be considered further. It was agreed that the matter would be progressed and brought forward through the appropriate governance arrangements.

Community

Clarification was sought regarding orthoptics performance and the potential for further investment in the service. Members were advised that, while performance against the four-week target remained below the expected standard, most patients were being seen within four to six weeks due to the small patient cohort and visiting service model. It was noted that additional contextual information could be included in future reporting to support interpretation of performance.

Population Health

The Director of Public Health summarised the Population Health chapter of the report highlighting areas that were going well and areas of concern.

Maternity and Pregnancy screening metrics showed 100% compliance. The Pregnancy and Newborn Screening Oversight Group reviewed the variance in the bloodspot KPI and agreed to implement actions in relation to children born in NHS Grampian sites.

Members were advised that the introduction of a new Child Health System had resulted in some issues relating to vaccination scheduling and invitations. Assurance was provided that local manual workarounds had been implemented to ensure that children eligible for vaccination continued to receive appropriate invitations and appointments.

The Board noted ongoing national and local planning to support delivery of new winter vaccination programmes. Work was underway to ensure appropriate scheduling and delivery arrangements were in place.

Workforce

The Director of People and Culture advised that sickness absence levels should be interpreted in the context of longer-term trends rather than month-to-month variation. It was reported that, despite recent fluctuations, sickness absences had been reduced since April. Long-term absence continued to be driven primarily by anxiety, stress and depression and long-term absence relating to musculoskeletal conditions had been influenced by planned operations.

The Board noted the Scottish Government Finance Delivery Unit was supporting a detailed analysis of bank, agency and overtime expenditure alongside workforce, absence and rostering data. The work was intended to provide a clearer understanding of workforce demand, deployment and establishment requirements and would inform workforce planning and financial management.

BREAK

Finance – included within the Month 4 Finance report (item 15.1)

10. Committee Membership from 1 September 2026 (Presenter: Chair)

The Board Chair presented the proposed Board Committee membership from 1 September 2026, following the recruitment of three new Non-Executive Board Members.

The changes were intended to balance Non-Executive Member commitments, make best use of skills and experience, address financial escalation risks and support succession planning for key roles, including the Board Chair and Integration Joint Board responsibilities.

Decision/conclusion

The Board approved the proposed Board Committee Membership from 1 September 2026.

11. CHAIR'S ASSURANCE REPORTS

11.1 Finance and Performance Committee Chair's Assurance Reports 24 June and 28 July 2026 (Presenter: Fiona Mackay - Chair of Finance and Performance Committee)

The Chair of the Finance and Performance Committee shared Assurance Reports from the meetings on 24 June and 28 July 2026.

Positive assurance was provided on management of the Robertsons contract in relation to Planned Maintenance at The Balfour. Key Performance Indicators (KPI's) would be presented to Committee in August 2026 to ensure performance was more effectively managed.

The Committee noted that Month 3 performance remained challenging but was in line with the plan due to continued focus on run rate controls. Concern was expressed regarding the delivery of efficiency schemes scheduled for implementation later in the financial year.

There was also concern raised regarding the pace of change in relation to the Isles Model of Care, Medical Staffing and Out of Hours noting substantial savings and improvements to patient care were associated with the workstreams.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.2 Senior Leadership Team Chair's Assurance Report 9 July and 5 August 2026 (Presenter: Interim CEO - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) shared the Assurance Report from meetings held on 9 July and 5 August 2026.

Members were advised iMatter results had been discussed, work had taken place and agreed on several follow-up actions.

Actions had been agreed in relation to supporting the understanding of the budget-setting process and strengthening delivery measures.

Members discussed the progress and evolution of the group over the past two years and agreed it remained important to continue the key forum to address issues across the organisation.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.3 Area Clinical Forum 7 August 2026 (Presenter: Dr Kirsty Cole – Chair, Area Clinical Forum)

The Area Clinical Forum Chair presented the Assurance Report from the 7 August 2026 meeting.

Concern was raised regarding the lack of Area Dental Committee representation and the impact on clinical assurance. Clarification was sought regarding the Corporate Risk Register entry indicating that no further remediation was planned and on arrangements for communicating this position to the Area Clinical Forum.

The Medical Director clarified that no decision had been taken to discontinue the Area Dental Committee. Rather, the current position reflected the fact that the Committee had not been meeting due to limited staffing capacity and a lack of appetite to support its operation at present. It was noted that the Committee was a voluntary membership group and could

be re-established in future should there be sufficient interest, including identifying an individual willing to undertake the Chair role.

Ongoing difficulties remained regarding engaging with eHealth colleagues and securing appropriate representation at governance committees. The Chair queried the potential for support through sub-national digital workstreams, noting wider concerns regarding digital maturity and IT challenges across the organisation.

The Interim Director of Finance emphasised the scale of work both at digital subnational and at Scottish Government level, and the need to focus on core projects.

It was noted that the Digital Group Chair's Assurance Report was routinely reported to the Finance and Performance Committee, a more detailed review of digital activity and progress was planned at a future Committee meeting.

The Chief Executive emphasised the importance of the requirement for strong engagement between the eHealth team, Digital and Information Operations Group and the Area Clinical Forum.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.4 Area Partnership Forum 21 July 2026 (Presenter: Interim CEO)

The Chair of the Area Partnership Forum (APF) shared the Assurance Report from the meeting on 21 July 2026.

Positive assurance was provided in relation to the strong level of staff participation in the iMatter survey. In addition, assurance was provided regarding the high quality of care delivered across services and the patient and family-centred culture recognised through the Healthcare Improvement Scotland inspections of Acute and Maternity Services.

Positive assurance was provided in relation to continued progress with Job Evaluation activity and the Band 5 Nursing Review. The Committee recognised the significant commitment of the small number of staff supporting the operational delivery of this work despite ongoing pressures.

Areas of concern included the reduced number of trained Staff Side Job Evaluation practitioners, which contributed to delays in progressing Job Evaluation activity and placied additional pressure on individual representatives and their substantive services.

APF had not yet been able to review the outputs of the common staffing method tool runs which were used to calculate the required staffing levels for clinical areas.

The Chair thanked the Chief Executive, Co-Chair of APF for his contribution during his time on the committee.

Decision / Conclusion

The Board noted the update and took assurance on the report.

11.5 Joint Clinical and Care Governance Committee 2 July 2026 (Presenter: J Stevenson, Vice Chair Staff JCCGC)

The Vice Chair of the Joint Clinical Care and Governance Committee delivered the Chair's Assurance Report from the meeting held on 2 July 2026.

Major actions commission work underway included work around stage 2 complaints and many of them related to communication.

The Medical Director would provide the committee with a report in October with regards to Serious Adverse Events Reviews.

Decision / Conclusion

The Board noted the update and took assurance on the report.

12. STRATEGIC OBJECTIVE – PLACE

12.1 Integration Joint Board (IJB) key items, decisions and financial update

The Chief Officer, IJB advised that no update was available from the Integration Joint Board due to the summer recess, with a full report to be presented at the next meeting.

12.2 Community Planning Partnership Update - Verbal (Presenter: Chief Officer, IJB)

An update was provided on the Community Planning Partnership (CPP). Members were advised that, whilst a full CPP meeting had not taken place over the summer period, a development session had been held with statutory partners. It was noted that work was underway to review the role and structure of the CPP to ensure continued focus on key system-wide challenges, including workforce sustainability and population need. It was further noted that this work would inform future recommendations on the operation of the Partnership

Decision / Conclusion

The Board noted the update and took assurance

12.3 Public Sector Reform Update (Presenter: Chief Officer, IJB)

The Chief Officer, IJB presented the report providing members with an update on the work being done locally on the Public Sector Reform.

Following the Public Sector Reform Event held at the St Magnus Centre on 8 June 2026, an action plan had been reviewed with clear SMART target dates identified.

Recruited had commenced for Project Manager and Project Officer posts to support the work.

Productive discussions had taken place at the joint development session involving representatives of the NHS Board, Integration Joint Board and Orkney Islands Council, and an action plan had subsequently been developed.

Decision / Conclusion

The Board noted the update and took assurance

12.4 Population Health Organisation (Presenter: Louise Wilson, Director of Public Health)

The Director of Public Health provided an overview of NHS Scotland's ambition for Boards to develop as Population Health Organisations. Members were advised that a Population Health Organisation Maturity Matrix, developed with input from the King's Fund and agreed nationally, had been introduced to support assessment across a number of key development areas. It was emphasised that the framework was intended as an improvement tool rather than a performance management measure.

Work was underway to develop NHS Orkney's improvement plan and self-assessment for submission to Public Health Scotland on 11 December 2026.

Assurance was provided that support was available from Public Health Scotland through national peer learning and operational engagement arrangements. The Population Health Organisation approach would be developed in partnership with the Community Planning Partnership and other stakeholders through existing and emerging governance structures.

Decision / Conclusion

The Board noted the update and took assurance

13 PATIENT SAFETY, QUALITY AND EXPERIENCE

13.1 NHS Orkney iMatter 2026 results (Presenter: Dave Harris, Director of People and Culture)

The Director of People and Culture thanked Stephen Phillips for his contribution to the iMatter programme and highlighted the positive overall position reflected within the results.

Areas for further development included organisational leadership, decision-making, performance management and strengthening confidence in organisational processes. Members also emphasised the importance of ensuring that staff received feedback on issues raised, ideas shared and concerns highlighted, in order to demonstrate that action had been taken and that engagement is meaningful.

The Chief Executive welcomed the positive iMatter results, particularly the significant increase in response rates. It was noted that the level of participation demonstrated that staff wished to be heard and had confidence in the process, reinforcing the importance of reviewing and acting upon the feedback received.

The Director of People and Culture agreed that further work was required to ensure staff felt heard and listened to. Members were advised that discussions were underway with Public Delivery Scotland to develop a bespoke leadership development programme focused on building confidence, communication skills and the ability to have constructive conversations.

Decision / Conclusion

The Board noted the update and took assurance

13.2 Board Walkarounds (Presenter: Interim CEO)

The interim CEO presented the Board Walkarounds which took place in July and August 2026.

Decision / Conclusion

The Board discussed the themes arising from the Board Walkarounds in May and June 2026.

14 STRATEGIC OBJECTIVE – PEOPLE

14.1 Healthcare Associated Infection Reporting Template (HIART) Report (Presenter: Interim Director of Nursing)

The Interim Nurse Director advised that a number of updates to the national Infection Prevention and Control requirements had been issued through Director's Letters, including changes to terminology, personal protective equipment requirements and staff training. The compliance deadline had been extended from October 2026 to March 2027, providing additional time to implement the required changes.

A new 10-year Infection Prevention and Control Strategy had been published and work was underway nationally to establish priority workstreams and supporting groups. It was suggested that a future Board development session or report could provide a more detailed overview of the Strategy and its implications for NHS Orkney.

The Director of Public Health sought assurance regarding progress towards compliance with requirements relating to High Consequence Infectious Diseases (HCID), particularly in relation to PPE competency sign-off.

The Interim Nurse Director advised that HCID compliance required completion of both national online training and local competency sign-off processes. Whilst face-to-face training was not mandatory, additional local support and training opportunities would be made available to staff. Staff who had completed the training modules were encouraged to complete the self-assessment and competency sign-off process.

Decision / Conclusion

The Board took assurance from the report.

14.2 Healthcare Improvement Scotland (HIS) Unannounced inspection improvement action plan – Maternity and Acute Services (Presenter: Interim Executive Nurse Director)

The Interim Nurse Director presented the report summarising the findings from the Healthcare Improvement Scotland (HIS) two unannounced inspections, one for Acute services and the second for Maternity Services at The Balfour Hospital in March 2026.

The report highlighted that NHS Orkney had performed well in comparison with findings reported elsewhere, with particular strengths identified in relation to team working, organisational culture, compassionate staff and patient-centred care. Positive feedback from patients was highlighted as an important reflection of the quality of care being delivered.

Whilst the inspections contained a number of recommendations for improvement, many of these related to common themes across both services, including safe staffing, governance and adverse event management. It was reported that progress against the recommendations would be monitored and reported back to the Board, with assurance required by November 2026.

Decision / Conclusion

The Board took assurance from the report

14.3 NHS Orkney Patient Feedback Annual Report (Presenter: Medical Director)

The Medical Director presented the NHS Orkney Patient Feedback Annual Report 2025/26 and advised that Stage 1 complaints had reduced over the course of the year, however, there had been an increase in the number of more complex Stage 2 complaints.

Yearly comparisons over the last five years showed a reduction in complaint numbers overall.

Members welcomed the positive feedback highlighted within the report and noted the importance of promoting positive patient experiences alongside complaints and concerns. It was recognised that sharing positive feedback provided valuable recognition of staff contributions and encouraged patients and service users to participate in providing meaningful feedback on the services they receive.

Thanks were extended to primary care colleagues and General Practices for sharing patient feedback, which had contributed to the annual report. Members noted the value of this contribution in providing a more comprehensive picture of patient experience across NHS Orkney services.

Decision/conclusion
The Board received and approved the Orkney Patient Feedback Annual Report - 2025/26

15 STRATEGIC OBJECTIVE – PERFORMANCE

15.1 Month 4 Finance & Improving Together (efficiency programme) progress report (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the report advising a deficit of £1.3 million at month 4 and that further action would be required to improve run rates and deliver the planned financial position.

The Board was advised that a review would be undertaken with directorates during September to assess the achievability of current efficiency targets, identify opportunities to accelerate savings delivery and consider measures to control additional expenditure, including planned investments and recruitment

In relation to month 4 performance, the financial position was reported to be broadly consistent with previous months. Members noted that primary care locum expenditure had increased slightly during the period and that a one-off financial benefit had been realised following confirmation of recurring funding for the MRI service.

J Taylor sought assurance regarding mitigating actions available should delivery of some of the larger efficiency schemes be delayed. Clarification was sought on whether alternative savings opportunities had been identified that could be accelerated to offset any shortfall in the planned financial position.

The Interim Director of Finance advised that there remained a gap between the value of efficiencies currently identified and the level of savings required. Members were advised that a detailed review would be undertaken with individual Directorates to identify additional opportunities, recognising that the mitigating actions identified to date would not fully offset the anticipated shortfall. Consideration would need to be given to delaying or not progressing some planned investments where these could not be supported within the available financial resources.

The Director of People of Culture advised that the priority over the coming weeks would be to establish the extent of any financial gap arising from both recently issued budgets and the delivery of planned efficiency schemes. It was noted that the work would be considered through the Senior Leadership Team, with a focus on identifying additional opportunities to address any shortfall and reviewing previously identified proposals.

Decision / Conclusion

The Board discussed and noted Month 4 financial performance.

15.2 Sub national East of Scotland Planning Update - Verbal (Presenter: Interim CEO)

The Chief Executive provided an update on national planned care work and advised that reducing long waits remained a significant focus across NHS Scotland. Members noted that National Treatment Centre capacity was increasingly being prioritised towards patients with the longest waits across the country, particularly within orthopaedics. It was reported that NHS Orkney had already utilised its allocated National Treatment Centre capacity for the current year and was therefore not expected to be adversely affected in the short term.

Phase 2 of the Rural and Islands Programme had commenced, supported by a short-life working group. Members were advised that the work would review and articulate core service delivery models for remote and rural communities and consider how key national programmes, including planned care and urgent care developments, could be adapted to meet the needs of rural and island populations.

Decision / Conclusion
The Board

16 STRATEGIC OBJECTIVE – POTENTIAL

No papers were presented.

17 ANY OTHER COMPETENT BUSINESS (AOCB)

No other competent business raised.

18 APPROVED MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

18.1 Audit and Risk Committee – 26 May 2026
Members noted the minutes of the Audit and Risk Committee held on 26 May 2026.

18.2 Area Clinical Forum – 1 June 2026
Members noted the minutes of the Area Clinical Forum held on 1 June 2026.

18.3 Area Partnership Forum – 19 May 2026
Members noted the minutes of the Area Partnership Forum held on 19 May 2026.

18.4 Finance and Performance Committee – 25 May and 24 June 2026
Members noted the minutes of the Finance and Performance Committee held on 25 May and 24 June 2026.

18.5 Joint Clinical Governance Committee 8 April 2026

19 ITEMS FOR INFORMATION

19.1 Board Meeting Schedule 2026/27 (Presenter: Chair)

Members noted the meeting schedule 2026/27.

19.2 Record of attendance 2026/27 (Presenter: Chair)

Members noted the record of attendance 2026/27.

The Chair closed the meeting at 13:45