

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30am on Wednesday 11 March 2026 via Microsoft Teams.

Present: **Ms V. de Souza**, Non-Executive Board Member (Chair); **Ms E. Gordon** (Non-Executive Board Member); **Mr J. Innes** (Non-Executive Board Member) and **Ms T. Miller** (Employee Director).

In Attendance: **Miss T. Gillies** (Executive Medical Director), **Ms M. Campbell** (Director of Facilities); **Mr T. Power** (Director of People and Culture, Human Resources); **Ms A. MacDonald** (Executive Nurse Director, Nursing); **Mrs R. Kelly** (Deputy HR Director); **Ms L. Cunningham** (Partnership Representative); **Mr D. Thompson** (Board Secretary); **Mr M. Beswick** (Head of Careers Development & Employability) **D. Collins** (Head of Health & Safety – Item 7.2 & 7.3) **Mr C. Drake** (Project Manager, HR -Item 6.3) **Mr A. Tyrothoulakis** (Site Director Women & Children's – Item 7.1.4) **Ms S. Perriss** (Partnership Lead -Item 7.1.4) and **Mr G. Ormerod** (Corporate Governance Team -Minute).

Apologies for absence were received from: **Mr J. Crombie** (Deputy Chief Executive)

Chair's Welcome and Introductions

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

52. Declaration of Conflicts of Interest

52.1 None.

53. Minutes and Action Note of the Previous Meeting held on 15 December 2025

53.1 The minutes of the meeting held on the 15 December were approved as an accurate record.

54. Matters Arising

54.1 The Chair confirmed that Ms Elizabeth Gordon has taken up the role of Whistleblowing Champion on an interim basis, succeeding Ms Katharina Kasper, who has moved into the position of Board Chair at NHS Lanarkshire.

55. Draft People & Culture Plan

55.1 The Director of People & Culture confirmed that work is ongoing into 2025/26 to support the corporate objective for People & Culture, including the requirement to draft a plan that sets out how the organisation will progress the aims of the LSDF and build a sustainable organisation.

- 55.2 The paper provides the Committee with an overview of the work completed to date, the range of forums involved, and what needs to be in place to move forward, including the Committee's role in that process.
- 55.3 The overarching aim is to develop a People and Culture Plan with a broader focus, including areas such as maternity risk and wider factors that influence people's experience at work.
- 55.4 The paper sets out a long-term vision for the next 5–10 years for a healthy and sustainable organisation. This vision has been developed and evaluated across a range of forums and is built around three strategic aims and areas of focus: workforce sustainability, culture and staff experience, and health and safety.
- 55.5 The three strategic aims and a further ten areas of focus were approved by CMT in December. Work undertaken by the Culture and Leadership Group has contributed to these areas and to the associated actions designed to support delivery of the intended outcomes over the next 1–3 years. The emphasis will be on Year 1 actions, with actions for Years 2–3 forming part of the next phase and feeding into the appropriate management forums.
- 55.6 The development of these actions is running in parallel with work across the three strategic areas, and this alignment is reflected within the Board Assurance Framework.
- 55.7 A full report and plan will be brought to the meeting in May, following the update to the Lothian Partnership Forum in April.
- 55.8 A Non-Executive Board Member asked whether the 'Speaking Up' section in Appendix C would include reference to whistleblowing within the plan, particularly in relation to increasing confidence in the process. The Director of People & Culture confirmed that there is an action to improve the whistleblowing model and associated timescales to ensure a timely response.
- 55.9 The work completed to date was noted by the Committee, and the Committee took significant assurance from the progress reported.

56 Board Assurance Framework

- 56.1 The Board Secretary provided an update on the development of the Board Assurance Framework (BAF). Work continues to refine the framework, and the current cycle of committee meetings will be used to gather feedback on progress to date, particularly in relation to staff governance, the delivery plan, and associated KPIs.
- 56.2 The objectives of the BAF is to increase confidence in governance and assurance arrangements, improve organisational line of sight, and support implementation of the Blueprint for Good Governance. The BAF will function as a user manual, setting out the Board's governance arrangements and the integrated governance system with two new elements introduced: an Integrated Quality Report and an Assurance Risk Report.

56.3 The Board Secretary also outlined the five core components of the BAF:

- Performance and Quality Report
- Risk Management System
- Strategic Planning and Commissioning System
- Audit Arrangements
- Board Operating Guidance, including Standing Orders, Committee Terms of Reference, and related protocols.

56.4 An assessment against the Blueprint for Good Governance was completed in March 2024. A steering group was subsequently established, supported by a working group that has met regularly since September and weekly since January. Internal Audit has provided additional support throughout this process.

56.5 The updated BAF is expected to be presented to the Board for approval in August. In the interim, engagement with Committees will continue to ensure clarity on how each committee contributes to the Board's assurance system. Committees will provide feedback by the end of the month, with further updates planned for June and July. Work is also underway with analytics colleagues to consolidate reporting.

56.6 The working group is progressing practical assurance mapping, reviewing business cycles and committee work plans to identify gaps in assurance. A stakeholder survey has also been completed to gather wider perspectives from those involved in Committee work.

56.7 The Committee noted the information and work ongoing between now and August.

57 STAFF EXPERIENCE

57.1 Advancing Equalities Action Plan 2024/26 update

57.1.1 The Deputy Director of People & Culture provided an update on the Advancing Equalities Action Plan for 2024/2026. She confirmed that the report includes the full action plan and progress to date. Key statutory and benchmarking requirements have been met, including completion of the gender pay gap analysis.

57.1.2 There has been an improvement in the quality of staff data, with targeted work undertaken in areas where there were previously high levels of "unknown" responses. This focus will continue into the new plan. Work has also progressed on promoting staff networks, increasing visibility of disability and carers' passports, and strengthening communication and awareness.

57.1.3 A range of Equality, Diversity and Inclusion initiatives have taken place, including the Equality and Diversity Conference, a programme of lunch-and-learn sessions, and the use of staff forums to surface and discuss issues. Work is continuing to develop the Equality and Diversity education calendar, with the Human and Diversity Framework scheduled for launch in 2026.

- 57.1.4 The organisation has retained its Disability Confident Leader status until 2027 and has signed up to the Equally Safe at Work programme, with the aim of achieving Bronze accreditation.
- 57.1.5 A new maternity hub has been established to ensure staff on maternity leave remain connected and supported, addressing previous concerns during their absence. Work is also underway with IT and Finance to resolve issues such as staff accounts being automatically closed after 90 days.
- 57.1.6 Progress continues on BME career development, particularly within nursing, with a series of improvements and updates delivered over recent years.
- 57.1.7 Active engagement is underway with staff network chairs to support delivery of the Advancing Equalities Action Plan. The plan is being transitioned to a three-year cycle to align with the wider People and Culture Plan. A further update will be presented in May.
- 57.1.8 A Non-Executive Board Member asked how progress in this area is measured and demonstrated. The Director of People & Culture advised that survey data and benchmarking against agreed progress measures are used to track improvement. He also suggested inviting Laura Hutchinson to a future meeting to provide a more detailed update. **TP**
- 57.1.9 A Non-Executive Board Member welcomed the new maternity hub and asked whether a similar approach could support staff on parental leave or long-term sickness, who can become disconnected from policies. The Deputy Director of People & Culture agreed this is an issue, noting that staff on long-term sickness often cannot access the NHS network, and confirmed the organisation will need to consider how to make policies more accessible. **RK**
- 57.1.10 The Chair highlighted the uptake levels for Equality, Diversity & Rights within the mandatory training data and asked whether there were any comments. The Deputy Director of People & Culture advised that further detail would be required and confirmed she would follow up with Kayleigh Morris. **RK**
- 57.1.11 The Committee noted the update and the progress outlined in the report.

57.2 Whistleblowing Report

- 57.2.1 The Committee received the regular quarterly report on Whistleblowing activity, covering Q3 and Q4. One case is currently at Stage 2, with a further two cases progressing and one recently closed. There are five investigations ongoing.
- 57.2.2 Activity since the last committee meeting reflects a sustained level of work, with several cases now at the action plan stage. Five cases have been referred to the INWO.

57.2.3 The number of Stage 2 cases has fallen each year since the introduction of the standards in 2021/22. Although full-year data is not yet available, there has been an increase in cases referred to the INWO, including concerns about the substance of investigations and, in a small number of cases, negative behaviours within services that have led to whistleblowing concerns being raised.

57.2.4 Timelines continue to be a challenge, with extended response periods often linked to case complexity. Further work is required with investigators to ensure effective follow-through on action plans, improved tracking, and increased investigator capacity.

57.2.5 Learning has been taken from the recent maternity-related case referred to the INWO. Guidance for investigators has been updated to ensure greater focus on absence management and the speak-up culture within services when whistleblowing concerns are raised.

57.2.6 A Non-Executive Board Member welcomed the plans to increase the number of investigators. She asked about the timing of annual feedback and questionnaires, noting that some individuals may feel dissatisfied at the end of the process and queried whether questionnaires are issued after one year or on completion of a case. It was agreed that RK and TP will review the timing of questionnaire distribution, with agreement that questionnaires should be issued once an investigation has concluded.

RK / TP

57.2.7 Committee members approved the report's recommendations.

57.3 Employability update

57.3.1 The Head of Careers Development & Employability presented an update on employability activity, confirming the report reflects progress over the past year and provides continued assurance. The update highlighted the continued access to programmes covering employability, apprenticeships, career progression, and work-experience opportunities, including the NHS Gateway.

57.3.2 Members noted the ongoing work and its alignment with the upcoming People and Culture Plan, as well as the Employability Programme workstreams focused on diversity, inclusion, attraction, workforce development, and widening access for people to join NHS Lothian and career progression within the organisation.

57.3.3 Workforce planning activity is ongoing. Previous versions of the plan highlighted key enablers and challenges related to retention and recruitment, and the team is now exploring opportunities to innovate within existing resources or alternative supply options.

57.3.4 Members discussed the wider impacts on the work-experience programme, including opportunities for individuals interested in nursing. A short-life working group is focusing on attraction, exploring what additional opportunities nursing can offer and what qualifications or courses are required to enter the profession. The Head of Careers Development & Employability confirmed that there is a clear structure in place to support anyone interested in pursuing an NHS career, including access to Insight Days.

- 57.3.5 Committee members accepted significant level of assurance that the programme of employability work widens access and aligns to our workforce needs and responsibilities.

58 SUSTIANABLE WORKFORCE

58.1 Workforce Report

- 58.1.1 The Deputy Director of People & Culture presented an update on the standard report with statistics for January 2026, highlighting sickness absence levels, including both long and short term absences. The main reasons for absence in January were coughs, colds, and flu, while the highest number of hours lost related to mental health, depression, and psychiatric causes.

- 58.1.2 Appraisal compliance was 63%, representing a 1% decrease from the previous reporting period.

- 58.1.3 Committee members noted the report.

58.2 3 Year Workforce Plan update

- 58.2.1 The Director of People & Culture presented an update on 3 Year Workforce Plan confirming the plan now aligns with the performance schedule and there was a slight delay in year 1 actions and a knock-on effect for planning for implementation of the reduced working week. The Workforce plan has been brought forward alongside the People and Culture plan and Digital Development Strategy.

- 58.2.2 Members noted that service leads will be developing workforce plans, including cross-cutting actions for LSDF. The People and Culture Plan have clear alignment with priorities around reshaping the workforce, attraction, retention, resources, skills, and employability.

- 58.2.3 Work will continue to be influenced through the Directors of HR, alongside the development of the national framework and Scotland-wide support to build capacity across the system as an ongoing activity.

- 58.2.4 Members discussed what the organisation needs to do to attract people into the organisation. The Director of People & Culture highlighted the increasing competition for talent, recognising that there is a 'war for talent' and that vocational pull remains a factor. However, there is now greater competition for graduates, who are also making career choices at a much earlier age.

- 58.2.5 The Director of People & Culture noted that supporting the development of health careers that effectively utilise modern technologies remains a key priority. The Head of Careers Development & Employability highlighted the significant work taking place with high schools, emphasising the need to promote careers in science, research, and the wider healthcare professions to students. He noted that Healthcare Scientist Week, taking place this week, along with Insight Days, provides valuable opportunities to highlight these roles. Graduates are increasingly attracted to the

organisation due to job security and strong values-based employment, which may not have been available to them in other sectors.

58.2.6 The Director of People & Culture confirmed that, over the next 5–10 years, the role of technology will require the organisation to think differently about how it equips people to work.

58.2.7 The recommendations outlined in the report were approved.

58.3 Agenda for Change Reform – Update

58.3.1 The Deputy Director of People & Culture presented an update on the Agenda for Change reform, confirming that work continues on the implementation of the reduced working week from 1 April 2026. The paper focuses on recent actions and the confirmation of backfill funding.

58.3.2 The paper confirms that, in January 2026, the CMT agreed to provide backfill funding for service areas assessed as very high or high risk. Decisions were taken to fund very high-risk areas for two years on a non-recurring basis, and high-risk areas for one year on a non-recurring basis. A total of £31m has been committed to this process.

58.3.3 Services receiving backfill funding are aware of the arrangements and are progressing recruitment to the relevant posts or increasing the hours of part-time staff and work within the services to support implementation is ongoing.

58.3.4 The Deputy Director of People & Culture advised monitoring implementation of the reduced working week and working towards implementation of 1 April.

58.3.5 The Deputy Director of People & Culture provided an update on the Band 5/6 rebanding process, confirming that 829 applications have been submitted, with 89% of applicants progressing to Band 6. To date, outcomes have been issued for 362 applications. The volume of applications continues to exceed the number of completed outcomes, and the introduction of an additional panel is being considered to support this work. In addition, batching of applications for ward areas will begin, allowing staff within the same area and role to be considered together. A further update will be provided at the next Committee.

58.3.6 Protected learning time has supported progress in mandatory training compliance. Training has now moved to TURAS Learning, and staff are actively updating their mandatory training requirements.

58.3.7 Committee members approved the reports recommendations.

59 ASSURANCE AND SCRUTINY

59.1 Corporate Risk Register

59.1.1 Traffic Management

- 59.1.1.1 The Director of Estates and Facilities provided an update, confirming that there were no changes to the risk grading or mitigations during the last period. Work is underway at WGH to implement the one-way system, which is expected to be completed by the end of March to help address the red risk at WGH.
- 59.1.1.2 Two risks were noted at Little France. The Short Life Working Group proposal will be taken forward for costing and will need to progress through the appropriate governance routes. There continue to be challenging costs associated with the zebra crossing at Little France due to the PFI arrangement. The costs remain high and require further due diligence.
- 59.1.1.3 Committee members noted the update.

59.2 RIE Fire Safety

- 59.2.1 The Director of Estates and Facilities provided an update, confirming that there were no changes to the risk grading or mitigations during the last period.
- 59.2.2 There have been three formal visits from the Scottish Fire & Rescue Service (SFRS): two relating to the enforcement notice and to review the completion of actions within the agreed timescales, with the SFRS are satisfied with progress. The 30 and 60 day actions are now closed. The next visit is scheduled for the end of April and remains on track, particularly in relation to signage.
- 59.2.3 A further audit of the site has been carried out. Two or three items were identified, and progress is being tracked through the RIE Fire Safety Action Group; these are currently in hand. A meeting was held in January with RIE, Consort, and SFRS to discuss fire safety risk, and the discussion was positive.
- 59.2.4 The fire strategy and Stage 2 work are expected to be completed in the autumn. The team is awaiting the next phase to progress, including gaining access to the single-wall system and determining how any associated risks will be addressed. Funding has been identified for additional staffing in the basement, along with actions in the enforcement notice relating to waste management and the need for a substantive long-term solution.
- 59.2.5 The Director of Estates and Facilities advised that the contractor's fire engineer had identified significant issues in the event of a fire, initially assessing the situation as presenting an extreme level of risk and recommending a number of mitigations. Following a reassessment of the initial audit, the residual risk rating has been reduced to high. The overall risk score remains at 25 and cannot be reviewed further until the fire strategy is completed.

- 59.2.6 A Non-Executive Board Member highlighted the ongoing work and actions being taken to ensure the building is as safe as possible, while noting that it remains non-compliant. The Director of Estates and Facilities outlined the actions within the enforcement notice and the agreed deadlines to move this forward. Work continues with the lifecycle team on ward improvements, including enhanced fire detection and the ongoing programme of fire-door replacement. A significant area of work relates to the fire safety strategy and the cladding on the exterior of the building. This will set out options in the autumn, such as installing fire sprinklers or removing cladding; however, no decisions can be made until the enforcement notice is completed.
- 59.2.7 The Chair advised that further clarity will be provided when the Committee receives the strategy.
- 59.2.8 Committee members approved the report's recommendations.

59.3 RWW Corporate Risk

- 59.3.1 The Director of People & Culture highlighted the effective and thorough planning underway to support implementation of the reduced working week, along with arrangements to manage how the risk will present after implementation. The adequacy of controls has improved following approval of backfill funding for 72% of lost capacity, which is positive, though not without financial risk and challenges in securing the required backfill. The position will become clearer as the organisation moves into Q1 2026. Further work is required to manage the remaining gap, with ongoing engagement and monitoring across services.
- 59.3.2 From 1 April, the organisation will begin tracking the impact on service delivery, alongside ongoing management of the risk and decisions on the allocation of the £45m available for all Agenda for Change reforms. Assurance remains limited due to the interplay of these risks.
- 59.3.3 The recommendations within the report were accepted.

59.4 Safe Delivery of Maternity Services

- 59.4.1 The Director of Women and Children's Services presented an update on the safe delivery of Maternity Services, outlining the approach being taken to address the risk and the oversight and governance processes in place. An improvement programme has been structured around four overlapping workstreams:
1. Unannounced HIS visit and development of the resulting action plan.
 2. Critical actions and improvement work ahead of the forthcoming HIS inspection, including essential workforce and training activity.
 3. Actions arising from whistleblowing cases.
 4. A programme to reduce avoidable harm.
- 59.4.2 The first three workstreams are overseen through a Maternity Short-Life Working Group. In addition, a monthly group reviews avoidable harm and neonatal services, with key priorities focused on the safety.

- 59.4.3 The risk is being considered through the Healthcare Governance Committee and the Staff Governance Committee, and the Scottish Government has classified it as Stage 3, with ongoing oversight of progress. Escalation and discussion continue with the Medical Director, Nurse Director, PSEG, the Oversight Board and CMT.
- 59.4.4 A scorecard has been developed covering safe staffing, operational delivery, and staff experience, and this is updated regularly to monitor the impact of the improvement work.
- 59.4.5 By the end of March, most actions are expected to be completed and remain on track, with some longer-term actions continuing into later in the year, including lifecycle works at the RIE.
- 59.4.6 The HIS action plan contains fifty five actions, with good progress reported and all actions currently on track. A number of these are due for completion by the end of March. There is a strong focus on cultural improvement, including the development of a culture charter, standards, and behaviours for maternity services, supported by culture ambassadors. Two workshops have taken place, with a further session scheduled.
- 59.4.7 Work is also underway to support physical and behavioural changes that reinforce the expected standards within the service.
- 59.4.8 There is a strong focus on training, including defining mandatory and essential midwifery training and aligning this with corporate requirements. Work is underway to quantify the total training need and to establish a consistent training framework, including protected learning time.
- 59.4.9 Recruitment is progressing to support the required changes, supported by a £1.5m investment to increase establishment across medical and midwifery staffing. Improving staffing levels will require staff to engage with multi-rotational and hybrid working models over the next three years, alongside continued attention to staff wellbeing and both short- and long-term sickness.
- 59.4.10 The level of assurance against the risk remains limited due to the scale and complexity of the work involved.
- 59.4.11 Committee members approved the recommendations and noted a limited level of assurance.

60 Health and Safety Assurance Report

- 60.1 The Head of Health & Safety provided an update on the Health and Safety report highlighting three key areas:
- Entonox Gas Exposure, the Capital Steering Group has approved the use of gas-scavenging masks, and actions are progressing in line with the control strategy. The situation at SJH remains unchanged. Environmental modelling has

been carried out, and additional exposure data was required over a one-week period. This data is now with Heriot-Watt University for analysis.

- A further piece of work is required across more than fifty premises to implement a risk-based monitoring schedule for Minimise Entonox Gas Exposure, with monitoring levels determined by the assessed level of exposure risk.
- There has been a brucellar microbiological exposure at RIE resulting in a high infection rate. An Improvement Notice has been served under RIDDOR. Two actions were required: one has been completed and accepted by HSE, and the remaining action is due for completion by 30 April.
- HSE raised an action relating to workplace safety, noting deficiencies in medical practice and water safety. HSE also received an unannounced call regarding a potential legionella outbreak. As part of their follow-up, HSE reviewed Conan Doyle and carried out further inspections at Muirhouse and Wester Hailes, where similar findings were identified. Further discussions took place with HSE to clarify the portfolio of buildings, lease arrangements, and responsibilities for premises management and water safety. HSE had planned to write to the Chief Executive; however, this will now be approached as a partnership matter, given that NHS Lothian only leases the premises.

60.2 Committee Members accepted the recommendations within the report.

61 Health and Safety Policy

61.1 The Head of Health & Safety confirmed that the Health and Safety Policy has recently been reviewed through Partnership and the Corporate Team, with a full refresh and rewrite of the policy.

61.2 Members accepted the policy for publication.

62 Medical Appraisal and Revalidation Annual Report

62.1 The Executive Medical Director provided an update on the Medical Appraisal and Revalidation Annual Report for 2024/25. She highlighted that Clearer recommendations and a strengthened follow-up process are required where Boards fall outside the defined perimeter, and all revalidations should take place annually. Numbers have been highlighted in both primary and secondary care.

62.2 Members noted that junior doctors and fellows who sit outside the standard processes can sometimes be missed; however, completion rates for fellows remain good. Data submitted from each Board is reviewed by a panel, and there are currently no actions required for NHS Lothian to progress.

62.3 Committee members approved and agreed that there is significant assurance that the system supporting medical appraisal and relicensing (revalidation) in NHS Lothian is working as intended and achieving its purpose. They further agreed that no additional report is required until the MARQA review of the 2025/26 process is published.

63 Employment Tribunal Annual Report

- 63.1 The Deputy Director of People & Culture confirmed that the Remuneration Committee receives an updated position on live employment tribunals across NHS Lothian, providing oversight of cases and associated costs. It was agreed that, for organisational learning, an annual report will be submitted to the Staff Governance Committee.
- 63.2 Committee Members noted the Annual report for awareness.

64 Health and Care Staffing Act – Reporting Plan for 2026-27

- 64.1 The Executive Nursing Director provided an update on the Health and Care Staffing Act, which forms part of the routine reporting to the Committee within the governance programme and wider Health and Care Staffing legislation. Members noted that the report has been considered by the Programme Board, and the current plan does not present any new financial risks.
- 64.2 The Annual Report is required to be submitted to the Scottish Government on 30 April. She highlighted that the reporting schedule for the next Committee meeting falls after this deadline and asked whether an additional meeting would be required or if approval for the report could instead be provided via email.
- 64.3 Committee members agreed that comments would be shared by email and that an additional meeting would not be required.

AMcD

- 64.4 Committee members approved the report's recommendations.

65 PVG Retrospective Checks – update

- 65.1 The Deputy Director of People & Culture provided an update on the exercise and checks required for members who need a PVG to undertake their roles. All staff have submitted an application and are now in the system, with 90% of checks completed. The remaining 10% relates to staff currently on maternity leave or long-term sick leave.
- 65.2 A number of staff have completed the process, but Disclosure Scotland requires NHS Lothian registered employer are required to share their certificates for assurance.
- 65.3 Seventy applicants had not provided consent to share their PVG information, and these individuals have now had to reapply as the previous applications had lapsed.
- 65.4 The Deputy Director of People & Culture provided reassurance that all staff have a PVG in place.
- 65.5 The Chair confirmed that this item can be removed from future agendas.

66 Future Format of Staff Governance Committee Meetings

- 66.1 The future format of the Staff Governance Committee was deferred.

67 FOR INFORMATION AND NOTING

- 67.1 Staff Governance Statement of Assurance Need - The Committee noted the Statement of Assurance Need.
- 67.2 Staff Governance Work Plan – 2025/26 - The Committee noted the Staff Governance Work Plan for 2025/26.

68 Reflections on the Meeting

- 68.1 Matters to be highlighted at the next Board meeting – None.
- 68.2 Matters to be highlighted to another Board Committee – None

69 Any Other Competent Business

- 69.1 The Deputy Director of People & Culture confirmed that the Staff Governance Staff Survey would be circulated as part of the Staff Governance Annual Report. She asked members to complete the survey to provide feedback on committee effectiveness.

70 Date of Next Meeting

- 70.1 Wednesday 27 May 2026 at 9.30am – 12.30pm and 1.30pm – 3.30pm, Meeting Room 10, West Port.